



IRAQ 2015
HUMANITARIAN RESPONSE PLAN **HRP**



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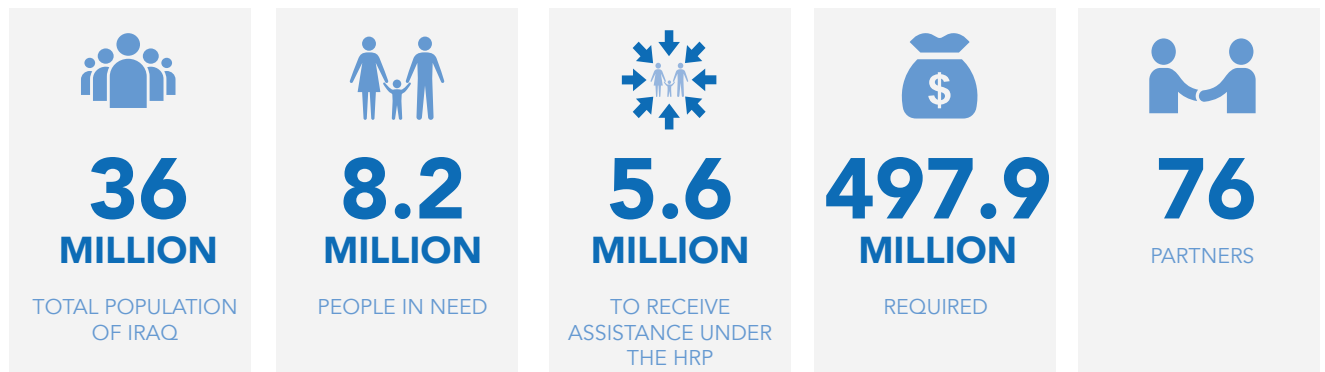
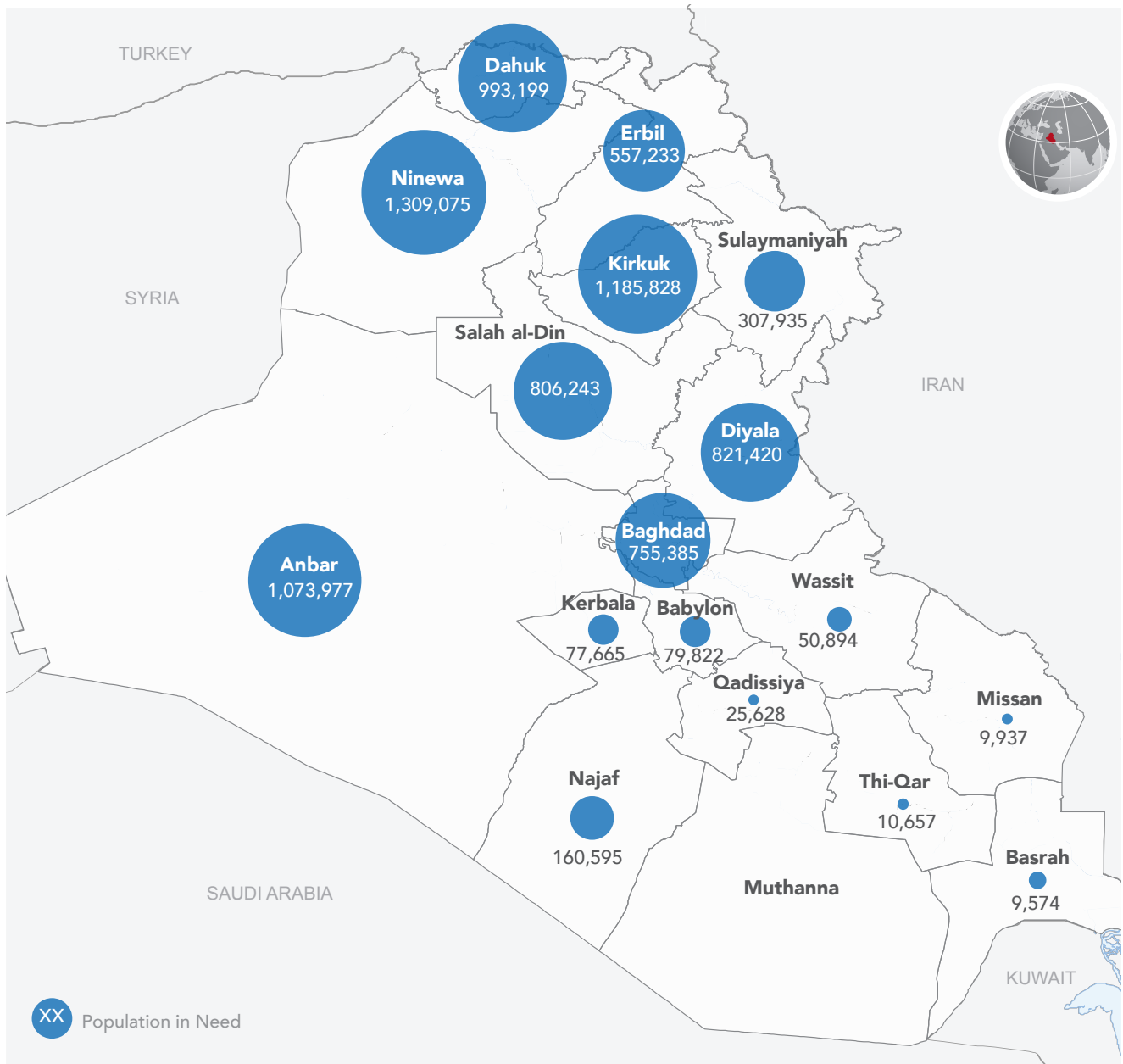
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OVERVIEW



Source: 2014 estimate
Iraq Central Statistical
Organization

Number includes refugees.

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FOREWORD

The humanitarian crisis in Iraq deserves more attention and more support than it is receiving. Millions of people are in trouble, struggling to cope with displacement and the horrors inflicted by combatants during one of the most brutal insurgencies in the world.

Millions more are likely to need help from the international community during the counter-offensive to reclaim Iraqi territory.

The Iraqi people have opened their homes, helping to protect and support families who have lost everything. The Iraqi Government has stepped forward, giving food, shelter, water, healthcare, education and cash to more than three million displaced persons.

Donors have generously supported the Iraqi operation, allowing UN agencies and non-governmental organisations to distribute life-saving assistance to people in accessible areas throughout the country.

Partners are now faced with a stark reality. The Government is no longer able to carry the full burden of supporting its displaced populations. Just when humanitarian partners are needed the most, they are out of money, forced to close programmes and terminate operations.

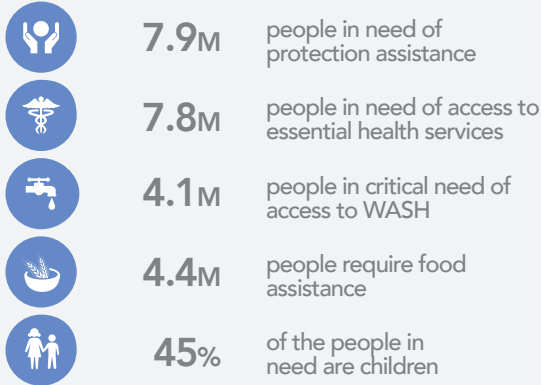
At a time when Iraq is on the brink and so much is at stake, international engagement needs to be rebalanced to include humanitarian assistance. Failure to do so will have catastrophic consequences in Iraq, the region, and beyond.

The Iraq Humanitarian Country Team

The 2015 Iraq Humanitarian Response Plan (HRP) has been elaborated by partners mid-way through the annual programme cycle in response to critical funding shortages. The HRP targets populations in critical need throughout Iraq but does not cover the refugee response in Iraq; this is covered in the Regional Refugee and Resilience Plan (3RP), launched in 2014. In an effort to present a comprehensive overview of the humanitarian situation in Iraq, refugee needs are referenced in relevant sections of the HRP. The intention in the 2016 HRP, which will be fully aligned with the regular annual programme cycle, is to include the humanitarian response to displaced persons, highly at-risk host communities and refugees.

HUMANITARIAN DASHBOARD

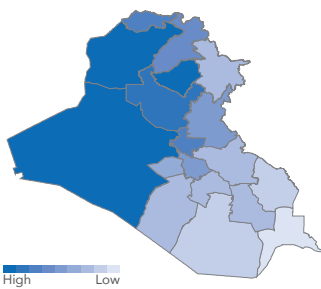
KEY HUMANITARIAN NEEDS



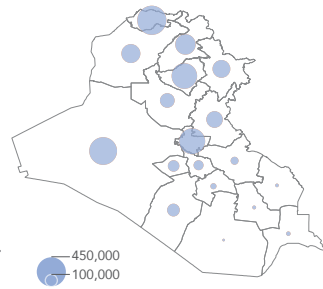
PLANNING FIGURES FOR 2015



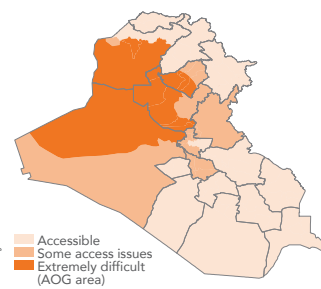
Severity of needs



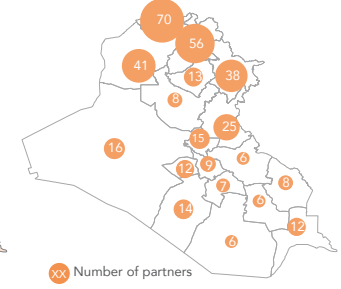
Population in need



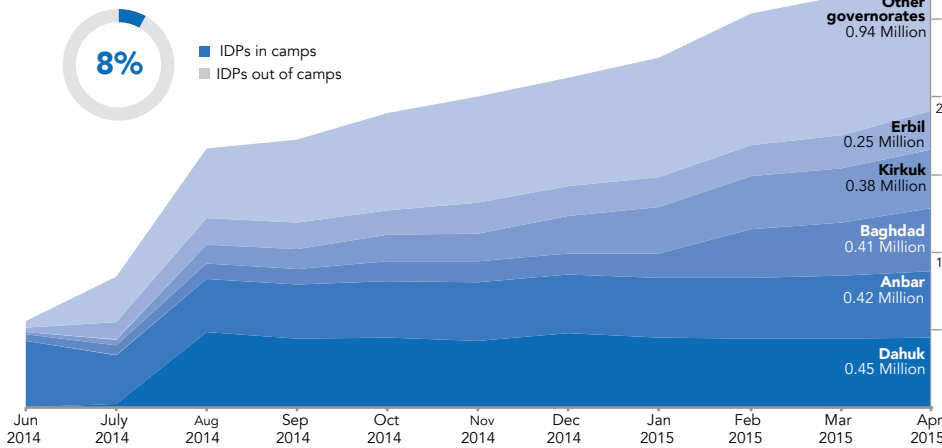
Humanitarian access



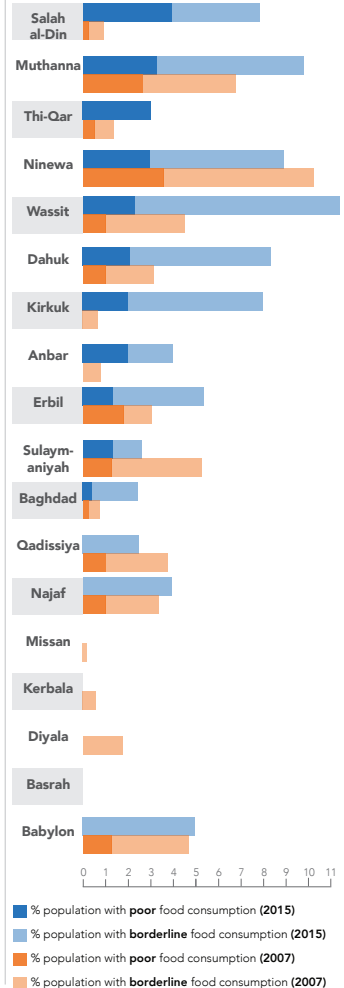
Partners presence



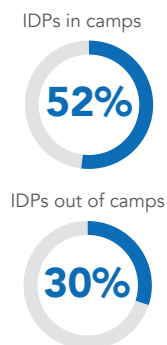
DISPLACEMENT TREND



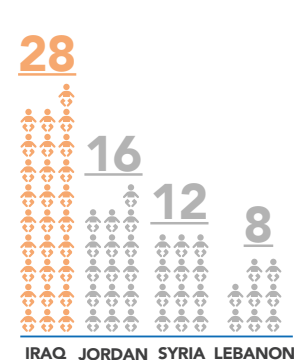
FOOD CONSUMPTION



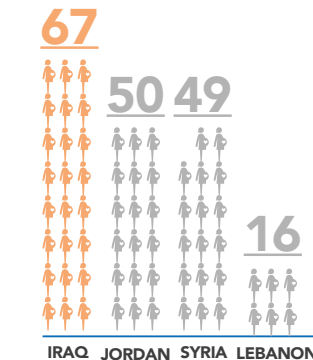
SCHOOL ENROLLMENT



INFANT MORTALITY RATE PER 1000 LIVE BIRTHS



MATERNAL MORTALITY RATIO PER 100,000 LIVE BIRTHS

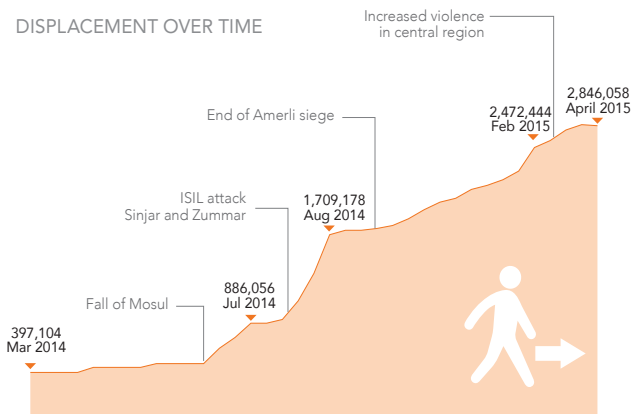


THE CRISIS

Over 8.2 million people in Iraq require immediate humanitarian support as a direct consequence of violence and conflict linked to the take-over of Iraqi territory by the Islamic State in Iraq and the Levant (ISIL) and the counter-insurgency operation launched by the Government and its allied forces. The humanitarian crisis in Iraq has been one of the most rapidly unfolding in the world. Since January 2014, 2.9 million people have fled their homes in three mass waves of displacement, and multiple smaller ones. During the first major wave in early 2014, more than 350,000 civilians fled; the majority from Falluja and Ramadi. Just a few months later, 500,000 people escaped from ISIL-impacted areas, including Iraq's second largest city, Mosul. Within weeks, another 800,000 were displaced from areas under attack by ISIL, including Sinjar. Tens of thousands of refugees fled the intense fighting and destruction in Kobane in Syria, seeking safety in Iraq. New displacement has continued during 2015; in April, 130,000 people fled Ramadi when ISIL attempted to take over the city. In May, tens of thousands more were displaced within hours after the city fell. Displaced families have found safety in villages, towns and cities throughout the country, welcomed generously by communities and supported by the Iraqi Government and the Kurdistan Regional Government (KR-G).



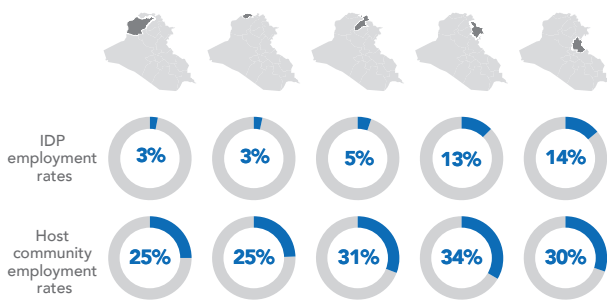
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The humanitarian crisis in Iraq is a protection crisis. The ISIL insurgency is one of the most brutal in the world. Populations have been subjected to mass executions, systematic rape and horrendous acts of violence, including executions and torture. Children have been used as suicide bombers and human shields, sold at markets, killed by crucifixion and buried alive. Women and girls have been enslaved and subjected to grotesque sexual violence. The survivors of gender and sexual-based violence are suffering trauma and depression, and suicides have risen sharply, particularly among women and girls. Civilians who have remained in ISIL areas have been targeted, and are at risk of reprisal and retribution by combatants as they retake territory from ISIL.

The crisis is pervasive, impacting virtually all aspects of Iraq's economy and society, and threatening the major efforts underway to build national reconciliation and protect the country's impressive development gains. Displaced persons are currently living in more than 3,000 locations throughout the country; more than 90 per cent are living outside of camps, hosted by communities who have done their best to protect and provide for them. The cost of this generosity has been high. Health providers are struggling to deliver basic support in areas with high concentrations of displaced. Water and sanitation systems are in disrepair, increasing the risk of major public health emergencies, particularly in the summer period when temperatures soar to unbearable levels. Overcrowding is a major problem in countless communities. Already, Iraq has one of the highest tuberculosis rates in the region and measles have been reported in all 18 governorates.

Destitution is widespread, impacting displaced families and host communities alike. Production and supply shortages and localized increases in demand have forced up the cost of basic commodities, including food. At least 4.4 million people are now food insecure. Families across the country, most particularly in the Kurdistan Region of Iraq (KR-I) where the population has increased by 30 per cent, have been unable to cover basic needs and are relying on negative strategies to cope. Child



marriages are increasing, used as a strategy by families to protect young girls from sexual violence and deprivation. Key agricultural areas, including large parts of Iraq’s cereal belt, remain under ISIL control raising the possibility of widespread shortages in the months ahead. Tensions between host communities and displaced families are rising, as resources dwindle and displaced are seen to be benefitting disproportionately. Half of all displaced need urgent shelter support; more than 700,000 are surviving in unfinished and abandoned buildings, makeshift collective centres and spontaneous settlements. Ensuring families are equipped to survive the winter becomes critical from November onwards; failure to do so will almost certainly result in further loss of life.

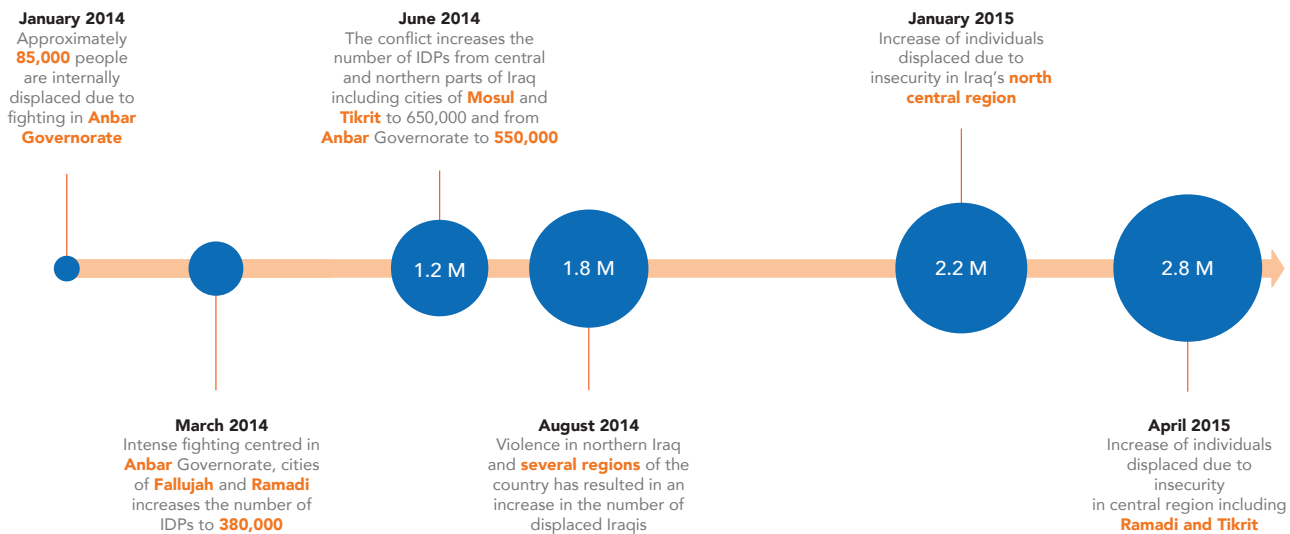
Children have been traumatised by violence and destitution. Almost 3 million school-aged children and adolescents affected by the conflict do not have access to basic standard education. Within camps, only 45 percent of children are attending school; only 30 percent are outside of camps. Schools in host communities are struggling to deal with teacher shortages and the destruction, damage, and occupation of schools. Children are the hardest hit victims of the conflict, exposed to abuse, suf-

fering from inadequate health care and education and at-risk of poor nutrition. Already community leaders are worried that disaffected youth, with few positive options, will fuel tensions and violence for decades to come.

Families are eager to return to their homes and communities but cannot do so without support. Families which have decided to return find their communities destroyed. Infrastructure and property are wrecked and markets abandoned. Families returning to their neighbourhoods are at extreme risk, vulnerable to deliberately booby-trapped buildings and improvised explosive device (IED) contaminated roads. Almost all newly liberated areas require extensive and specialised assistance, including mine and IED clearance, before they will be safe for returns. Although beyond the remit of humanitarian operations in Iraq, the difficulties of reconciliation and reconstruction cannot be underestimated. In most communities, these will be fraught, decades-long processes.

The Government has provided mass relief in the form of cash grants, health support, education support, shelter and food, but is faced, for the first time in decades, with a massive fiscal gap resulting from the slump in oil prices and the high costs of the ISIL counterinsurgency. The situation is so grave and unexpected, the Government is being forced into pre-sales of Iraqi oil reserves. The KR-G is equally hard-hit, struggling to cope with denied and delayed oil transfers. Hosting close to one million displaced persons and refugees, the KR-G has been forced to cut back on public services, delay salaries and halt development and investment projects.

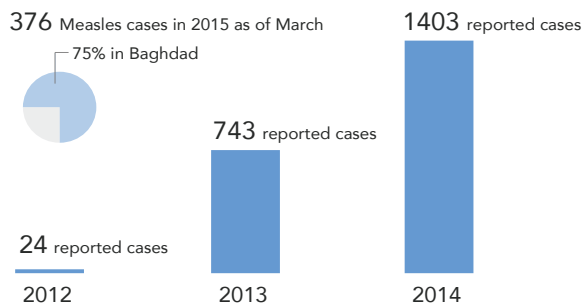
TIMELINE



THE NEEDS

Humanitarian needs in Iraq are staggering. Country-wide assessments conducted during the first quarter of 2015 show that 8.2 million Iraqis, nearly 25 percent of the population, require some form of humanitarian assistance through the end of December 2015.¹ Nearly 8 million people need protection assistance. Close to 6.7 million require access to essential health services. Of the 7.1 million people requiring water, sanitation and hygiene assistance across the country, 4.1 million are in critical need, their situation likely to become increasingly desperate in the summer months. At least 4.4 million people are food insecure and almost three million school-aged children and adolescents are out of school. At least 2.9 million people are destitute, unable to support themselves and their families.²

Humanitarian partners have played a major role, complementing the support provided by the Government, community groups, religious endowments and the Iraqi people. Partners have provided food to two million people each month, helped families survive the winter with specialized assistance and helped to build 12 formal IDP camps, 10 refugee camps and 30 collective centres. Health services have reached millions and 5.3 million children have been vaccinated against polio. Emergency cash assistance has been disbursed to tens of thousands of displaced vulnerable people and emergency livelihoods support has kept many Iraqi displaced persons, Syrian refugees and host communities from falling into destitution. Thousands of life-saving kits have been distributed through the Rapid Response Mechanism (RRM), reaching people within 48 hours of their displacement. Hundreds of thousands of emergency rations and millions of family rations have been provided within the first weeks of displacement. Schools have been rehabilitated, temporary learning spaces constructed and hundreds of teachers trained in counselling to help children cope with the traumas of violence and displacement.



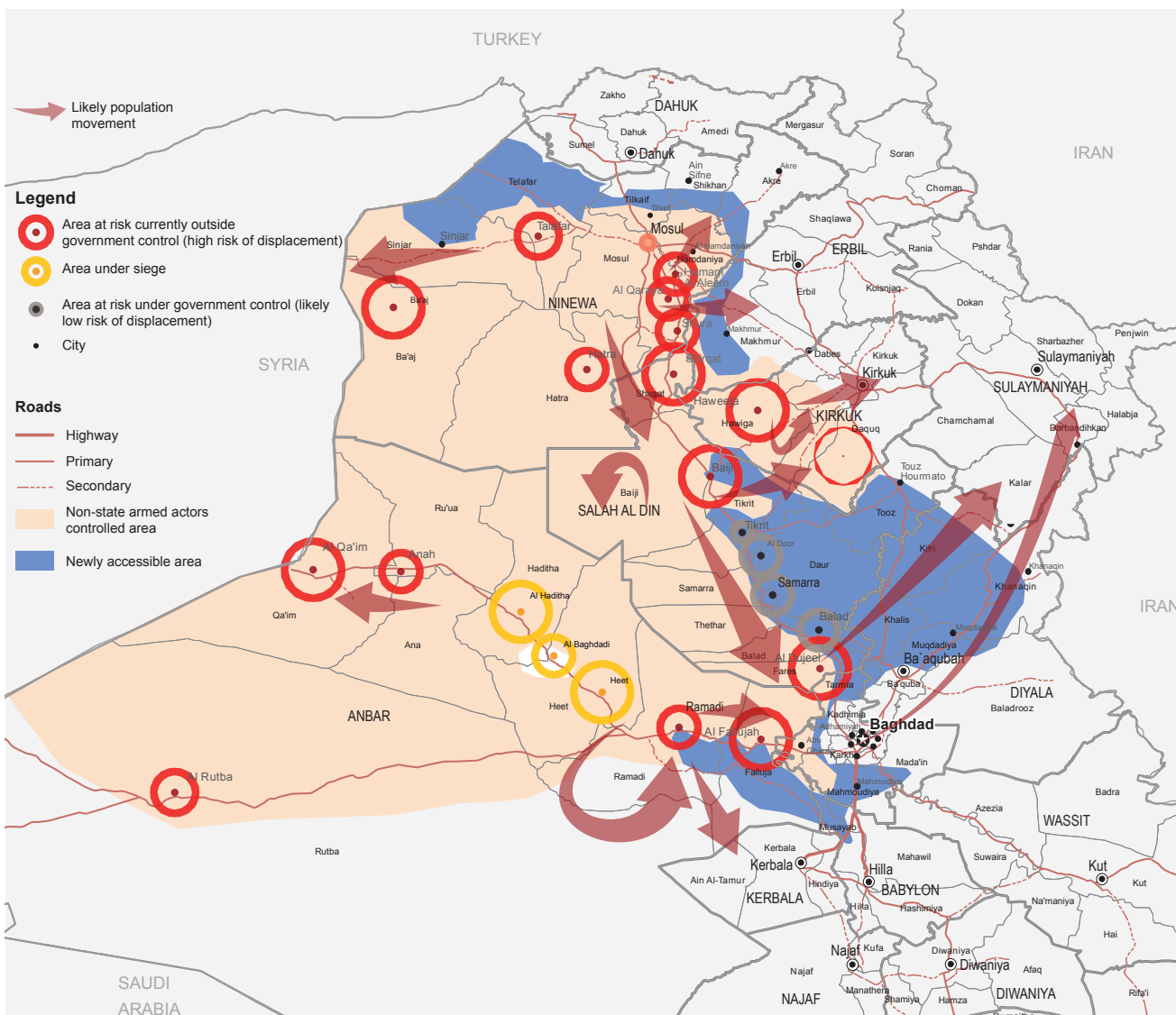
¹ Assessments cover all governorates except for Muthanna (with less than 100 people estimated as in need of assistance), Thi-Qar (with some 13,000 people estimated to be in need of assistance) and Missan (with some 11,000 people estimated to be in need of assistance).

² For a full overview of humanitarian needs in Iraq see the Iraq 2015 Humanitarian Needs Overview, June 2015.

CONTINGENCY PROJECTIONS

Humanitarian needs are projected to rise sharply and unpredictably in the second half of 2015. A country-wide contingency plan is being developed on the basis of most-likely scenarios. Partners are estimating that of the millions of people likely to be impacted by fighting along both the Anbar and Mosul corridors, 1.7 million people will require first-line emergency assistance, including one million who will need life-saving support through the Rapid Response Mechanism.

The contingency plan includes information on stocks and envisions pre-positioning of core pipelines and advance siting of reception centres in areas to where people are expected to flee. A special sub-plan for Mosul city and its environs is also being worked on, ready for activation in the advent of a rapid offensive. Given the expected scope and possible timing of the Mosul operation, the sub-plan is being costed separately.



Partners anticipate a scenario where counter-offensive movements along the Mosul and Anbar Corridors generate an additional humanitarian caseload of 1.7 million people before the end of 2015.

STRATEGIC OBJECTIVES



SPECIALISED PROTECTION SUPPORT

Specialised protection support is provided in response to the grave rights violations of women, men and children, including in hard-to-reach areas.



ESSENTIAL LIFE-SAVING ASSISTANCE

Humanitarian operations maintain targeted life-saving support and provide essential service packages to people dependent on humanitarian assistance because of the crisis.



EXPANDED ACCESS

Humanitarian actors do everything possible to access all people in need across Iraq.



SAFE RETURNS

Humanitarian actors advocate for safe and voluntary returns and provide assistance packages to highly vulnerable returning populations.



SOCIAL PROTECTION TRANSITION

The groundwork is laid for the transition to a cash-based social protection floor as part of a strategy for transferring responsibilities to national authorities.

The operation's five strategic objectives reflect the complex realities humanitarian partners face in Iraq and have been adopted in full recognition of the limits of humanitarian action in a context of volatile all-out armed conflict, extreme restrictions on access, deep-running political divisions and the Government's paralyzing fiscal gap. The humanitarian community is gravely concerned that its ability to meet the enormous needs in Iraq is constrained in every way, from lack of access and capacity to wholly inadequate funding. In prioritizing the aims of the operation, the Humanitarian Country Team is privileging the role of protection, recognizing its moral responsibility to maintain assistance to people dependent on aid to survive, elevating the imperative to reach people, even in areas outside Government control, insisting on the need for principled returns and aiming at a realistic exit strategy.

THE RESPONSE

A BETTER OPERATION

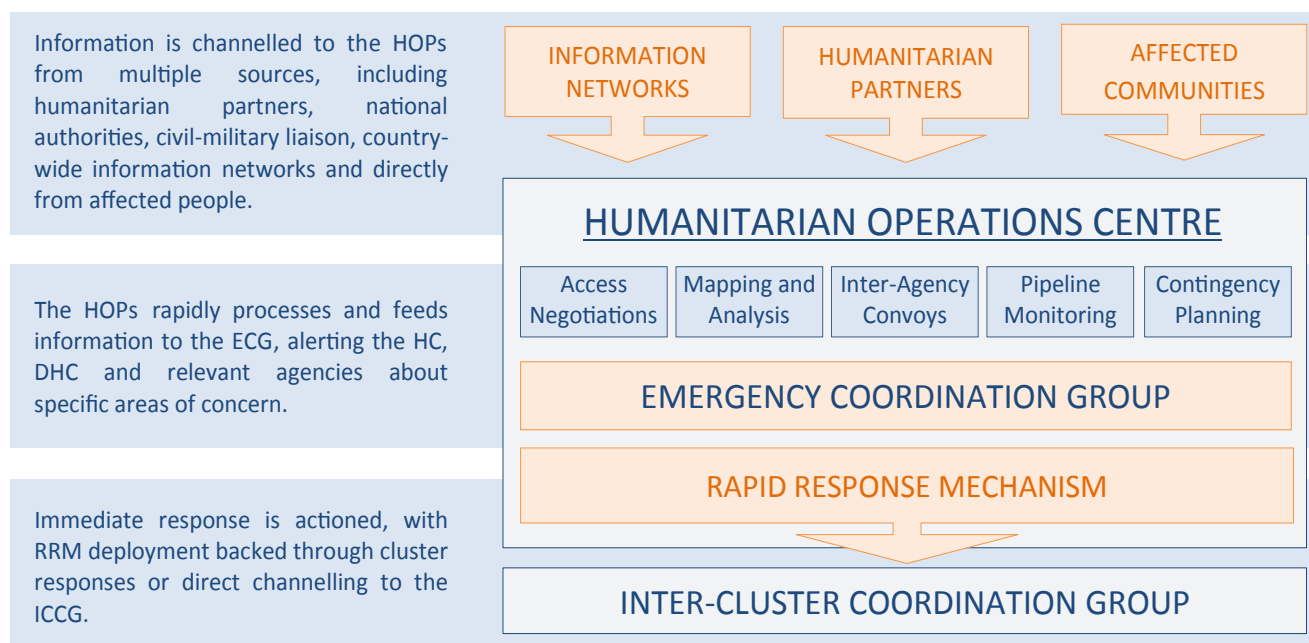
In many ways, the operation presented in this Humanitarian Response Plan is not the operation partners and counterparts had hoped to launch. Faced with the imperative to meet the enormous needs of the Iraqi people, victims of one of the most brutal insurgencies in the world, and subjected to a counteroffensive that will almost certainly create many more humanitarian crises, partners had hoped to present a plan that would lay out the steps and requirements for reaching the minimum international standards for each cluster. Regrettably, this is not possible. There are many reasons: front-line capacities are limited; UN agencies are unable to directly access areas outside Government control; and most disappointingly, funding at the required levels is unlikely to be forthcoming. Without prejudice to the moral obligation to do everything possible to reach international standards, partners have squarely faced these constraints and worked exhaustively to develop a response plan that is pragmatic, prioritized, focused and pared to the bone.

At the same time, major steps are being made to reform the operation. Criticized for being slow, unbalanced and poorly targeted, the Humanitarian Country Team has moved forward to reorient how it operates. In-country coordination has been transformed. Mechanisms are now in place to coordinate operations with the Government through the Joint Coordination and Monitoring Centre in Baghdad and the Joint Coordination Centre in Erbil. Clusters are co-led by UN agencies and NGOs and parallel structures for IDP and refugee coordination are being streamlined into a single coherent coordination

mechanism. The Humanitarian Country Team is focused on strategic and protection issues and the Inter-Cluster Coordination Group (ICCG) is being strengthened to ensure stronger targeting through the application of composite vulnerability indicators. An Emergency Coordination Group (ECG) has been established to facilitate first line responses and clusters are being asked to sequence their operations along first, second and full cluster responses.

The most important changes are occurring in operational coordination. A Humanitarian Operations Center (HOPs), with presence in both Baghdad and Erbil, is being established and will be responsible for: mapping and analysing displacement trends; facilitating inter-agency assessments and convoys; coordinating access negotiations; activating the Rapid Response Mechanism (RRM); monitoring and pre-positioning core pipelines; facilitating logistics support and coordinating contingency planning.

Accountability mechanisms are being introduced. A two-way national hot-line is being established and will be manned 24 hours by skilled operators. The aim of the hot-line is to provide a mechanism through which women and men receiving, or in need of aid, can convey feedback, suggestions, and concerns. Operators will register and refer urgent needs to the HOPs for action by the ECG, clusters and the Humanitarian Country Team. Call operators will be specially trained to provide people with information about humanitarian aid, including food distribution points, medical services and shelter options.

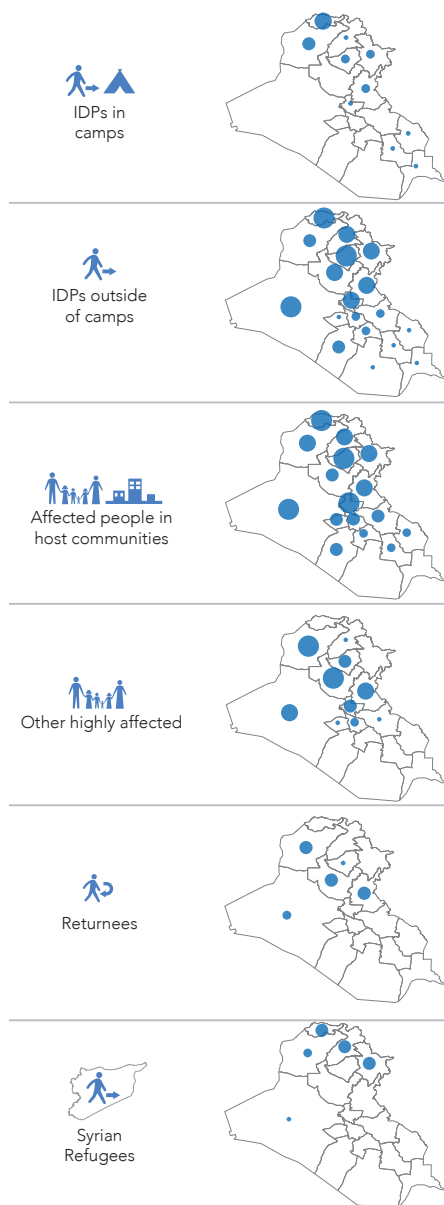


ACCOUNTABILITY TO AFFECTED PEOPLE

- National toll-free hotline
- Direct access to information on distributions
- Direct channel for feedback, concerns, requests
- Manned by four operators in June 2015 with capacity to expand to 250 in 2016

MINIMUM ASSISTANCE PACKAGES

Recognizing that our collective response will only partially meet international standards, each cluster has agreed on a minimum assistance package and sequenced it to show *first-line*, *second-line* and *full-cluster* responses. Minimum packages are designed to be flexible and can be scaled-up if additional funding is secured. They are also caseload-specific, allowing clusters to reach a common standard of assistance for differently-impacted groups of people in need. The minimum assistance package for a family returning to a newly liberated area where infrastructure has been destroyed and IED contamination is widespread will vary significantly from the needs of a family sheltering in an IDP camp in the KR-I. The minimum assistance packages also take into account the differential roles and coping mechanisms of females and males, and the different risks they face. The Gender Marker, supported by a network of protection and gender-based violence focal points, has been used by all clusters to ensure principled and differentiated approaches.



MINIMUM ASSISTANCE PACKAGES

PRIORITISED

to meet the most essential needs in line with international minimum standards

TARGETED

to the specific needs of differently-impacted people

SEQUENCED

to allow for scalability in different and rapidly changing contexts

PREPAREDNESS AND RAPID RESPONSE

Emergency preparedness measures are being activated in anticipation of increased violence and displacement. These measures include prepositioning of essential survival items including drinking water, emergency food and hygiene and dignity items. These essential stocks will be held in reserve for distribution through the (RRM), which is activated by the ECG through the HOPs as soon as populations are displaced. Mobile health clinics are also being put on stand-by and possible reception centres and temporary camps are being sited. Second-line responses will be coordinated through the ICCG. Given its central importance as a first-line response, the RRM is included as a separate section within this Response Plan.

RAPID RESPONSE MECHANISM

The RRM consists of two modalities:

1. Delivery of essential items by members of the RRM consortium based on real-time assessments done through hand-held digital data tablets
2. Delivery of essential items by Joint UN Convoy Teams in locations requiring absolutely immediate responses

WHOLE-OF-IRAQ APPROACH

Access negotiations are being intensified through the newly established Access Unit in the HOps. Staffed by highly trained negotiators, the unit will lead access negotiations on behalf of the HCT, define common negotiation procedures, and facilitate deconfliction measures between humanitarian and military operations. The unit is responsible for helping to expand access through stakeholder networks and will recommend alternative operational modalities. Each cluster has incorporated a whole-of-Iraq approach into their strategies, including the strengthening of national partners who are operational in difficult areas. A comprehensive mapping of national partners is ongoing, and mechanisms for strengthening the capacity of national organisations are being developed, including training and remote support to access the online project system for this Response Plan. Operational presence is being rebalanced. Partners are preparing to relocate back into Baghdad as soon as is viable and measures for improving coordination across the physical split between Erbil and Baghdad are being taken, including through the deployment of the Deputy Humanitarian Coordinator in Erbil.

WOMEN AND GIRLS

A network of protection experts have helped to ensure that gender is mainstreamed in all cluster strategies through the Gender Code system. 89% of projects in this response plan have received the top Gender Code (code 2a or 2b). 7% of projects are designed specifically in support of advancing gender equality (code 2b).

EXIT STRATEGY

As a middle-income country, Iraq is playing the major role in the humanitarian response. The minimum assistance packages which the international community is being asked to support have been closely consulted with the Government to ensure that external humanitarian action helps to bridge those gaps that are potentially life-threatening and critical. External support is understood to be temporary and contingent, necessary at this stage because of the Government's drastic fiscal position. A phased handover of emergency operations is envisaged as soon as this becomes financially and logistically viable for the Government. A key element of this handover is support for the Government's social protection floor. Iraq has a strong tradition of social redistribution; at its peak, 95 per cent of the Iraqi population benefitted from the country's Public Distribution System. Clusters are already identifying milestones in the shift from external assistance including targeted capacity building efforts and the use of cash-based modalities. A Cash Working Group is supporting these efforts by helping to harmonize approaches to cash assistance within and across clusters and ensuring these are in sync with national modalities. Detailed transfer plans will be discussed with counterparts in the months ahead in the expectation that they are included in the 2016 Humanitarian Response Plan.

CASH AS A MODALITY

Recognizing that unconditional multi-purpose cash assistance is one of the most effective ways of empowering beneficiaries and reducing vulnerabilities, partners are embracing this modality, using it wherever possible. The Cash Working Group, which is included in this Response Plan, is helping to promote harmonized cash approaches across clusters.

OVERVIEW OF PEOPLE IN NEED



People in need in areas under government control (in millions)



People in need in areas not under government control (in millions)

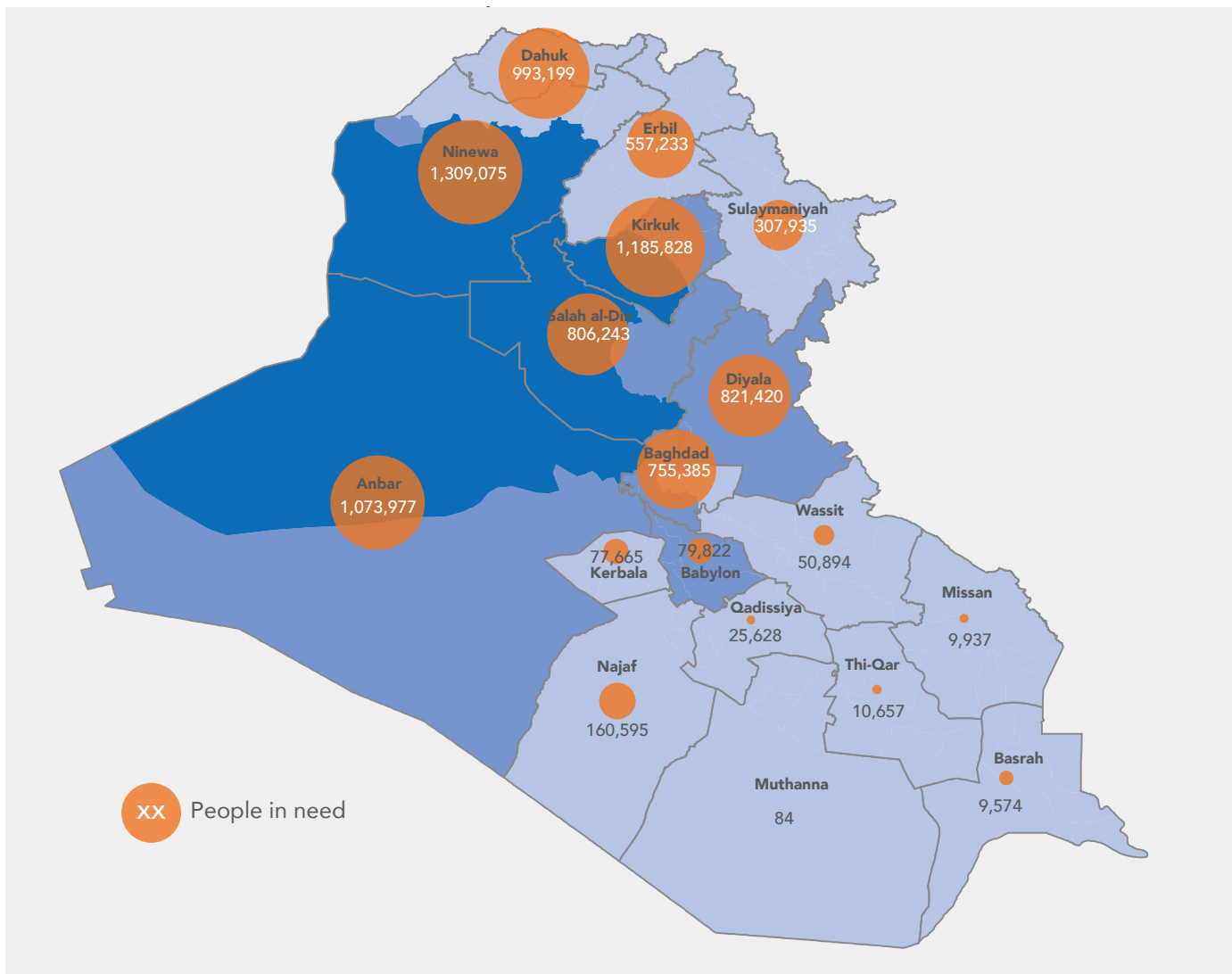


Total people in need (in millions)

	People in need in areas under government control (in millions)	People in need in areas not under government control (in millions)	Total people in need (in millions)
<p>IDPs in camps</p>	0.2	—	0.2
<p>IDPs outside of camps</p>	2	0.5	2.5
<p>Affected people in host communities</p>	2.5	0.7	3.2
<p>Other high vulnerable (Non-IDP, non-host)</p>	—	1.1	1.1
<p>Returns and newly accessible</p>	0.9	—	0.9
<p>Syrian Refugees</p>	0.25	4,600 people	0.25
Total	5.9	2.3	8.2

HUMANITARIAN ACCESS

Almost one third of the country is outside government control. Humanitarian action in these areas is extremely difficult, impacted by the presence of armed groups, airstrikes, explosive devices and snipers. At least 2.3 million people are estimated to be in need of humanitarian assistance in these areas. In order to better reach people trapped in these areas and make full use of all opportunities for cross-line operations, a Humanitarian Access Unit has been established and remote delivery and monitoring modalities are being used, often through established national networks.



EXTREMELY DIFFICULT ACCESS

An area with known presence of ISIL and / or other hostile armed groups; areas of Iraqi Security Forces and US airstrikes; heavy presence of ERW; snipers and explosive devices presence in recently abandoned towns and villages; bureaucratic constraints (denial of travel permits, closure of roads/checkpoints and travel restrictions on civilians). Engagement with security forces and government is required to facilitate access.

SOME ACCESS CONSTRAINTS

Within range of the 'front line' or of effective indirect fire, but under control of security forces; destruction of key infrastructure; presence of explosive devices and booby traps; vulnerability to short-notice militant attack; areas hostile to the presence of foreigners; extreme kidnap threat warnings; under militia group control; bureaucratic constraints (denial of travel permits to Arab staff; refusal to permit convoys or lengthy delays).

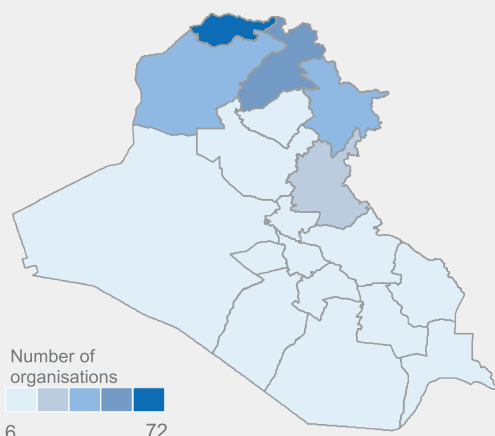
ACCESSIBLE AREA

Areas that are subject to normal (though at times heightened, in line with events) security protocols and bureaucratic procedures (such as the possession of authorisation for inter-provincial travel). Some delays may occur in response to short-notice security issues or the presence of religious pilgrims, or in response to high level officials travelling along a certain route or within an area.

OPERATIONAL PRESENCE

152

Organisations responding with ongoing programs



Governorate	Number of IDPs	Education	Food	Health	Shelter	Water	WASH	Communication	Transport	Protection	Recovery
Muthanna	3,738	2	1	1	2						
Missan	7,632	2		4	2						1
Thi-Qar	8,670	2			4						1
Basrah	10,926	2	1	5	4			1	1		2
Qadisiya	19,908	2		1	4						
Wassit	33,846	3	1	3							
Babylon	51,600	1	2	2	2	1	1				
Kerbala	68,406		2	4	5	2					
Najaf	84,138	1	2	4	7	2			1		2
Salah al-Din	113,856	4	1	1	2						
Diyala	145,284	1	6	7	8	7	3		2		4
Sulaymaniyah	167,082	2	6	11	24	9	8	3	3		6
Ninewa	186,492	1	6	14	13	23	4		6		5
Erbil	219,708	3	7	13	28	16	9	2	1	1	5
Kirkuk	341,310	1	3	5	4	5	4		3		3
Baghdad	356,802		4	1	7	3	2		1		2
Anbar	405,228	1	2	4	5	5					
Dahuk	449,454	5	4	17	49	16	7	3	1	10	9


INTERNATIONAL CAPACITY


At present 97 international humanitarian organisations are operating in Iraq, working in support of a Government-led response. This number includes 79 international non-governmental organisations, and 18 United Nations agencies. Member States and private sector entities are also providing humanitarian assistance, countrywide. In August 2014, the IASC activated a System-Wide Level Three Emergency (L3) status for Iraq. Since the L3 activation, the number of humanitarian partners operating in Iraq increased by 65 per cent to current levels from 92 humanitarian organisations in August 2014.

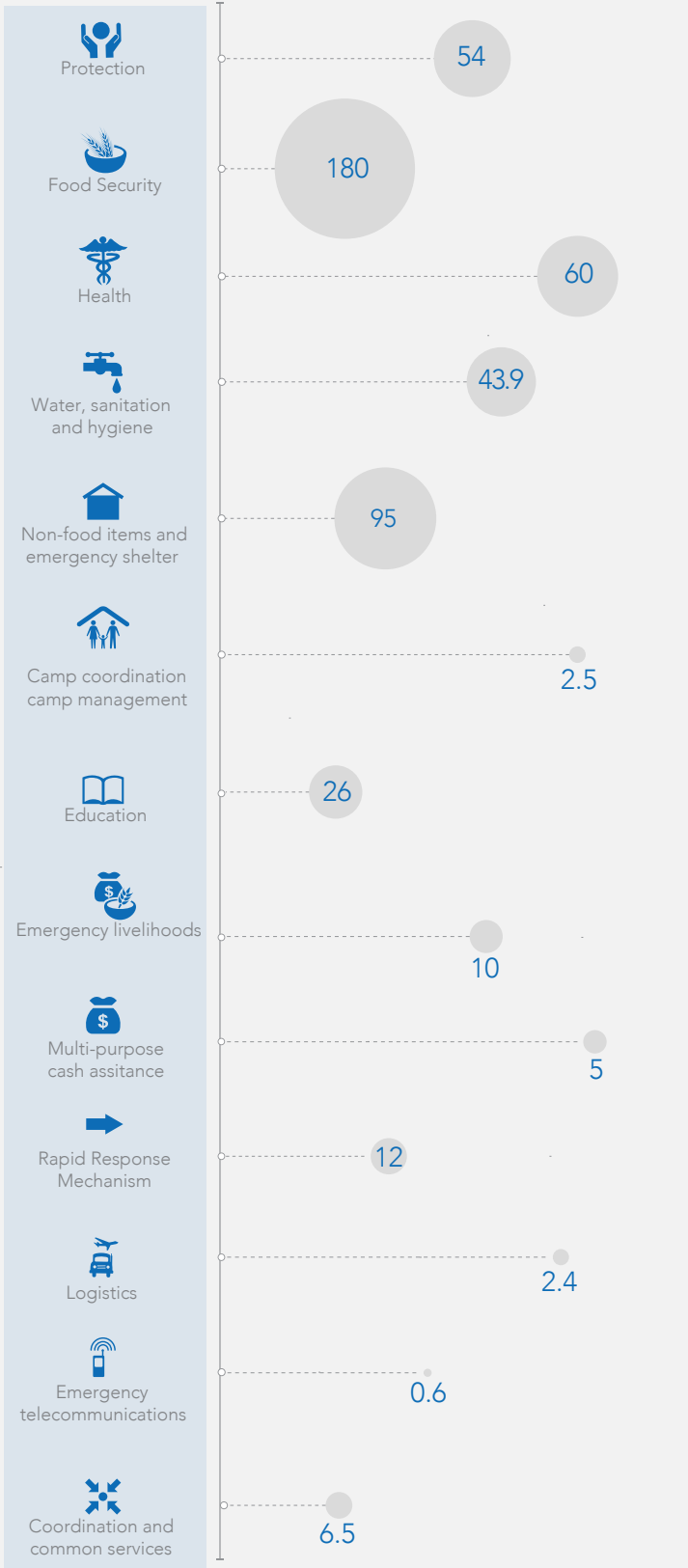
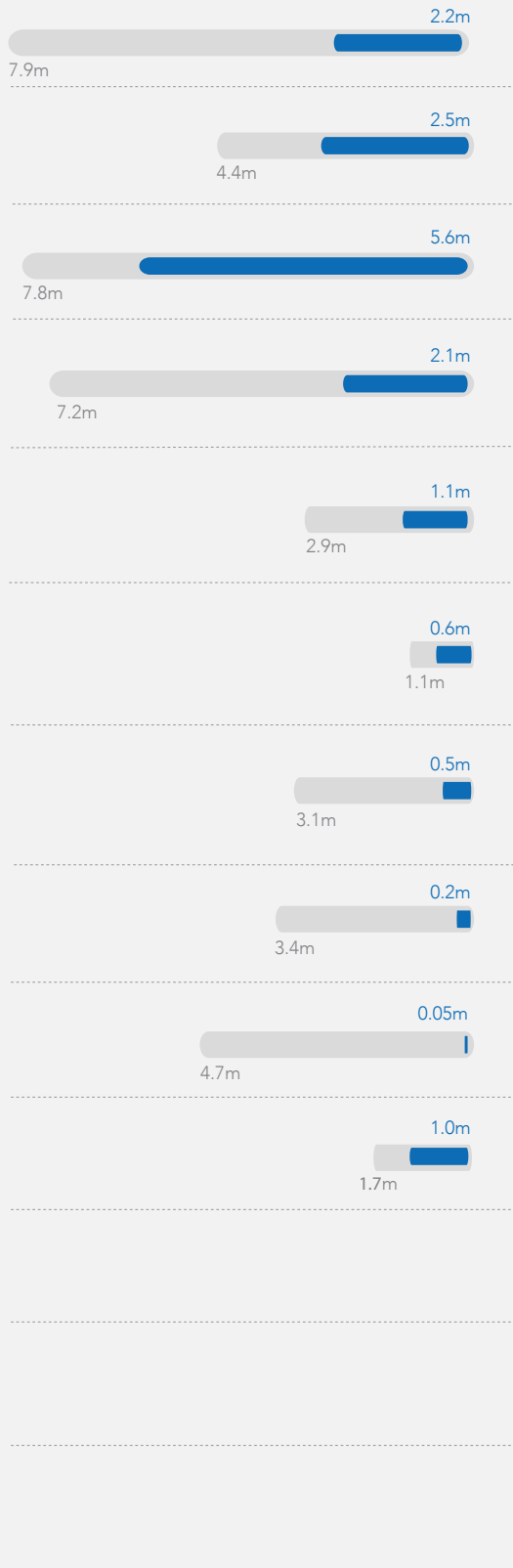
NATIONAL CAPACITY

More than 60 national NGOs are currently engaged in humanitarian operations. Religious organisations are also actively involved in the response. The NGO Coordination Committee for Iraq (NCCI) coordinates efforts of national and international NGOs and is also engaged in building the capacity of local partners. National partners play a crucial role in accessing people in areas beyond the reach of international agencies, and capacity development of local actors, as well as channelling funds directly to national partners through the Iraq Humanitarian Fund, form a key component of the response.

RESPONSE AND REQUIREMENTS OVERVIEW


8.2m people in need
5.6m people to be assisted


\$497.9 million requirements







CLUSTER RESPONSE SUMMARIES







CLUSTER RESPONSE SUMMARIES

PROTECTION

 <p>7.89 million PEOPLE IN NEED</p>	 <p>2.2 million PEOPLE TO RECEIVE ASSISTANCE 29% WOMEN, 47% CHILDREN</p>	<p>SUPPORTS STRATEGIC OBJECTIVES: SO1, SO2, SO3, SO4 & SO5</p>
 <p>\$54 million FUNDING REQUIRED</p>	 <p>26 PARTNERS INCLUDED</p>	





<p>FIRST-LINE RESPONSE</p> <p>Provide immediate lifesaving assistance to newly-displaced or newly-accessible persons, regardless of location; immediately address the urgent protection needs of the most vulnerable (including women, girls, boys, the elderly, disabled, and survivors of torture and sexual violence in conflict); protection monitoring and assessments inform and improve the overall humanitarian response.</p>	<p>SECOND-LINE RESPONSE</p> <p>Identify and address protection needs in an on-going manner through expanded protection response networks among national and international actors and support existing service providers or, where necessary, direct service provision, to the affected populations.</p>	<p>FULL-CLUSTER RESPONSE</p> <p>Cultivate an environment for the respect of rights by addressing systemic challenges with immediate impact on the humanitarian response and strengthening national protection networks and systems to ensure protection services are increasingly owned and sustained by capable national stakeholders.</p>
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FOOD SECURITY

 <p>4.4 million PEOPLE IN NEED</p>	 <p>2.5 million PEOPLE TO RECEIVE ASSISTANCE</p>	<p>SUPPORTS STRATEGIC OBJECTIVES: SO2, SO4 & SO5</p>
 <p>\$180 million FUNDING REQUIRED</p>	 <p>8 PARTNERS INCLUDED</p>	

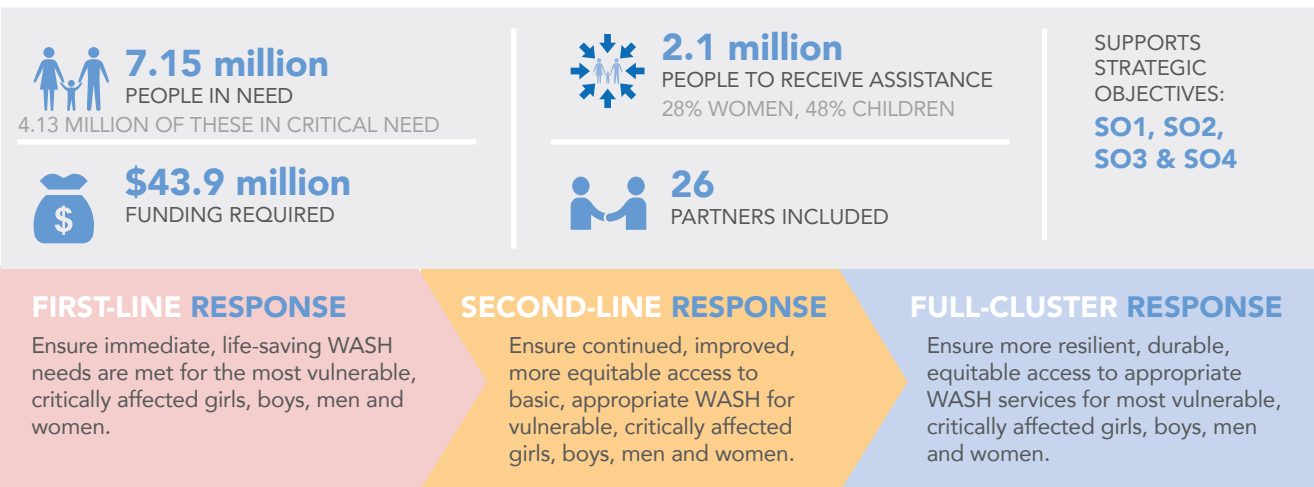
<p>FIRST-LINE RESPONSE</p> <p>Save lives by ensuring that crisis affected families receive support to emergency access to food.</p>	<p>SECOND-LINE RESPONSE</p> <p>Save lives and preserve assets of crisis affected families through regular access to food and balanced nutrition.</p>	<p>FULL-CLUSTER RESPONSE</p> <p>Increase food availability for crisis affected populations by resuming, maintaining and diversifying key agricultural production systems, strategies and assets.</p>
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HEALTH

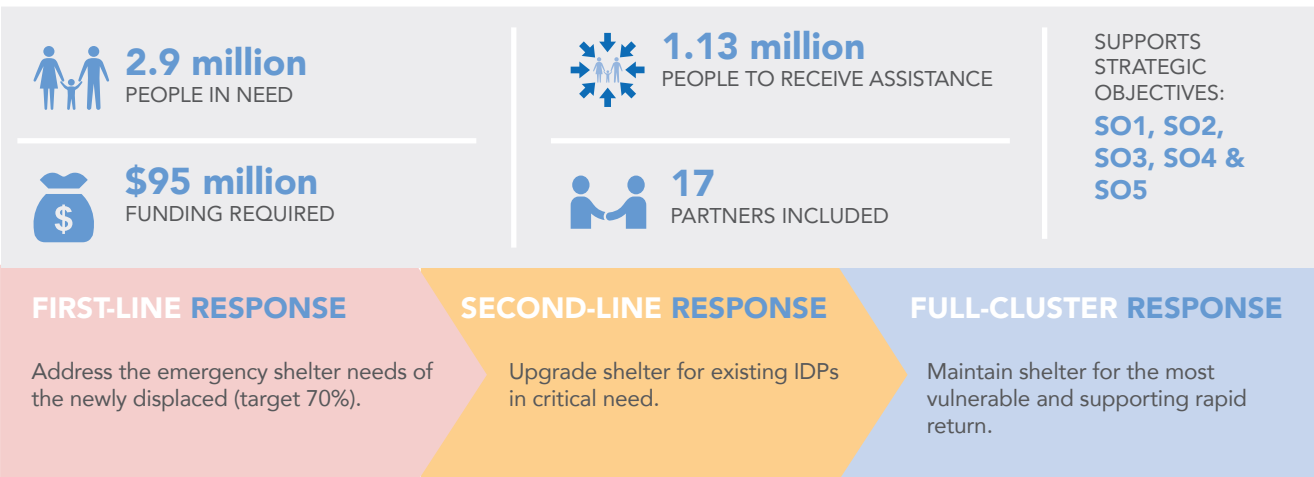
 <p>7.82 million PEOPLE IN NEED</p>	 <p>5.63 million PEOPLE TO RECEIVE ASSISTANCE 43% WOMEN, 17% CHILDREN</p>	<p>SUPPORTS STRATEGIC OBJECTIVES: SO1, SO2 & SO3</p>
 <p>\$60 million FUNDING REQUIRED</p>	 <p>16 PARTNERS INCLUDED</p>	

<p>FIRST-LINE RESPONSE</p> <p>Provide life-saving health care services to prevent avoidable morbidity, mortality and disability.</p>	<p>SECOND-LINE RESPONSE</p> <p>Provide essential health care services.</p>	<p>FULL-CLUSTER RESPONSE</p> <p>Provide comprehensive emergency services and strengthening of national capacities.</p>
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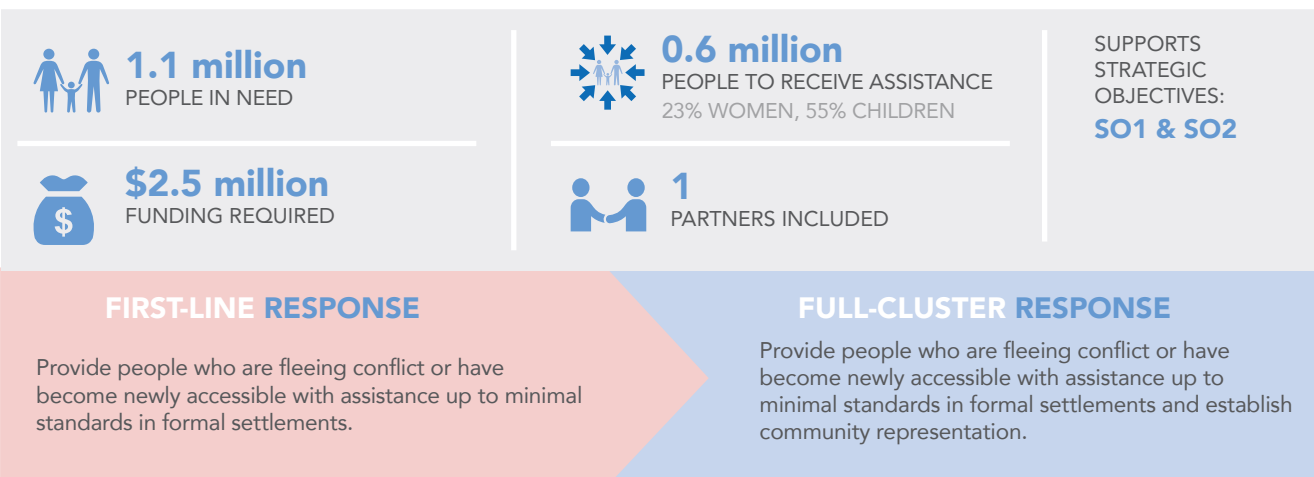
WATER, SANITATION AND HYGIENE



SHELTER AND NON-FOOD ITEMS



CAMP COORDINATION AND CAMP MANAGEMENT



EDUCATION



3.1 million
PEOPLE IN NEED



0.5 million
BOYS & GIRLS TO RECEIVE ASSISTANCE
55% GIRLS, 45% BOYS

SUPPORTS
STRATEGIC
OBJECTIVES:
**SO1, SO2,
SO3 & SO4**



\$26 million
FUNDING REQUIRED



21
PARTNERS INCLUDED

FIRST-LINE RESPONSE

Provide immediate access to safe learning that promotes the protection and wellbeing of children and adolescents.

SECOND-LINE RESPONSE

Increase access to protective, life-sustaining, quality learning for children and adolescents.

FULL-CLUSTER RESPONSE

Engage children, adolescents and communities in learning that promotes social cohesion and peacebuilding.

EMERGENCY LIVELIHOODS



3.4 million
PEOPLE IN NEED



0.2 million
PEOPLE TO RECEIVE ASSISTANCE
30% WOMEN

SUPPORTS
STRATEGIC
OBJECTIVES:
**SO1, SO3,
& SO5**



\$10 million
FUNDING REQUIRED



30
PARTNERS INCLUDED

FIRST-LINE RESPONSE

Stabilise social cohesion through immediate access to income for vulnerable families and social awareness, in areas at high risk of tension.

FULL-CLUSTER RESPONSE

Maintain social cohesion at the community level through support to community assets, increasing access to regular income and opening channels for dialogue.

MULTI-PURPOSE CASH ASSISTANCE



4.7 million
PEOPLE IN NEED



0.05 million
PEOPLE TO RECEIVE ASSISTANCE

SUPPORTS
STRATEGIC
OBJECTIVES:
**SO2, SO3 &
SO5**



\$5 million
FUNDING REQUIRED



8
PARTNERS INCLUDED





FIRST-LINE RESPONSE

Enable newly displaced conflict-affected households to meet their critical basic needs through an emergency one-off cash transfer.

FULL-CLUSTER RESPONSE

Enable extremely vulnerable conflict-affected households to meet their critical basic needs through targeted multi-month cash transfers.



RAPID RESPONSE MECHANISM

 1.7 million PEOPLE IN NEED	 STOCK PREPOSITIONING FOR 1 million PEOPLE	SUPPORTS STRATEGIC OBJECTIVES: SO2 & SO3
 \$12 million FUNDING REQUIRED	 8 PARTNERS INCLUDED	

FIRST-LINE RESPONSE

Reach those most vulnerable individuals, women and children that are on the move, in hard to reach areas, caught at checkpoints and between frontlines, with immediate lifesaving, time critical and dignity raising humanitarian aid.

LOGISTICS

 \$2.4 million FUNDING REQUIRED	 1 PARTNER INCLUDED	SUPPORTS STRATEGIC OBJECTIVES: SO3 & SO4
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FIRST-LINE RESPONSE

Support an effective humanitarian logistics response by providing logistics coordination and information management services to the humanitarian community.

FULL-CLUSTER RESPONSE

Ensure uninterrupted delivery of emergency relief items by augmentation of humanitarian partners' logistics capacities through the provision of emergency storage, common transport and storage, and emergency airlift capacity.

EMERGENCY TELECOMMUNICATIONS

 \$0.6 million FUNDING REQUIRED	 3 PARTNERS INCLUDED	SUPPORTS ALL STRATEGIC OBJECTIVES
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FIRST-LINE RESPONSE

Preposition equipment and provide organisations with radio and data connectivity.

FULL-CLUSTER RESPONSE

Conduct assessments and maintenance. Provide training and configuration

COORDINATION

 \$6.5 million FUNDING REQUIRED	 2 PARTNERS INCLUDED	SUPPORTS ALL STRATEGIC OBJECTIVES
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FIRST-LINE RESPONSE

Coordinate and inform rapid response operations in real-time.

FULL-CLUSTER RESPONSE

Support effective, timely and principled humanitarian assistance to vulnerable people in Iraq through efficient coordination services.

RESPONSE MONITORING

THE RESPONSE MONITORING FRAMEWORK

The Response Monitoring Framework (RMF) will track achievements against the HRP Strategic Priorities. The RMF will be developed and agreed by the HCT to track progress against targets for delivery of humanitarian assistance to affected populations. The RMF defines what will be monitored, how and when, identifies responsibilities for monitoring and analysis, and provides a clear schedule for the release of reports, including Periodic Monitoring Reports (PMRs) and humanitarian dashboards.

While providing an evidence base to the HC and HCT to make decisions on strengthening humanitarian response, addressing shortcomings, and adjusting the HRP as required, the monitoring framework will also strengthen the humanitarian community's accountability towards the affected populations and local partners.

SCOPE

As this is a six month HRP, the Framework will cover the period from July 2015 to December 2015. The RMF will cover four levels of response monitoring, in line with the 2015 HRP. The upper three levels correspond to 1) the HRP Strategic Objectives, 2) the HRP Cluster Objectives, in line with the sequenced cluster response, and 3) the HRP Cluster Activities, while the lower level covers 4) financial inputs.

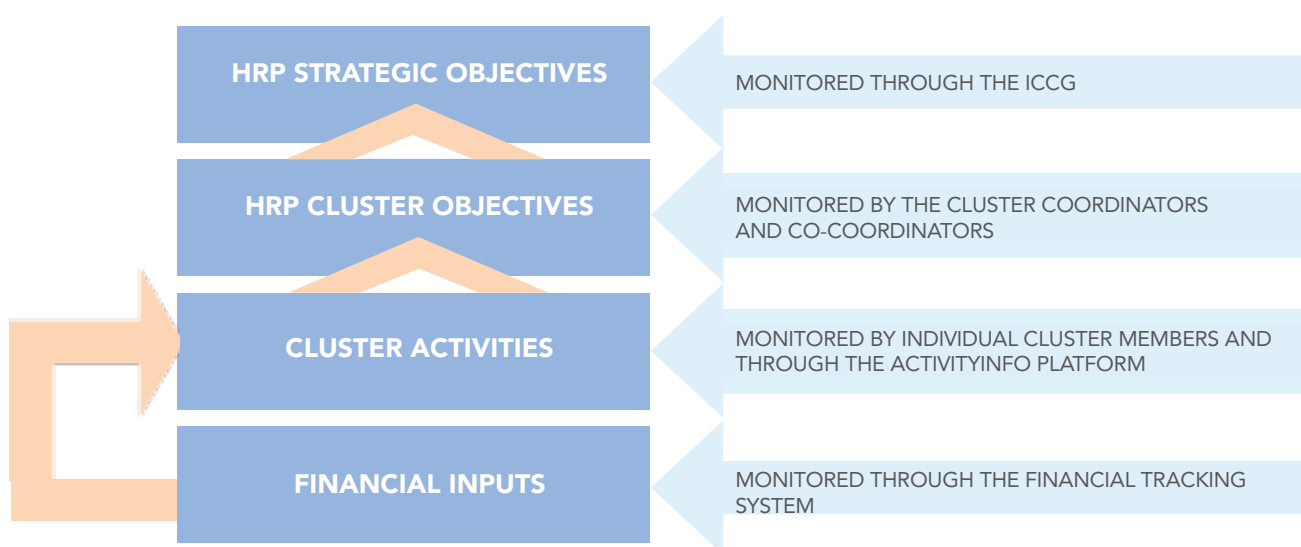
Depending on the level, different actors are responsible for monitoring and reporting on progress of the humanitarian response: 1) Strategic Objectives are monitored by the Inter-Cluster Coordination Group (ICCG); 2) Cluster Objectives are monitored by the

Cluster Coordinators; 3) Projects are monitored by the individual organisations' members of the clusters and through the online 'ActivityInfo' platform; 4) Financial inputs are monitored through the online Financial Tracking Service (FTS) platform. Whilst acknowledging the importance of all levels of monitoring and reporting, the HRP Monitoring Framework measures the progress of the collective humanitarian response, by focusing on the upper two levels, i.e. Strategic Objectives and Cluster Objectives.

REPORTING

Due to the HRP's six month duration, the RMF will include only one PMR in December 2015. Two quarterly Humanitarian Dashboards will be produced during the duration of the HRP. The PMR will present progress made on Strategic Objectives, challenges faced in reaching the set targets, changes in the context, if any, an analysis of funding, and recommendations for the way forward. Each cluster will also elaborate on achievements towards Cluster Objectives, any changes in the context, challenges faced, and recommendations to address gaps in the response. Humanitarian Dashboards will present information on the humanitarian response, needs and gaps at the cluster level in a concise and graphical manner.

Data and information provided by PMRs and humanitarian dashboards will also contribute to informing the Global Humanitarian Overview and revisions of the Iraq Humanitarian Needs Overview, as required. All monitoring data will be made available on the Humanitarian Response website.





DETAILED RESPONSE PLANS

PROTECTION

CLUSTER LEAD

United Nations High Commissioner for Refugees
UNHCR

CLUSTER CO-COORDINATOR

DRC



7.89 million

PEOPLE IN NEED



2.2 million

PEOPLE TO RECEIVE ASSISTANCE



\$54 million

REQUIRED



26

PARTNERS INCLUDED

MINIMUM PACKAGE

Deliver protection interventions through advocacy for the respect of international protection standards, through provision of information and services, and by building national capacities and community-based approaches.

The minimum package contains three critical protection activities: i) responding to women, men, girls and boys in need through protection services, immediate assistance to vulnerable individuals and mainstreaming protection in the overall humanitarian response of all clusters; ii) gathering, analysing and reporting on critical information related to the needs of women, men, girls and boys, persons with specific needs and those who suffered violence; and iii) advocating for respect for and adherence to international standards.

SEQUENCED RESPONSE

The first line response identifies and addresses critical protection needs and provides protection information to inform the wider immediate humanitarian response. The second line provides systematic reporting - including disaggregated data - on protection risks and needs, establishes direct and continuous protection services, and builds response networks among national and international humanitarian actors. The full cluster response addresses systemic challenges with immediate impact on the humanitarian response and aims to strengthen national protection networks and systems to ensure protection services are increasingly owned and sustained by capable national stakeholders.

CASELOAD TARGETING

Prioritized geographic regions include governorates with a high concentration of displaced persons, areas affected by conflict, and areas of return. Specialised protection services will address the needs of girls, boys, women, persons with disabilities, survivors of violence, the elderly and others with serious protection needs. While maintaining the safety of and services for IDPs in camps, the cluster will extend services, through a network of national and community-based partners, to IDPs living out of camps, returnees, at-risk host communities, and populations in hard-to-reach areas. All actions are guided by the principle of 'do no harm'.

WHOLE OF IRAQ FOCUS

Through targeting and prioritization, the Protection Cluster has increased capacity in underserved areas of Iraq. Establishing protection networks in all governorates enables the Protection Cluster to monitor protection risks and provide support, including in areas where physical access is difficult. The range of protection services and activities provided is determined by access and safety for protection actors. At a minimum, in areas inaccessible to international humanitarian actors, this will include protection monitoring, remote delivery of services, advocacy and, where possible, engagement with national structures.

EXIT STRATEGY

The Protection Cluster's exit strategy is two-fold: i) strengthen the national legal frameworks to support adherence to international protection standards; and ii) capacitate national structures, community-based systems and stakeholders to increasingly take ownership of protection activities in relation to rights-holders, with a specific focus on women, girls, boys and adolescents/youth.

FIRST-LINE RESPONSE

Identify and respond to critical protection needs that would have an immediate and significant impact on saving/sustaining lives and reducing serious harm; rapid collection, analysis and dissemination of **information** to inform the humanitarian response to the same end; and **advocacy** for immediate life-saving protection needs.

Typical Protection activities include: rapid protection assessment, documenting grave child rights violation, information points for missing children and unaccompanied and separated children (UASC), access to critical medical services and provision of psychological first aid for survivors of sexual violence in conflict (SVC), referral to life-sustaining services for persons with specific needs (i.e. disabled, elderly, emergency legal aid and advocacy for immediate access to safety & safe location of camps).

The failure to deliver programmes could lead to serious harm among target populations.

SECOND-LINE RESPONSE

Provide regular **monitoring** and detailed **reporting** on protection risks and needs through networks of protection stakeholders; establish continuous protection **response systems** and **specialised service provision**, to respond to on-going protection needs; and aim **advocacy** at reducing recurrent protection risks and mitigating future harm.

Typical Protection activities include: psychosocial support to girls and boys and survivors of GBV, including sexual violence in conflict; prevention of recruitment and negotiation of release of children from armed groups and forces; identification of vulnerable households; facilitation of access to services; provision of information; mine risk awareness; explosive remnants of war (ERW) assessment and demarcation; legal counselling/aid for, inter alia, registration, documentation, access to justices and housing, land and property; case management to ensure quality support from social services.

Failure would cause rapid reduction in the security, human rights, health and socio-economic well-being of the target populations.

FULL-CLUSTER RESPONSE

Strengthen the **capacity of both national and regional government** authorities to register IDPs, distribute assistance, and adopt protective policies; empower national **NGOs & community based organisations (CBOs)** to provide sustainable protection services and sustain effective referral systems; build the evidence base for on-going advocacy; build **community-based protection mechanisms** and mobilization support to victims/survivors of all forms of violence, abuse and exploitation; and advocate for greater ownership of protection by **national stakeholders**.

Typical Protection activities include: strengthen national NGO protection networks; re-insertion support to released children associated with armed forces and armed groups (CAAFAG); strengthen community mechanisms for child protection; strengthen community mechanisms for protecting and supporting survivors of GBV; establish secure information management systems (IMS) for GBV data collection and analysis to inform prevention actions and strengthen referral; map mine-contaminated areas and broaden mine risk awareness programmes; clearance of mines, ERW and IEDs; train/mentor and provide targeted material support for national protection structures and actors.

Failure would prevent improvement of the protection situation for individuals & groups and jeopardize the transition to national ownership of the service and protection response.

PEOPLE IN NEED AND TARGETED

	IDPS IN CAMPS	IDPS OUTSIDE OF CAMPS	AFFECTED PEOPLE IN HOST COMMUNITIES	RETURNEES AND NEWLY ACCESSIBLE	HIGHLY AT-RISK IN DIFFICULT TO REACH AREAS	TOTAL
CURRENT NUMBER IN NEED	0.21 M	2.12 M	2.36 M	0.9 M	2.3 M	7.89 M 29% Women 47% Children
PROJECTED UNTIL END 2015	0.38 M	2.77 M	3.57 M	0.69 M	2.52 M	9.93 M 29% Women 47% Children
TARGETED FOR PROTECTION ASSISTANCE	0.15M	0.50 M	0.71 M	0.34 M	0.50 M	2.2 M 29% Women 47% Children

PROTECTION OBJECTIVES

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 3 & 4**

Provide immediate lifesaving assistance to newly-displaced or newly-accessible persons, regardless of location; immediately address the urgent protection needs of the most vulnerable among the population (including women, girls, boys, the elderly, disabled, and survivors of torture and sexual violence in conflict); and inform and improve the overall humanitarian emergency response through protection monitoring and assessments.

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE ¹	TARGET
1.1 Rapid protection assessment including profiling of population/ support for rapid registration; identification/referral of vulnerable individuals including women, girls and boys, survivors of SVC, persons with disabilities and information provision to people in need	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	# of people reached through rapid protection assessments conducted	4,200	10,000

¹Baseline data is taken where possible from ActivityInfo since January 2015 or CP's 5W.

1.2. Advocacy with stakeholders for the application and respect of international protection principles	All population groups	All governorates	# of awareness raising activities/advocacy activities undertaken	133	200
1.3. Provision of emergency protection services including psychological first aid, referrals to social services and basic services and emergency legal aid	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	# of women, men, girls and boys identified for and referred to specialised protection services	8,260	12,500
1.4. GBV Services: Provision of dignity kits and availability of services for the clinical management of rape	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	# of women and girls who have received dignity kits # of health facilities (including mobile) with clinical management of rape capacity	60,000 women; 732 girls 3 health facilities	100,000 women; 10,000 girls 10 health facilities
1.5 Child Protection Services: Collection, verification and documentation of grave child rights violations and prevention of family separation	Boys and girls from all population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	# of grave child rights violation reported and documented # of unaccompanied and separated boys and girls identified and documented and placed in family or alternative care arrangement	32 614	800 1,000
1.6 Mine Action Services: Mine risk assessments in newly accessible areas, return areas, host communities or for camp locations, accompanied by emergency mine risk awareness activities	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	# of women, men, girls and boys receiving Emergency Safety Information (ESI) # of women, men, girls and boys receiving Risk Education (RE)	236,000 96,000	400,000 157,000

AIM OF SECOND-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 2, 3, 4 & 5**

Identify and address protection needs in an on-going manner through expanded protection response networks among national and international actors and support existing service providers or, where necessary, direct service provision, to the affected populations.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE ²	TARGET
2.1 Conduct regular protection monitoring to provide an evidence base for advocacy, identify vulnerable households, and inform protection services.	All	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Kerbala, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Missan, Najaf, Wassit, Qadissiya, Muthanna, Thi-Qar and Basrah	# of women, men, boys and girls reached through protection monitoring	25,000	60,000
2.2 Support authorities in registration of population and provide disaggregated up-to-date information	IDPs in camps IDPs out of camps Returnees	All governorates	# of displaced persons registered (women, men, girls and boys)	530,000 families ³	800,000 families
2.3 Deliver specialised protection services for women, men, girls and boys, persons with disabilities, and survivors of violence/torture	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	# of women, girls, boys, men and GBV survivors receiving legal assistance # of women, girls, boys, men and GBV survivors receiving psychosocial support # of female and male case/social workers trained # of families who have received cash assistance	210 2,003 58 trained ⁴ 12,300	450 5,020 70 female: 30 male 14,000

2.4 GBV Services: Strengthen or, where needed, provide GBV prevention and response services and mitigate risks elevated by conflict and forced displacement in support of GBV survivors and their families.	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Kerbala, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Missan, Najaf, Wassit, Qadissiya, Muthanna, Thi-Qar and Basrah	# of women safe spaces established # of women/girls accessing women safe spaces # Individuals provided with information on SGBV prevention and response	57 34,848 women; 779 girls 31,002	75 70,000 women; 5,000 girls 650,000
2.5 Child Protection Services: Provide a multi-sectorial and child friendly response to identified girls and boys with urgent protection needs	Girls and boys from all population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	# of case management system developed # of case workers trained # of girls and boys receiving psychosocial support services	1 N/A 60 000	6 150 100 000
2.6 Mine Action Services: Clearance of contaminated areas in the vicinity of IDPs and returnees, accompanied by the provision of mine risk education and awareness raising.	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	% of land prioritised for clearance, cleared # of individuals receiving Risk Education (RE)	% of land prioritized for clearance ⁵ 22%	% of land cleared 40%
2.7 HLP Specialised Services: HLP assessments in areas of displacement, mappings in newly accessible areas of return, and provision of information, counselling and legal assistance on HLP issues	All population groups	Diyala, Ninewa, Dahuk, Erbil, Baghdad	# of HLP-specific assessments conducted # of HLP group information events held # of women and men receiving counselling on HLP # of women and men receiving legal assistance on HLP	0 ⁶ 0 0 0	14 60 600 300

AIM OF FULL RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 2, 3, 4, 5**

Cultivate an environment for the respect of rights by addressing systemic challenges with immediate impact on the humanitarian response and strengthening national protection networks and systems to ensure protection services are increasingly owned and sustained by capable national stakeholders.

FULL CLUSTER ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE ⁷	TARGET
3.1 Conduct evidence-based advocacy with duty-bearers to prevent grave violations of human rights / international humanitarian law, and to promote the protection of IDPs	All population groups	All governorates	# of advocacy initiatives carried out on international protection standards # women and men reached through protection trainings	36 304 (247 women; 57 men)	54 456
3.2 GBV services: Case management procedures with government and NGO social workers are strengthened, law enforcement is sensitized, and community-based protection mechanisms are supported to protect survivors and those at risk of sexual and gender-based violence	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Kerbala, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Missan, Najaf, Wassit, Qadissiya, Muthanna, Thi-Qar	# Community-based female and male committees/ groups working on SGBV prevention and response # of sites using the GBV IMS # of female and male staff trained on using the GBV IMS	0 male; 102 female 0 sites 0 staff trained	5 male; 150 female 10 sites 30 staff trained
3.3 Child Protection Services: Support community-based child protection mechanisms, ensuring inclusive access for all girls and boys	Girls and boys from all population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Kerbala, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Missan, Najaf, Wassit, Qadissiya, Muthanna, Thi-Qar and Basrah	# of community-based CP networks established # of adults participating in the CP networks	8 190	20 400

² Baseline data is taken where possible from ActivityInfo since January 2015 or CP's 5W.

³ Current information from MODM is based on family. Disaggregated data will follow as registration data management improves.

⁴ Current data is only available for those trained in GBV case management in Dohuk and not sex disaggregated.

⁵ Due to new contamination in newly accessible areas the contamination baseline is yet to be determined through assessments and confirming accident reports in said areas.

⁶ HLP does not have baseline as the activities are currently being launched.

⁷ Baseline data is taken where possible from ActivityInfo since January 2015 or CP's 5W.

3.4 Mine Action Services: Clearing land in contaminated areas, including those identified in contingency plan, and ensure returnees benefit from risk education	All population groups	Anbar, Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Baghdad, Salah al-Din, Sulaymaniyah, Babylon, Najaf, Wassit	m2 land in need of clearance for return # of returnees (women, men, girls and boys) who have benefited from risk education	% of land cleared ⁸ 22 %	% of land cleared 40%
3.5 HLP Specialized Services: Capacity-building on HLP and dispute resolution is delivered to government authorities, humanitarian partners and displaced community leaders, and evidence-based advocacy on HLP issues	All population groups	Diyala, Kirkuk, Ninewa, Dahuk, Erbil, Sulaymaniyah, Kerbala, Baghdad	# of HLP-related trainings conducted # of HLP advocacy initiatives undertaken	0 0	21 8

PROTECTION FINANCIAL REQUIREMENTS

Activity Areas	Requirements
Child Protection	\$ 13,102,384
GBV	\$ 9,772,161
Persons with Disabilities	\$ 950,000
General Psychosocial	\$ 1,737,135
Mine Action	\$ 4,934,627
HLP	\$ 1,906,000
Multi-theme (registration, documentation, protection monitoring, etc)	\$ 16,224,753
Cash Assistance	\$ 5,372,940
TOTAL PROTECTION CLUSTER REQUIREMENTS	\$ 54 MILLION

⁸ Due to new contamination in newly released areas the contamination baseline is yet to be determined.

FOOD SECURITY

CLUSTER LEAD

Food and Agriculture Organization of the United Nations, World Food Programme

CLUSTER CO-COORDINATOR

ACTED



4.4 million
PEOPLE IN NEED



2.5 million
PEOPLE TO RECEIVE ASSISTANCE



\$180 million
REQUIRED



8
PARTNERS INCLUDED

MINIMUM PACKAGE

Food Security Cluster (FSC) partners intend to ensure that crisis-affected populations have regular access to food to meet the international nutritional standard of 2,100kcal/day. To achieve this, targeted beneficiaries will be provided with Family Food Parcels (FFP) or food vouchers to guarantee the intake of approximately 1,700kcal/day. This ration will be complemented with emergency nutritive agricultural production to supplement their dietary intake with fresh vegetables and eggs.

SEQUENCED RESPONSE

FSC partners will make sure that, as a first-line response, affected populations receive emergency access to food. This will happen in a timely manner upon displacement, return or liberation of the area they are living in. They will also receive basic inputs for small-scale production of fresh vegetables and eggs to balance their diets.

As soon as displaced populations have settled, FSC partners will support targeted beneficiaries in re-entering into the Public Distribution System (PDS) mechanism to receive regular food support by the Ministry of Trade (MoT). When and where this system should not be efficiently working, FSC partners will provide direct support to regular food access and balanced nutrition, in particular through the distribution of FFP or Food Vouchers.

As a second-line of response, displaced populations will benefit from emergency cash support in return for work. These cash for work activities will be aimed at rehabilitating key agricultural infrastructures, with a special attention to water supply, to support essential food production. In coordination with UNICEF, child

nutrition will also be supported through school feeding programmes and supplementary feeding.

At full-cluster response level, FSC partners will support targeted beneficiaries in resuming, maintaining and diversifying key agricultural production systems for increased food availability. In particular, vulnerable households will be supplied with agricultural start-up packages of essential agricultural inputs, and returning households will be supported in replacing agricultural assets that have been looted.

FIRST-LINE RESPONSE

Save lives by ensuring that crisis-affected families receive support to emergency access to food.

Emergency food provision; basic inputs for small-scale production; once stabilised, regular access to voucher or in-kind food assistance in coordination with PDS; returnees in liberated areas will receive food assistance for the first three months; as soon as they become accessible, people under AOG control receive food assistance; crisis affected families have access to nutritious and healthy fresh food from vegetable gardens and eggs from laying poultry; Rapid Food Security Assessments inform humanitarian actions.

SECOND-LINE RESPONSE

Save lives and preserve assets of crisis-affected families through regular access to food and balanced nutrition.

Emergency cash support to IDPs in return for work (e.g. rehabilitation of agricultural productive assets for food security); child nutrition is supported through school feeding programmes and supplementary feeding.

FULL-CLUSTER RESPONSE

Increase food availability for crisis-affected populations by resuming, maintaining and diversifying key agricultural production systems, strategies and assets.

Examples: Supply of agricultural start-up packages of essential agricultural inputs (seeds and fertilizers, livestock and fodder, etc.) to vulnerable households in AOG controlled areas to restore basic productive agricultural activities; replacement of essential looted agricultural equipment for food production and processing.

CASELOAD TARGETING

The FSC estimates that approximately 4.4 million people throughout Iraq are in need of food security assistance. Approximately 850,000 people live in areas beyond the access of FSC partners, including severely conflict-affected and besieged districts. Another 1.1 million people, mostly host communities and returnees, are not prioritized for food security assistance under this appeal as it is estimated that they can rely on strong safety nets within their communities, can continue to use their productive assets and are able to carry on with normal livelihood activities.

FSC partners therefore plan to target a total of 2.5 million people for food security assistance.

WHOLE OF IRAQ FOCUS

Rapid Food Security Assessments were conducted in late 2014 and early 2015 in some of the hard to reach areas of Iraq, allowing FSC partners to develop specific interventions responding to the specific needs of every population in each governorate. For example, FAO, through its partnership with the Ministry of Agriculture, has been able to distribute animal feeding in ISIL occupied territories. National FSC partners play a key role in accessing food insecure populations in hard to reach areas. FSC partners will continue monitoring the food security needs of beneficiaries throughout Iraq, with special attention to populations in newly liberated areas.

EXIT STRATEGY

Food security in Iraq is traditionally linked to social safety nets; in particular to the PDS. Members of the FSC are assisting the MoT to register IDPs so they can receive their entitlements at their location of displacement. WFP is in discussions with the MoT to better coordinate assistance – ensuring that the total nutritional value is coordinated. Conflict-affected areas of the central region are unlikely to be considered for inclusion in this process at this stage, as the PDS is not functional in areas that are not under Government control. Aside from the PDS it remains urgent to reduce the population’s reliance on food assistance. This is taken into consideration in every intervention proposed by the FSC, including where appropriate, sustainable and demand-driven emergency agricultural production activities.

PEOPLE IN NEED AND TARGETED

	IDPS IN CAMPS	IDPS OUTSIDE OF CAMPS	AFFECTED PEOPLE IN HOST COMMUNITIES	RETURNEES AND NEWLY ACCESSIBLE	HIGHLY AT-RISK IN DIFFICULT TO REACH AREAS	TOTAL
CURRENT NUMBER IN NEED	0.2 M	1.9 M	0.3 M	0.9M	1.1 M	4.4 M
PROJECTED UNTIL END 2015	0.3 M	2.3 M	0.3 M	0.7 M	0.9 M	4.5 M
TARGETED FOR FOOD SECURITY ASSISTANCE*	0.25 M	1.95 M	0.11 M	0.25 M	0.25 M	2.5 M*

FOOD SECURITY OBJECTIVES

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO2 & 4**

AIM OF FIRST-LINE RESPONSE: Save lives by ensuring that crisis affected families receive support to emergency access to food.

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
1.1 IDPs receive monthly voucher or in kind food assistance	IDPs in camps, IDPs out of camps	Countrywide	# of IDPs receiving regular food assistance	n/a	2 000 000
1.2 Returnees in liberated areas receive food assistance for the first 3 months	Returnees	Ninewa, Diyala, Salah al-Din	# of returnees receiving food assistance	n/a	250 000
1.3 As soon as they become accessible, people under AOG control receive food assistance	Highly at risk in difficult to reach areas	Anbar, Salah al-Din, Ninewa	# of highly at risk people in difficult to reach areas receiving food assistance	n/a	250 000
1.4 Crisis affected families receive basic inputs for vegetable gardening	IDPs in camps, IDPs out of camps, host communities	Anbar, Babylon, Baghdad, Diyala, Salah al-Din, Ninewa	# of crisis affected families receiving basic inputs	n/a	152 000
1.5 Conduct coordinated rapid food security assessments	All	All	# of rapid food security assessments conducted	n/a	3

* It is assumed that a proportion of the targeted beneficiaries will shift from one category to the other and receive different types of assistance at different times. These beneficiaries are not double counted in the total number.

AIM OF SECOND-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO2 & 4**

AIM OF SECOND-LINE RESPONSE: Save lives and preserve assets of crisis affected families through regular access to food and balanced nutrition.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
2.1 Displaced populations benefit from emergency cash support in return for work	IDPs in camps, IDPs out of camps, host communities	Anbar, Diyala, Kirkuk, Salah al-Din, Ninewa	# of IDPs participating in CFW schemes	n/a	53 000
2.2 Displaced children receive regular school meals	IDPs in camps	Erbil, Dahuk, Sulaymaniyah	# of displaced children receiving school meals	n/a	23 600
2.3 Displaced children of 6-24 months of age receive nutrition supplements	IDPs in camps	Erbil, Dahuk, Sulaymaniyah	# of displaced children 6-24 months of age receiving nutritional supplement	n/a	13 500

AIM OF SECOND-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO2 & 4**

AIM OF SECOND-LINE RESPONSE: Save lives and preserve assets of crisis-affected families through regular access to food and balanced nutrition.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
2.1 Displaced populations benefit from emergency cash support in return for work	IDPs in camps, IDPs out of camps, host communities	Anbar, Diyala, Kirkuk, Salah al-Din, Ninewa	# of IDPs participating in CFW schemes	n/a	53 000
2.2 Displaced children receive regular school meals	IDPs in camps	Erbil, Dahuk, Sulaymaniyah	# of displaced children receiving school meals	n/a	23 600
2.3 Displaced children of 6-24 months of age receive nutrition supplements	IDPs in camps	Erbil, Dahuk, Sulaymaniyah	# of displaced children 6-24 months of age receiving nutritional supplement	n/a	13 500

AIM OF FULL RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO2, 4 & 5**

Increase food availability for crisis affected populations by resuming, maintaining and diversifying key agricultural production systems, strategies and assets.

FULL CLUSTER ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
3.1 Supply of agricultural start-up packages of essential agricultural inputs (seeds and fertilizers) to vulnerable households in AOG controlled areas	Highly at risk in difficult to reach areas	Anbar, Salah al-Din, Ninewa	# of vulnerable families receiving start-up agricultural packages	n/a	145 000

FOOD SECURITY FINANCIAL REQUIREMENTS

Activity Areas	Requirements
General Food Distribution – in kind and vouchers	\$ 155,037,910
Emergency nutritious agricultural production	\$ 9,877,000
Food Security Assessments and early warning	\$ 1,000,000
School feeding programmes	\$ 200,000
Prevention of malnutrition (6-24 months children)	\$ 350,000
Cash for work programmes	\$ 5,011,300
Agricultural start-up packages	\$ 11,203,000
TOTAL FOOD SECURITY CLUSTER REQUIREMENTS	\$ 180 MILLION

HEALTH

CLUSTER LEAD

World Health Organisation

CLUSTER CO-COORDINATOR

International Medical Corps



7.82 million

PEOPLE IN NEED

6.95 MILLION IN CRITICAL NEED



5.63 million

PEOPLE TO RECEIVE ASSISTANCE



\$60 million

REQUIRED



16 PARTNERS INCLUDED

OVERVIEW

Essential and life-saving medical services are insufficient and overstretched, including critical public health, nutrition and water services, raising the risk of a public health emergency. Access to essential health services is an immediate need for some 6.95 million people, with health capacities severely overburdened, and services disrupted in conflict-affected areas.

Health care services in both conflict-affected and IDP-hosting areas have been severely impacted, with some hospitals and Primary Health Care Clinics (PHC) indicating a 50 per cent increase in caseloads. In Anbar, Ninewa, Salah al-Din and Kirkuk 14 hospitals and over 160 health facilities have been damaged or destroyed and in some areas, over 45 per cent of health professionals have fled.

Crowded conditions and compromised water and sanitation have triggered a high risk of disease, as well as nutrition concerns. Without support, additional outbreaks of epidemic-prone diseases are likely. In 2014 alone, 1,317 measles cases were reported across 15 governorates and now all 18 governorates are reporting cases, with 398 confirmed cases so far in 2015. 2014 saw two cases of polio, and cholera is endemic to the area.

Delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages, and rupture of the cold chain.

Rapid IDP movement has overwhelmed health facilities, while the national supply chain has ruptured and is unable to rapidly redirect support. Many referral hospitals and health facilities have reported regular stock outs of life-saving medicines.

MINIMUM ESSENTIAL HEALTH SERVICE PACKAGE

The Health Cluster aims at providing critical life-saving interventions to prevent avoidable morbidity, mortality, and disability.

Frontline Service Delivery - provision of health care for the most vulnerable populations, including women and children: While the Ministry and Directorates of Health remain the prime provider of health care services in Iraq, cluster partners provide key front-line health services in targeted geographical areas, including mobile medical units for services in hard-to-reach and overwhelmed areas, camp-based clinics, and support to existing facilities unable to cope with increased demands. These provide life-saving health care services for the particularly vulnerable, such as PHC, emergency reproductive health and nutrition, trauma care, and treatment of mental health and non-communicable diseases. With needs expected to further increase, front-line health care providers will need to scale up the availability of life saving interventions, complementing and building upon existing national health structures whenever possible.

In view of the population size of women and children in Iraq, special focus will be placed on them. Child-focused interventions will include emergency immunization campaigns of measles and polio and addressing major causes of newborn and childhood morbidity and mortality. Iraq has one of the highest fertility rates in the region and an already-high C-Section rate¹. There is evidence of almost doubling in elective C-sections in IDP settings², attributable to the pressures of conflict, and Iraq is following the same trend. Given that 13.2 per cent of Iraqi women are pregnant (I-WISH, 2012); the estimated number of IDP women who will undergo C-sections in 2015 is between 22,880 and 46,800.

Disease Outbreak Response – timely identification, treatment, and case management for communicable diseases and response to outbreaks through functional Early Warning System and availability of stocks of medicines, vaccines and medical supplies: With major outbreaks of cholera occurring every two to three years in Iraq, low immunity levels, over-crowding in camps and shelters, and continued displacement, there is a high risk of communicable disease outbreaks, namely measles, cholera, meningitis, Acute Jaundice Syndrome and Leishmaniasis. This potential public health threat

1 Nationally 22.2%, Kurdistan 28.4% (MISC, 2011)

2 WHO, Health Situation in Syria and WHO response, 2012

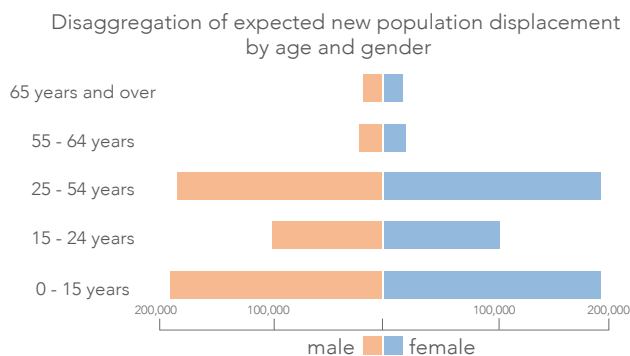
breaches current geographical borders. In emergencies, routine disease surveillance systems are not enough to effectively detect, control and contain outbreaks. Early Warning Systems provide the necessary improved speed of data collection, transmission and dissemination. Early warning disease outbreak systems allow almost immediate detection of potential outbreaks and timely response. Such public health responses not only save lives, but prevent disease, and rationalize resources.

Provision of Life Saving Medicines – ensuring availability of life saving medicines, medical consumables, Emergency Health Kits, trauma kits and diarrhoea kits: The two major areas of intervention above require an optimal and continuous supply of critical life-saving essential medicines and medical supplies. The routine capacity of the Ministry of Health to provide the required quantities of essential medicines across Iraq has been curtailed by security, access, and transportation challenges, preventing secured warehousing and distribution. Meanwhile, hospitals and health care centers in select areas have recorded a three-fold increase in consultations. The increased demands, coupled with medication supply chain breaks, have rendered a number of health facilities non-functional. While the majority of medication and consumables are procured and distributed by the Government of Iraq, health partners will ensure gaps in the supply chain of essential life-saving medicines are met in locations where the Government is unable to meet the increased needs and/or lacks access.

SEQUENCED RESPONSE

The first line response will target critical life-saving interventions reaching the most vulnerable pockets of population in need of health services. The objective of these services aims to reduce avoidable morbidity and mortality associated with the conflict and subsequent displacement. Availability of life-saving health care services through static facilities, mobile teams, and deployment of rapid response teams, includes: capabilities to detect and respond to disease outbreaks in a timely manner; provide basic mother, neonatal and child health care, life-saving reproductive health and nutrition services, trauma care and referral of the wounded. Additionally the first line will gap-fill the critically needed supply of essential medicines, vaccines, medical consumables and emergency kits.

The health response forms a core immediate follow-up component to the distributions, through the RRM, and the cluster has taken steps to ensure operational emergency preparedness. Of the one million contingency caseload that will be prepositioned for through the RRM, the health cluster expects the demographics to be as below, including over 380,000 children under the age of 15 and over 280,000 women of reproductive age, of which 55,000 are expected to be pregnant.



The second-line response will immediately follow the first-line response with supplementary health services targeting: mental health and psychosocial support services; essential reproductive health care, including referral systems for obstetric/secondary care; essential nutritional services (IYCF-E); support to cold chain systems; promotion of routine vaccination (preventing disease outbreaks) and ensuring a functional supply chain as well as stock piling of essential medicines to primary health care units.

The full-cluster response will cover a comprehensive package of emergency health care services with focus on transitioning towards support and recovery of the existing health care system in the affected areas. It will include phased interventions for various targeted caseloads, including support and strengthening of MoH and DoH services through capacity building and rehabilitation of damaged health facilities; strengthening referral mechanisms for specialized services; health and hygiene promotion; and increasing sentinel reporting sites for disease outbreaks.

FIRST-LINE RESPONSE

Support availability of life-saving health care services through static facilities, mobile teams, and deployment of rapid response teams, including:

Front-Line Supplementary Health Services

- Basic and Emergency Primary Health Care
- Trauma care and referral of wounded
- Emergency Reproductive Healthcare
- Emergency Nutritional Services
- Emergency Referrals,

Disease Outbreak Response

- Timely identification, treatment, and case management of epidemic-prone diseases
- Emergency immunizations

Supply chain of essential medicine and cold chain of immunization

- Critical life-saving medicines/vaccines
- Trauma kits, IEHK, Reproductive kits, and diarrhoea treatment kits in target locations

SECOND-LINE RESPONSE

Front-Line Supplementary Health Services

- Provide referral and Case Management of NCDs
- Provide Mental Health and Psychosocial Support Services
- Provide essential Reproductive Health Services (Obs & Gynae)
- Provide essential Nutritional Services (IYCF-E)
- Provide referrals for Specialized Services

Disease Outbreak Response

- Strengthen Essential Cold Chain Systems
- Conduct routine Vaccination Programs
- Support Health Awareness and Response to Disease Outbreaks

Supply Chain of essential medicine and cold chain of immunization

- Procure Category B & C Medications
- Stockpile essential medications
- Support DoH/MoH facilities for outbreak response

FULL-CLUSTER RESPONSE

Front-Line Supplementary Health Services

- Rehabilitate or repair damaged health facilities
- Build capacity of health care workers
- Strengthen referral systems (MoH/DoH)
- Provide other nutrition and reproductive health services, including oral rehydration and normal deliveries
- Advocate on violations of health care workers and health facilities, according to International Humanitarian Law
- Promote health and hygiene

Disease Outbreak Response

- Increase sentinel reporting sites
- Support risk communication
- Support the supply Chain of essential medicine and cold chain of immunization
- Build capacity on rational use of medication

CASELOAD TARGETING

Health partners will target populations in hard-to-reach, newly liberated, and frontline areas, as well as camp-based populations, and urban areas in which existing health facilities have been overwhelmed. Targeting was determined through an analysis of the severity of the health needs across the country, the overall number of people in need, and the feasibility of service delivery across geographic locations.

WHOLE OF IRAQ FOCUS

Accessing hard-to-reach populations: health partners will establish mobile medical units and ensure provision of life-saving medication, kits, and vaccinations to existing and functioning health facilities in support of populations in hard-to-reach areas.

Targeting all caseloads: Health partners will ensure certain life-saving health services are available for all caseloads in order to avoid preventable morbidity, mortality, and disability, including access to essential health services where existing systems have ceased functioning, management of health emergencies, including outbreaks, and provision of emergency reproductive health care. Supporting, promoting, and strengthening the Ministry of Health and Directorate of Health: health partners will promote the expansion of early warning and detection systems among existing health facilities, ensure there is a functioning cold chain system for immunizations and other vital medications, mount rapid responses through functioning health facilities, as well as renovate and rehabilitate damaged health facilities for continued service provision.

EXIT STRATEGY

The goal of the health plan outlined here is to complement existing health services and provide services in those areas where systems are no longer functioning and/or are overwhelmed. The health cluster will continue to support and strengthen the Ministry of Health and Directorate of Health through building on existing capacities and building capacities of national institutions. In the short term, this will include renovation, reactivation, and support for existing health facilities, including the provision of medication, consumables, and equipment; building capacity of national staff to manage health emergencies; and strengthening early warning and detection and response systems for epidemic-prone diseases and routine EPI (expanded program on immunization). Over the longer term, the strategy would entail advocacy for adequate support to the health care systems through the national budget, as well as reporting violations against health care workers and targeting of health facilities and ambulances.

PEOPLE IN NEED AND TARGETED

	IDPS IN CAMPS	IDPS OUTSIDE OF CAMPS	AFFECTED PEOPLE IN HOST COMMUNITIES	RETURNEES AND NEWLY ACCESSIBLE	HIGHLY AT-RISK IN DIFFICULT TO REACH AREAS ³	TOTAL ⁴
CURRENT NUMBER IN NEED	0.22 M	1.7 M	2.5 M	0.9 M	2.5 M	7.82 M 43% Women 17% Children
CURRENT NUMBER IN CRITICAL NEED	0.4 M	2.15 M	2.7 M	0.7 M	1.0 M	6.95 M 43% Women 17% Children
PROJECTED UNTIL END 2015	0.4 M	2.45 M	2.7 M	0.9 M	1.0 M	7.45 M
TARGETED FOR HEALTH ASSISTANCE	0.4 M	2.0 M	2.28 M	0.45 M	0.5 M	5.63 M 43% Women 17% Children

HEALTH OBJECTIVES

Objective 1: Improve access to essential lifesaving health services for crisis-affected populations to reduce avoidable morbidity and mortality in front-line and targeted areas (directly linked to Strategic Objective 2, and indirectly to 1, 3 and 4 including Protection).

Objective 2: Strengthen and expand early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner (Linked to Strategic Objective 2, 3).

Objective 3: Ensure affected populations have access to critical life-saving medications and kits (directly linked to Strategic Objective 2 and indirectly to 1 and 3).

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 2 & 3**

Provide life-saving health care services to prevent avoidable morbidity, mortality, and disability.

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
1.1. Camp-based PHC clinics providing basic and emergency health services for camp-based IDPs	IDPs in camps	All	% of IDP camps have access to PHC services	N/A	100%
			% of children identified that receive treatment for SAM		95%
			% of women with complicated births referred to SHC		95%
1.2. Mobile Medical Units providing emergency health services and first aid and trauma care for front-line populations and inaccessible areas	IDPS out of camps; Host; Returnees; Newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala, Najaf, Karbala, Baghdad	# of consultations per person per year	0	1
1.3. Conduct targeted measles vaccination campaign for children aged 6 months to 15 years and mass polio campaign for up to age 15	IDPs (in camp and outside Camp), Host, returnees and newly accessible populations	All	% of children aged 6 months to 15 years vaccinated for measles in targeted areas		>%95

³ This number includes highly vulnerable people in areas under AOG control who are not displaced and are not considered at-risk host communities. In order to reflect the full scale of need in areas under armed group-control, it also includes IDPs and at-risk host communities in hard to reach areas. These are already reflected in preceding columns, however, the total in need, projected, and target figures do not double-count these groups.

⁴ The total of the preceding columns will add up to a higher number, as the figure for people highly at risk in difficult to reach areas includes IDPs and at risk host communities in AOG areas.

1.4. Identification and response to suspected outbreaks, including polio, measles, cholera, etc.	IDPs (in camp and outside camp), host, returnees and newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala	% of reported cases of epidemic-prone diseases investigated and responded to within 48 hours of notification		%100
1.5. Provision of life-saving medication and kits to targeted locations	IDPs out of camps, host, returnees; newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala, Najaf, Karbala, Baghdad	% of health facilities reporting no stock outs on tracer medications	N/A	100%

AIM OF SECOND-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 2 & 3**

Provide essential health care services.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
2.1. Provision of nutritional support for children identified as moderately malnourished	IDPs, host and hard to reach population	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala	% of children identified that receive treatment for MAM	N/A	95%
2.2. Provision of Mental Health Care services, including case management, through camp-based clinics and mobile medical units	IDPs (in camp and outside camp), host, returnees and newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala, Najaf, Karbala, Baghdad	% of health facilities providing mental health case management services	N/A	80%
2.3. Provision of essential reproductive health services, including antenatal care and postnatal care	IDPs (in camp and outside camp), host, returnees and newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala, Najaf, Karbala, Baghdad	% of camp-based clinics and mobile medical units that provide essential reproductive health services	N/A	80%
2.4. Provision of routine immunization for children (aged 0 - 59 months)	IDPs in camps	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala, Najaf, Karbala, Baghdad	% of camp-based clinics that provide routine immunization for children	N/A	100%

AIM OF FULL RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 2 & 3**

Provide comprehensive emergency services and strengthen national capacities.

FULL CLUSTER ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
3.1. Provide capacity building of front line health workers on topics including essential use of medication, emergency management, and public health promotion	IDPs (in camp and outside camp), host, returnees and newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala, Najaf, Karbala, Baghdad	% of camp-based clinics and mobile medical units where staff receive capacity building on provision of emergency and essential health care services	N/A	100%

3.2. Support for damaged health facilities, including renovation, rehabilitation, and equipping	IDPs (outside camp), host, returnees and newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala, Najaf, Karbala, Baghdad	% of identified damaged health facilities that receive support % reporting violations against health care facilities, health care workers, and ambulances	N/A	20% 100%
3.3. Provide health and hygiene messaging on most prominent health needs to affected populations	IDPs (in camp and outside camp), host, returnees and newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Ninewa	% of camp-based clinics and mobile medical units providing health and hygiene messaging	N/A	80%
3.4. Expand sentinel reporting sites for early warning and detection systems	IDPs (in camp and outside camp), host, returnees and newly accessible populations	Dahuk, Erbil, Sulaymayyah, Kirkuk, Salah al-Din, Ninewa, Anbar, Diyala, Najaf, Karbala, Baghdad	% increase in sentinel reporting sites	67	50%

HEALTH FINANCIAL REQUIREMENTS

Activity Areas	Requirements
1 st Line Response:	
- Supplementary Health Services	\$ 34,666,110
- Disease Early Warning System (EWARN)	\$ 15,468,481
- Supply chain of essential medicine and cold chain of immunization	\$ 2,894,851
2nd Line Response	\$ 11,795,272
- Supplementary Health Services	\$ 6,487,268
- Disease Early Warning System (EWARN)	\$ 1,359,243
- Supply chain of essential medicine and cold chain of immunization	\$ 3,948,761
Full Response Activities:	\$ 13,609,182
- Supplementary Health Services	\$ 7,454,250
- Disease Early Warning System (EWARN)	\$ 1,125,344
- Supply chain of essential medicine and cold chain of immunization	\$ 5,029,588
TOTAL REQUIREMENT FOR HEALTH CLUSTER	\$ 60,054,564
	Supplementary Health Services \$ 29,409,999
	Disease Early Warning System (EWARN) \$5,379,438
	Essential Medicines cold chain \$ 25,265,127

WASH

CLUSTER LEAD
UNICEF

CLUSTER CO-COORDINATOR
Action Contre La Faim (ACF)



7.15 million

PEOPLE IN NEED

4.13 MILLION IN CRITICAL NEED



2.1 million

PEOPLE TO RECEIVE ASSISTANCE



\$43.9 million

REQUIRED



26 PARTNERS INCLUDED

MINIMUM ESSENTIAL HEALTH SERVICE PACKAGE

Approximately 7.15 million people across Iraq (20% of the national population) currently need Water, Sanitation and Hygiene (WASH). Of these, about 4.13 million (projected to be 5.03 million by end 2015) are estimated to be in critical need of safe, adequate and appropriate WASH services. Water is needed for drinking, domestic use in settlements and within core service facilities. In all contexts, quality must be assured. Other key needs are adequate coverage of appropriate sanitation facilities and services, equitable access to hygiene items and services, and promotion of good hygiene practice.

From this most critical population, within the current context of resources, access and partner capacity, the cluster would target 2.1 million people (1.57 million women and children). The WASH minimum package has been defined to address arising, and meet continued, critical and specific needs of the target caseloads:

- Safe, sustained, equitable access to a sufficient quantity of water to meet basic drinking, domestic and personal hygiene needs
- Adequate, safe and appropriate sanitation and waste management to ensure a healthy living environment
- Critical hygiene items, promoting use to ensure personal hygiene, health, dignity and well-being

The package will consider:

- Cluster minimum humanitarian standards, based on

Sphere Standards and contextualised for Iraq

- Protection and gender needs to assure those most at risk, particularly children and women (75% of the population in need) realise their basic rights to water, sanitation, health and protection
- Coordination with key clusters (Shelter, CCCM and Health) to better assure efficiency and effectiveness in the response.

SEQUENCED RESPONSE

The minimum package forms a continuum of response from lifesaving, to initial relief to longer term relief. Delivery will be dependent on funding and level of access. The first line response will focus on immediate delivery of timely, urgently needed life-saving interventions to ensure safe drinking water, safe excreta/waste disposal and basic hygiene items/practice. Depending on caseload this could be an initial line, or the only line, delivered periodically in different accessible locations. The second line response will scale up from emergency to initial relief, with a focus on improving WASH coverage to meet and/or sustain basic standards. For populations already receiving, and remaining in critical need of humanitarian support, the focus would be on continued service provision and facility operation and maintenance (O&M). The full cluster response will focus on restoration, rehabilitation and extension of essential WASH infrastructure to support services at an acceptable standard and create an enabling environment for handover of O&M and service provision to government, community and development actors.

FIRST-LINE RESPONSE

WATER

- Preposition critical stock, supplies, equipment
- Rapidly distribute water (bottled, trucking)
- Distribute storage kits (buckets/ jerry-cans)
- Provide quality assurance (chlorination, water filters, treatment supplies)
- Install water tanks, tap stands

SANITATION

- Install emergency latrines, bathing facilities, hand washing stations

Distribute waste collection items

- Support local agreements for solid waste management

HYGIENE

- Rapidly deliver/distribute soap, hygiene items (including female, dignity items)

- Provide basic hygiene awareness sessions, distribute basic IEC material

SECOND-LINE RESPONSE

WATER

- Provide water trucking (interim/transition)
- Install/ provide quick fix rehabilitation/restoration, O&M, extension, improvement of WSS
- Repair/provide pumps, generators, treatment systems, consumables/fuel
- WQA (monitoring, treatment)

SANITATION

- Install/ provide quick fix rehabilitation, restoration, O&M, extension, improvement of facilities
- Distribute/install waste bins, recruit waste collectors, regular solid waste removal through municipal service providers
- Provide education and awareness raising on grey & black water management

HYGIENE

- Recruit/train hygiene promoters, conduct hygiene sessions
- Distribute feminine/infant hygiene items/kits, laundry & bathing soap or vouchers, cash to purchase critical supplies

FULL-CLUSTER RESPONSE

WATER

- Provide water quality and table monitoring, and treatment
- Provide medium scale restoration, rehabilitation, extension, retrofitting of critical systems and sources, support connection to existing facilities, municipal networks
- Enable local authorities, community structures to continue O&M

SANITATION

- Provide medium scale restoration, rehabilitation, extension of critical systems and connection to existing facilities/municipal networks
- Enable local authorities, community structures to continue O&M
- Support technical, financial capacity for municipal waste collection services

HYGIENE

- Establish/support community structures to undertake hygiene promotion activities
- Promote environmental hygiene, resource conservation, appropriate O&M of facilities.
- Provide hygiene vouchers/items appropriate

CASELOAD TARGETING

Caseload targeting considered data from UNOCHA and DTM, cross referenced against MICS, REACH and partner assessments. Criticality of need was defined based on shelter conditions,¹ as well as access to sustainable/suitable water sources, sanitation facilities, sanitation services and hygiene items. The specific WASH needs of different caseloads were also considered:

- For internally displaced **people residing in camps** O&M of critical services needs to be sustained until primary service providers can take full

responsibility; some facilities require rehabilitation and/or expansion to meet minimum humanitarian standards, minimise health risks and reduce longer-term O&M costs.

- Most vulnerable internally displaced **people residing outside of camps** in difficult to serve, critical shelter conditions, require secure access to safe, reliable WASH facilities and services
- For **highly at-risk people in host communities** WASH infrastructure capacity varies, and is often strained by influxes of IDPs, requiring improvements to community level service, and efforts to ensure equitable access at household level.
- In areas of **return and newly accessible** areas WASH service provision is unstable, infrastructure is damaged and systems require urgent restoration, rehabilitation, and/ or alternate energy supply until electricity is restored. In the interim, lifesaving assistance needs to be reinforced/ scaled up.
- Populations **highly at risk in difficult access areas**, fleeing conflict or stuck in AOG-controlled areas require immediate, lifesaving WASH services and facilities. Many are in areas that are largely inaccessible, are highly mobile, exist in small, scattered groups and are at risk of secondary, continuous displacement, making timely delivery of critical lifesaving services challenging.

WHOLE OF IRAQ FOCUS

WASH partners aim to provide the sequenced package to people in need across the country. 14 governorates assessed to have the most critical needs for WASH are being targeted,² although additional governorates could be included if required through Government partnerships and counterparts. Efforts will focus on:

- **Increasing capacity to rapidly respond** across the country through first line WASH delivery alongside the RRM; prepositioning contingency stocks (for cholera and displacement); **supporting and deploying quick, mobile gap-filling teams.**
- **Accessing hard to reach areas** by working through local NGOs and Government line agencies; training and deploying community based personnel (e.g. hygiene promoters); supporting local government service provision; including multi-governorate projects.
- **Promoting an inclusive approach** by maintaining targeted assistance; involving new partners, bringing new approaches; involving multiple partners for broader country coverage/ donor base and improving cluster/ agency/ government co-ordination; strengthening inter-cluster assessment and response.

¹ Most vulnerable being in "critical shelter" (collective shelters, public buildings, unfinished buildings, informal settlements).

² Anbar, Babylon, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa, Qadisiya Salah al-Din, Sulaymaniyah and Wassit.

EXIT STRATEGY

The cluster will take steps to hand over, as appropriate, responsibility for the provision of assistance to relevant authorities. This will be facilitated through:

- **Developing facilities at acceptable standard/cost for handover** by involving local authorities and user communities in the planning and design phase and using national standards, materials and standard operating procedures.
- **Integrating WASH facilities into the public infrastructure** by connecting users to municipal sewerage and water supply systems (WSS) and networks, restoring sources to replace water

trucking and rationalising O&M costs.

- Initiating **community engagement in service provision** (through WASH committees), including training in O&M, so they can ultimately assume responsibility for management and delivery in community level services
- Support local authorities with quick restoration of water supply systems (leakages, spare parts, repairs of generators, pumps), water treatment chemicals, fuel - to enable them to provide WASH services
- Reinforcing dialogue with government WASH technical **agencies to take over O&M of WASH**

PEOPLE IN NEED AND TARGETED

	IDPS IN CAMPS	IDPS OUTSIDE OF CAMPS	AFFECTED PEOPLE IN HOST COMMUNITIES	RETURNEES AND NEWLY ACCESSIBLE	HIGHLY AT-RISK IN DIFFICULT TO REACH AREAS	TOTAL
CURRENT NUMBER IN NEED	0.22 M	1.41 M	3.19 M	0.87 M	2.32 M	7.15 M (1.87 M Women; 3.46 M Children)
CURRENT NUMBER IN CRITICAL NEED	0.22 M	0.56 M	1.32 M	0.87 M	1.16 M	4.13 M (1.08 M Women, 2 M Children)
PROJECTED UNTIL END 2015	0.44 M	1.43 M	1.2 M	0.71 M	1.25 M	5.03 M (1.32 M Women; 2.44 M Children)
TARGETED FOR WASH ASSISTANCE	0.22 M	0.40M	0.66 M	0.29M	0.52M	2.1 M (26% Women; 48% Children)

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 3 & 4**

Ensure immediate, life-saving WASH needs are met for the most vulnerable, critically affected girls, boys, men & women

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET ³
1.1 Emergency delivery of safe water to meet drinking, cooking and personal hygiene needs	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at-risk in host communities • Returnees and newly accessible • Highly at-risk, difficult to reach 	Anbar, Babylon, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa, Qadissiya Salah al-Din, Sulaymaniyah and Wassit	<p>No. of emergency affected men, women, boys and girls with access to safe, critical water supply</p> <p>Key activity indicator: Average daily quantity of safe water provided⁴</p>	126,000 ⁵	746,373 people (189,205 men, 195,624 women, 361,543 children)

³ People served in first line can also be served in second line and full response. In the targets water provision covers 100% and Sanitation and hygiene covers 80% of people. The rationale is that there are some projects that only cover restoration/rehabilitation of water supply systems, rather than a full WASH package.

⁴ The Cluster Minimum Standards Indicative threshold for first line response ranges from: 3 litres per day (drinking) (0-3days); 7 litres per day (drinking, personal hygiene, cooking) (3-15 days); 15 L/p/d (drinking, personal hygiene, cooking) (15-30 days). The household water quality monitoring standard is 0.2-0.9mg FRC/l at tap. For the sake of calculation for first line, an average target of 7 litres per day will be used.

⁵ Based on the estimate of newly displaced people (21,000 families) from February to end of April. WASH baseline is included in target as WASH needs still need to be addressed.

1.2 Emergency installation of latrines, bathing facilities, hand washing stations and waste collection items	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at-risk in host communities • Returnees and newly accessible • Highly at-risk, difficult to reach 	Anbar, Babylon, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa, Qadissiya Salah al-Din, Sulaymaniyah and Wassit	<p>No. of emergency affected men, women, boys and girls with access to critical sanitation facilities</p> <p>Key Activity indicators: # of people served by emergency latrines⁶</p>	88,200	522,461 people (132,444 men, 136,937 women, 253,080 children)
1.3 Emergency delivery of core hygiene items and promotion messages	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at-risk in host communities • Returnees and newly accessible • Highly at-risk, difficult to reach 	Anbar, Babylon, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa, Qadissiya Salah al-Din, Sulaymaniyah and Wassit	<p>No. of emergency affected men, women, boys and girls with access to critical hygiene items and messages</p> <p>Key Activity indicators # of hygiene items (bathing soap) distributed⁷</p>	88,200	522,461 people (132,444 men, 136,937 women, 253,080 children)

AIM OF SECOND-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 2, 3 & 4**

Ensure continued, improved, more equitable access to basic, appropriate WASH for vulnerable, critically affected girls, boys, men & women.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET ⁸
2.1 Provision of improved, safe, sufficient and appropriate water supply and sources to meet drinking, cooking and personal hygiene needs	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at-risk in host communities • Returnees and newly accessible • Highly at-risk, difficult to reach 	Anbar, Babylon, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa, Qadissiya Salah al-Din, Sulaymaniyah and Wassit	No. of men, women, boys and girls with access to improved, safe, sufficient and appropriate water supply/sources Key Activity indicators: Average daily quantity of safe water provided ⁹	410,872 ¹⁰	900,702 people (228,328 men, 236,074 women, 436,300 children)
2.2 Provision of improved, safe, sufficient and appropriate sanitation facilities and services	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at-risk in host communities • Returnees and newly accessible • Highly at-risk in difficult to reach areas 	Anbar, Babylon, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa, Qadissiya Salah al-Din, Sulaymaniyah and Wassit	No. of men, women, boys and girls with access to improved, safe, sufficient and appropriate sanitation facilities and services Key Activity indicators: # of people served by latrines ¹¹	410,872	630,491 people (159,830 men, 165,252 women, 305,410 children)

⁶ The Cluster Minimum Standards Indicative threshold for the first line response is: 100 people/latrine (50% male: female ratio (0-3 days); 50 people/latrine, gender segregated (3-30 days). For the sake of calculation an average target of 50 people per latrines is used.

⁷ The Cluster Minimum Standards Indicative thresholds that would be applicable for the response ranges from 250g bathing soap/person/month (3-15 days); 250g bathing soap and 200g laundry soap/person/month (15-30 days), each household has access to critical, social, culturally appropriate hygiene items, including emergency material for menstrual hygiene (15-30 days +). For the sake of calculation, provision of hygiene items per household has been considered as the target.

⁸ People served in second line can also be served in first line and full response

⁹ The Cluster Minimum Standards Indicative threshold that would be applicable for the second line response ranges from: 20-35 L/p/d (drinking, bathing, personal hygiene, cooking, clothes washing) (month 1-20, month 6-35). The household Water Quality monitoring standards is 0.2-0.9mg FRC/l at tap. For the sake of calculation for second line, an average target of 20 litres per day is used.

¹⁰ Reflects the number of people estimated to have received a complete WASH package through interventions so far and is therefore used as a baseline. The complete target group will include this number since WASH needs are assumed to be continuous.

¹¹ The Cluster Minimum Standards Indicative threshold for the second line response is: 20 people/latrine gender segregated (1-6 months). For the sake of calculation an average target of 20 people per latrines is used.

2.3 Provision of core hygiene items and promotion of improved hygiene practice	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at risk in host communities • Returnees and newly accessible • Highly at risk in difficult to reach areas 	Anbar, Babylon, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa, Qadissiya Salah al-Din, Sulaymaniyah and Wassit	<p>No. of men, women, boys and girls with improved access to core hygiene items and improved hygiene practice</p> <p>Key Activity indicators: # of people reached through sessions</p>	410,872	630,491 people (159,830 men, 165,252 women, 305,410 children)
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AIM OF FULL RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 2 & 4**

Ensure more resilient, durable, equitable access to appropriate WASH services for most vulnerable, critically affected girls, boys, men & women.

FULL RESPONSE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET ¹²
3.1 Provision of safe, resilient, more durable and appropriate water supply and sources to meet drinking, cooking and personal hygiene needs	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at risk in host communities 	Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa and Sulaymaniyah	<p>No. of men, women, boys and girls with continued access to sufficient, safe, durable and appropriate water supply/sources</p> <p>Key activity indicators: Average daily quantity of safe water provided¹³</p>	410,872	754,258 people (191,204 men, 197,691 women, 365,363 children)
3.2 Provision of safe, resilient, more durable and appropriate sanitation facilities and services	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at risk in host communities 	Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa and Sulaymaniyah	<p>No. of men, women, boys and girls with continued access to sufficient, safe, durable and appropriate sanitation facilities and services</p> <p>Key activity indicators: # of people served by latrines¹⁴</p>	410,872	527,981 people (133,843 men, 138,384 women, 255,754 children)
3.3 Provision of durable, appropriate hygiene items and promotion services	<ul style="list-style-type: none"> • IDPs in camps • IDPs outside camps • Highly at risk in host communities 	Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Najaf, Ninewa and Sulaymaniyah	<p>No. of men, women, boys and girls with continued access to appropriate hygiene items</p> <p>Key activity indicators: # of HH hygiene items/ vouchers distributed¹⁵</p>	410,872	527,981 people (133,843 men, 138,384 women, 255,754 children)

¹² People served in full response can also be served in first and second line response.

¹³ The Cluster Minimum Standards Indicative threshold that would be applicable for the second line response ranges from: 20-35 litres per day (drinking, bathing, personal hygiene, cooking, clothes washing) (month 1-20 lts, month 6-35 lts). The household Water Quality monitoring standards is 0.2-0.9mg FRC/l at tap. For the sake of calculation for second line, an average target of 25 litres per day is used.

¹⁴ The Cluster Minimum Standards Indicative threshold for the third line response is: 20 people/latrine gender segregated (1-6 months). For the sake of calculation an average target of 20 people per latrines is used

¹⁵ The Cluster Minimum Standards Indicative thresholds that would be applicable for the response ranges from 250g bathing soap/person/month (3-15 days); 250g bathing soap and 200g laundry soap/person/month (15-30 days), each household has access to critical, social, culturally appropriate hygiene items, including emergency material for menstrual hygiene (15-30 days +). For the sake of calculation, provision of hygiene items (or vouchers to purchase hygiene items) per household has been considered.

WASH FINANCIAL REQUIREMENTS

Activity Areas	Requirements
1. First Line Activities	\$ 18,476,577
1.1. Emergency delivery of safe water to meet drinking, cooking and personal hygiene needs	\$ 7,390,631
1.2. Emergency installation of latrines, bathing facilities, hand washing stations and waste collection items	\$ 9,238,288
1.3. Emergency delivery of core hygiene items and promotion messages	\$ 1,847,658
2. Second Line Activities	\$ 16,045,682
2.1. Provision of improved, safe, sufficient and appropriate water supply and sources to meet drinking, cooking and personal hygiene needs	\$ 6,418,273
2.2. Provision of improved, safe, sufficient and appropriate sanitation facilities and services	\$ 8,022,841
2.3. Provision of core hygiene items and promotion of improved hygiene practice	\$ 1,064,568
3. Full Response Activities	\$ 9,377,741
3.1. Provision of safe, resilient, more durable and appropriate water supply and sources to meet drinking, cooking and personal hygiene needs	\$ 3,751,097
3.2. Provision of safe, resilient, more durable and appropriate sanitation facilities and services	\$ 4,688,870
3.3 Provision of durable, appropriate hygiene items and promotion services	\$ 937,774
TOTAL WASH CLUSTER REQUIREMENTS	\$ 43,900,000
	Water Supply
	\$ 17,560,000
	Sanitation
	\$ 21,950,000
	Hygiene
	\$ 4,390,000

SHELTER/NFI

CLUSTER LEAD

United Nations High Commissioner for Refugees
UNHCR

CLUSTER CO-COORDINATOR

Norwegian Refugee Council



2.9 million
PEOPLE IN NEED



1.13 million
PEOPLE TO RECEIVE ASSISTANCE



\$95 million
REQUIRED



17
PARTNERS INCLUDED

MINIMUM PACKAGE

The Iraq Shelter and NFI strategy is based around one common minimum standard package, thus ensuring those we assist can live in safety and dignity with access to communal services and ongoing support.

The Shelter and NFI minimum package ensures:

- Sufficient covered living space ensuring privacy, safety and health, providing thermal comfort, fresh air and protection from the climate, and enabling essential household and livelihood activities.
- Critical individual and general household and shelter support items to ensure their health, dignity, safety and well-being.

SEQUENCED RESPONSE

Although prioritized, the S-NFI cluster response is considered crucial at every response line, in order to prevent deterioration and unnecessary fall back of IDPs into the most vulnerable categories. In the first-line response the cluster partners will be addressing the emergency shelter needs of the newly displaced. The second-line response will focus on upgrading shelter for existing IDPs in critical need. Activities within the third-line response will maintain shelters for the most vulnerable IDPs and support rapid return.

CASELOAD TARGETING

First-Line response: 70 per cent of new arrivals will be prioritized in the following categories:

- 1) People in outdoor and other informal settings
- 2) People in abandoned, unfinished or public buildings

- 3) People in formal managed camps and settlements

An additional 5 per cent of new arrivals going directly to rental/host accommodation will be supported (generally deemed not in need of immediate assistance)

Second-line response: 50 per cent of the current case load in existing critical shelter arrangements will be targeted for upgrades. 25 per cent of new arrivals will be supported on the presumption that many will self-upgrade. A higher percentage will be upgraded into improved buildings than into rental or host due to supply limitations in the latter

Third-line response: People to be assisted under this line of response are:

- a) *in outdoor and other informal settings*

replacement of NFIs for 40 per cent of IDPs in outdoor and informal settings due to faster degradation

- b) *in abandoned, unfinished or public buildings*

20 per cent maintenance needs based on global average maintenance rates

- c) *in formal managed camps and settlements*

20 per cent maintenance need for camps based on global maintenance rates in camps.

- d) *In host family and rental situations*

Rental and host support to 20 per cent of those facing reduced income (i.e, the 40 per cent of those in private settings).

- e) *Support to rapid returns*

75 per cent of returnees will receive shelter and NFI support.

FIRST-LINE RESPONSE

Address the emergency shelter needs of the newly displaced through emergency shelter & non-food items.

- a) in outdoor and other informal settings
- b) in abandoned, unfinished or public buildings
- c) in formal managed camps and settlements

SECOND-LINE RESPONSE

Upgrade critical shelter.

- Assisting IDPs living in critical shelter situations to achieve safe secure shelter
- a) from outdoor and other informal settings to improved abandoned, public or unfinished buildings
- b) from all forms of insecure shelter to rental or hosted

FULL-CLUSTER RESPONSE

Meet critical needs to maintain shelter of most vulnerable.

- in outdoor and other informal settings
- in abandoned, unfinished or public buildings
- in formal managed camps and settlements
- In host family and rental situations

Critical needs in rapid return
Support to IDPs returning rapidly

WHOLE OF IRAQ FOCUS

Accessing Hard-to-Reach Areas: Partners will monitor displacement movements through established networks and focal points. Remote delivery of services will be undertaken through NGOs, CBOs, as well as national/ local structures.

Empowering National Actors: Partners will engage with national structures to strengthen services. Capacity development support will be provided to national service providers, and partners will provide technical support and advice.

EXIT STRATEGY

Within the period of the HRP, it is unlikely that the assistance of the humanitarian shelter community will no longer be needed, hence the exit strategy for the cluster focuses on:

- Supporting government partners and civil society through technical capacity building (e.g. working with the Government to develop an agreed prioritization tool for the distribution of cash grants)
- Whilst prioritizing immediate critical needs, the cluster will also prioritize support to returnees.

PEOPLE IN NEED AND TARGETED

	IDPS IN CAMPS	IDPS OUTSIDE OF CAMPS	RETURNEES	TOTAL
CURRENT NUMBER IN OVERALL NEED	48,678	1,546,733	100,638	1,696,049
PROJECTED UNTIL END 2015	307,782	2,455,626	130,914	2,894,322
TARGETED FOR ASSISTANCE	61,556 (19 %)	1,014,862 (41 %)	54,984 (42 %)	1,131,402 (39 %)

AIM OF FIRST-LINE RESPONSE

Address the emergency shelter needs of the newly displaced (target 70%).

SUPPORTS STRATEGIC OBJECTIVES: **SO 1, 2 & 3**

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
1.1 Addressing the emergency shelter and NFI needs of the newly displaced in the outdoors and other informal setting	Newly displaced in the outdoor and other informal settings	Governorates of response will depend on future displacement	# families newly displaced in the outdoors or other informal settlements whose NFI and shelter needs have been addressed.	Not applicable as only targeting the newly displaced	60,186 families (%56 of families forecast to be newly displaced)
1.2 Addressing the emergency shelter and NFI needs of the newly displaced in abandoned, unfinished or public buildings	Newly displaced in in abandoned, unfinished or public buildings	Governorates of response will depend on future displacement	# families newly displaced in abandoned, unfinished or public buildings whose NFI and shelter needs have been addressed.	Not applicable as only targeting the newly displaced	33,305 families (%31 of families forecast to be newly displaced)
1.3 Addressing the emergency shelter and NFI needs of the newly displaced in formal managed camps and settlements	Newly displaced in in formal managed camps and settlements	Governorates of response will depend on future displacement	# families newly displaced in formal managed camps and settlements whose NFI and shelter needs have been addressed.	Not applicable as only targeting the newly displaced	14,064 families (%13 of families forecast to be newly displaced)

AIM OF SECOND-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 1, 2 & 5**

Upgrade shelter for existing IDPs in critical need.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	OUTCOME INDICATOR	BASELINE (ACHIEVED)	TARGET
2.1 Upgrading IDPs in critical shelter situations to improved abandoned, public or unfinished buildings	IDPs outside of camps	Coverage will be 30 per cent KR-I and 70 per cent centre and south	# of IDP families upgraded to safe, secure and habitable abandoned, public or unfinished buildings	N/A	15,809 families (65 % of families forecast to be assisted)
2.2 Upgrading IDPs in critical shelter situations to rental or hosted settings	IDPs outside of camps	Coverage will be 30 per cent KR-I and 70 per cent centre and south	# of IDP families upgraded to safe, secure and habitable rental and hosted settings	N/A	8,500 families (35 % of families forecast to be assisted)

AIM OF FULL RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO2 & 4**

Maintain shelter for the most vulnerable and support rapid return.

THIRD LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
3.1 Maintaining basic shelter for IDP families in rental or hosted settings	IDPs outside of camps	Coverage will be 40 per cent KR-I and 60 per cent centre and south	# families displaced and now living in rentals or hosted settings whose NFI and Shelter upgrades needs have been addressed.	N/A	13,691 families (29 % of families forecast to be assisted)
3.2 Maintaining basic shelter for IDP families in Camps	IDPs in camps	Coverage will be 40 per cent KR-I and 60 per cent centre and south	# families displaced and now living camps whose NFI and Shelter repairs or replacements needs have been addressed.	N/A	5,025 families (11 % of families forecast to be assisted)
3.3 Maintaining basic shelter for IDP families in abandoned, public or unfinished buildings	IDPs outside of camps	Coverage will be 40 per cent KR-I and 60 per cent centre and south	# families displaced and now living in abandoned, public, or unfinished bldgs.. whose NFI and Shelter upgrades needs have been addressed.	N/A	12,703 families (27 % of families forecast to be assisted)
3.4 Maintaining basic shelter for IDP families in informal setting	IDPs outside of camps	Coverage will be 40 per cent KR-I and 60 per cent centre and south	# families displaced and now living in informal settlements whose NFI and Shelter upgrades needs have been addressed.	N/A	16,181 families (34 % of families forecast to be assisted)
3.5 Supporting return		Governorates of response will depend on future newly accessible areas Coverage will be 21 per cent KR-I and 79 per cent centre and south	# displaced families returning to their areas of origin whose NFI and Shelter needs have been addressed.	N/A	9,103 families (100 % of families forecast to be assisted)

SHELTER FINANCIAL REQUIREMENTS

Activity	Requirements
First-line activities	\$ 58,337,987
1.1 Addressing the emergency shelter and NFI needs of the newly displaced in the outdoors and other informal setting	\$ 32,645,044
1.2 Addressing the emergency shelter and NFI needs of the newly displaced in abandoned, unfinished or public buildings	\$ 18,064,496
1.3 Addressing the emergency shelter and NFI needs of the newly displaced in formal managed camps and settlements	\$ 7,628,448
Second-line activities	\$ 19,106,597
2.1. Upgrading IDPs in critical shelter situations to improved abandoned, public or unfinished buildings	\$ 12,425,439
2.2. Upgrading IDPs in critical shelter situations to rental or hosted settings	\$ 6,681,158
Third-line activities	\$ 17,596,614
3.1 Maintaining basic shelter for IDP families in rental or hosted settings	\$ 3,437,167
3.2 Maintaining basic shelter for IDP families in camps	\$ 1,261,431
3.3 Maintaining basic shelter for IDP families in abandoned, public or unfinished buildings	\$ 3,189,010
3.4 Maintaining basic shelter for IDP families in informal setting	\$ 4,062,100
3.5 Supporting return	\$ 5,646,908
TOTAL SHELTER/NFI COSTS	\$ 95,041,198

CCCM

CLUSTER LEAD

United Nations High Commissioner for Refugees
UNHCR

CLUSTER CO-COORDINATOR

DRC



1.1 million

PEOPLE IN NEED of CCCM Support



0.6 million

PEOPLE TO RECEIVE ASSISTANCE



\$2.5 million

REQUIRED



1

PARTNER INCLUDED

MINIMUM PACKAGE

Through the provision of adequate settlement¹ management in priority districts, CCCM partners ensure management structures are in place, cross-sector minimum standards are upheld and protection and dignity are respected. The CCCM Cluster members will also provide rapid data collection and settlement identification mapping for basic aid delivery.

SEQUENCED RESPONSE

As a first line of response, CCCM partners will rapidly gather essential data for identification of existing settlements, and establish the main needs of people in these settlements, for onward communication and triggering of response through the cluster system. As an emergency preparedness measure, partners will be on standby for the siting of possible new reception centres and temporary camps, as required and in line with population movements.

Under this first-line response, partners will prioritise the most vulnerable settlements, some of which are in hard to reach areas, and contain persons unable to relocate. Settlement management activities will be provided to ensure that even in hotspot districts, cross-sector minimum standards are upheld.

As a full-cluster response, partners will engage in settlement management activities through, where relevant, support to the local authorities, in the rest of the governorates experiencing displacement. The full-cluster response would additionally strengthen the

first-line response by ensuring that the voice of the communities inhabiting the settlements is considered in the 'life' of the settlements. In light of an extremely restrictive funding environment, the extent of the full-cluster activities will depend on availability of resources.

CASELOAD TARGETING

The CCCM Cluster targets persons in formal and informal settlements. The targeted settlements location can vary, and those in newly liberated areas and vulnerable hard-to-reach areas will be prioritised. The projected target figure until the end of 2015 is calculated as the ratio of current caseload to the total caseload multiplied by the anticipated further caseload (this assumes that the current proportions of IDPs outside of camps, to total caseload will remain static). Although the estimated people in most need of CCCM support add up to 1.1 million, given financial restrictions, the target caseload will reflect the population in settlements across the hotspot governorates in the south and centre of Iraq. This figure is estimated at 600,000 displaced families.

FIRST-LINE RESPONSE

IDPS IN FORMAL SETTLEMENTS

- Ensure that in settlements, minimum standards are upheld in the most vulnerable locations through the provision of adequate settlement management structures and through sustainable government capacity building programs on CCCM
- Provide emergency CCCM training and on site, on the job, settlement management mentorship schemes

IDPS outside of formal settlements

- Utilise data collection and mapping across Iraq for service delivery advocacy.

The above to take place in identified priority districts.

FULL-CLUSTER RESPONSE

- Ensure that in settlements minimum standards are upheld throughout all governorates experiencing displacement by providing adequate settlement management structures, and through sustainable government capacity-building programs on settlement co-ordination and settlement management.
- CCCM driven government capacity building through expert teams provision aimed at on the job settlement management sustained training for local authorities
- Provide data collection and mapping across Iraq and site profiling.

The above to take place country-wide.

¹ Both formal camps and formal collective centres.

WHOLE OF IRAQ FOCUS

The CCCM Cluster will coordinate the development of operational alternatives to camps by linking with other relevant clusters. The development of operational alternatives to camps (collective shelters, cash, etc.) will be coordinated by linking with other relevant clusters and government counterparts. If formal camps are established, the CCCM Cluster, through its specialized coordination role, will work other clusters and their members to ensure protection considerations and all basic services are provided to minimum standards when a formal settlement is developed and running. Once formal settlements are established, partners will collaborate with the Government-led settlement management structures to ensure minimum standards are upheld and protection and dignity are respected.

In the case of informal collective centers, partners will

provide and maintain monitoring systems through the area-based approach through which advocacy for adequate service delivery will be ensured.

In the case of settlements in hard to access areas, partners will provide settlement management capacity-building programs to the relevant stakeholders, targeting those persons residing in hard to reach areas through mapping and assessment, providing a basis for referral to other clusters for delivery of services.

EXIT STRATEGY

CCCM provides support to the government bodies involved in settlement management, and its activities are targeted at developing the Government's capacities and equipping key authorities/stakeholders with the adequate set of tools to manage settlements settings independently of international support.

PEOPLE IN NEED AND TARGETED

	IDPS IN Camps	IDPS OUTSIDE OF CAMPS	HIGHLY AT-RISK IN HOST COMMUNITIES	RETURNEES AND NEWLY ACCESSIBLE	HIGHLY AT-RISK IN DIFFICULT TO REACH AREAS	TOTAL
CURRENT NUMBER IN NEED	0.32 M	0.7 M	0.9 M	0.1 M	0.6 M	2.6 M 23% Women 55% Children
PROJECTED UNTIL END 2015	0.4 M	1 M	0.9 M	0.4 M	1 M	3.7 M 23% Women 55% Children
TARGETED FOR CCM ASSISTANCE	0.2 M	0.4 M	0 M	0.2 M	0.4 M	0.6 M 23% Women 55% Children

PEOPLE IN NEED AND TARGETED

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 1 & 2**

Provide people who are fleeing conflict or have become newly accessible with assistance up to minimal standards in formal settlements.

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
1.1 Updated assessment of the current settlements management capacity by the local authorities', with special focus on the newly mentored formal settlements;	Newly displaced Newly accessible	Anbar, Diyala, Salah al-Din, Baghdad, Kerbala	# of formal settlements assessed	5 settlement	30 formal settlements assessed settlement
1.2 Delivery of monthly formal workshops/trainings/ review sessions for the local settlement management teams, delivered by the consortium CCCM trainers;	Newly displaced Newly accessible	Anbar, Diyala, Salah al-Din, Baghdad, Kerbala	# of trainings delivered # Number of staff trained # of reports on activities, challenges identified, main topics raised etc.	3 trainings delivered 42 staff of local authorities trained 3 reports produced	17 trainings delivered 170 staff of local authorities trained 17 reports produced

1.3 Weekly site visits and remote management when unavoidable – by the mentorship project managers to local authorities area focal points to provide real time advice on settlement management issues and get feedback from field staff;	Newly displaced Newly accessible	Anbar, Diyala, Salah al-Din, Baghdad, Kerbala	# of formal settlements supported	0	18 formal settlements supported
1.4 Support by the international project managers to the local authorities' focal points to analyze gaps and needs as well as develop and implement systems, tools and trainings.	Newly displaced Newly accessible	Anbar, Diyala, Salah al-Din, Baghdad, Kerbala	# of settlements managers included in formal training sessions	0	18 settlements managers included in formal training sessions
1.5 Provision of weekly consultative sessions on protection considerations, information management to be used for gap identification and needs assessment), and community participation			# training sessions # attendees	0	54 training sessions 125 attendees

AIM OF FULL-RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 1 & 2**

Provide people who are fleeing conflict or have become newly accessible with assistance up to minimal standards in formal settlements and establish community representation.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
2.1 Donation of basic equipment, materials and supplies to the government CMTs to make targets achievable and ensure work in proper conditions	Newly displaced Newly accessible	Anbar, Diyala, Salah al-Din, Baghdad, Kerbala	# of settlement management teams receiving this support	0	18 settlement management teams receiving this support
2.2 Contingency planning: formal workshops/trainings for new settlement management teams established in response to new IDP influx	Newly displaced Newly accessible	Anbar, Diyala, Salah al-Din, Baghdad, Kerbala	# training sessions # attendees	0	18 training sessions 150 attendees
2.3 Support community engagement mechanisms with formal workshops/trainings for community representatives in formal settlements to ensure %30 women representation in the committees and governance structures.	Newly displaced Newly accessible	Anbar, Diyala, Salah al-Din, Baghdad, Kerbala	# of formal settlements with a standardized AGD disaggregated registration database to monitor the settlement population and the vulnerabilities	0	18 formal settlements with a standardized AGD disaggregated registration

CCCM FINANCIAL REQUIREMENTS

Activity	Requirements
TOTAL CCCM COSTS	\$ 2.5 M

EDUCATION

CLUSTER LEAD
UNICEF

CLUSTER CO-COORDINATOR
Save the Children



3.1 million
SCHOOL AGE BOYS AND GIRLS IN NEED



500,000
BOYS and GIRLS TO RECEIVE ASSISTANCE



\$26 million
REQUIRED

MINIMUM PACKAGE

An estimated 3.1¹ million school-aged children and adolescents² affected by the conflict in Iraq are currently unable to access quality education opportunities, and this number is expected to rise to 3.6 million within the HRP period. The education situation mirrors the complexity of the current emergency scenario – schools have been destroyed and damaged, children in ISIL-occupied areas are being educated with a restricted curriculum, and the public education system is over-stretched especially in the KR-I, where almost 250,000 Syrian refugees are already being accommodated. Displaced boys and girls, including adolescents, desperately need access to education in a protective environment where life and cognitive skills can be developed to enable them to heal from psychosocial distress and return to a sense of normality.

The Education Cluster response, working in close collaboration with government authorities, will provide 500,000 school-aged children and adolescents affected by the conflict with a minimum package of support. The package will comprise immediate educational activities in a protective learning environment. Activities will include orientation for recruited teachers and education personnel, essential life-saving skills and psychosocial support (PSS) activities with community participation; and capacity strengthening of national and local education authorities with ongoing advocacy and support for the reopening of formal schools.

SEQUENCED RESPONSE

The first line response focuses on establishing a safe and protective learning environment for immediate

access to learning and recreational activities. Teachers and volunteer educators will be identified, recruited and orientated in emergency education and provision of immediate psychosocial support.

The second line response will provide basic teaching, learning and recreation supplies, improve capacities of education personnel and encourage parent and community participation. Parent-teacher associations (PTAs) will be formed to support teachers and learners. Non-formal education, including refresher courses and catch-up classes will be supported to continue education and exam preparations. Through advocacy government will be engaged to re-open schools and develop policies and plans to accelerate access to education for all children and adolescents.

The full response package will continue to promote education as a fundamental human right - not to be disrupted in emergencies - as a vehicle for future social cohesion and peacebuilding. Community support for education will aim at seeking solutions to bring out of school girls and boys back to learning and for reaching children in inaccessible areas. Facilities and structures will be repaired, including WASH components where appropriate. Learning spaces will serve as a safe environment and entry point to obtain health services including screening and immunizations, hygiene and sanitation information, child protection referrals, creating awareness of child rights issues as well as school feeding. Life-saving messages such as mine risk awareness and gender based violence prevention will be disseminated. Schools occupied, including by security and armed forces, will be identified and their evacuation advocated for, as part of the Monitoring and Reporting Mechanism on grave violations against children in situations of armed conflict. These activities will help to overcome the physical and psychosocial impacts of violence and deter further negative coping mechanisms like early marriage, child labour and recruitment into armed groups.

FIRST-LINE RESPONSE

- Establish safe learning spaces with gender-sensitive WASH facilities
- Identify and recruit teaching personnel and provide orientation on education in emergencies (EiE) and psychosocial support (PSS)
- Advocate with communities and authorities to mobilize children into learning

¹ The 3.6 million include school age children from the following categories: IDPs in camps, IDPs out of camps, host communities, returnee and newly accessible and hard to reach areas.

² The school age children should read as children and adolescents between ages 4 to 17.

SECOND-LINE RESPONSE

- Provide recreational, teaching and learning materials to newly displaced and in newly accessible areas
- Disseminate messaging on essential life-saving skills
- Provide non-formal education such as catch up classes
- Provide ongoing support to Ministry of Education to re-start formal school, including registration of students
- Support community mobilization through the establishment and support of Parent-Teacher Associations

FULL-CLUSTER RESPONSE

- Support minor repairs of learning spaces, with provision of gender-sensitive WASH as appropriate
- Advocate and provide messaging to increase access for out of school and hard-to-reach children and adolescents
- Promote learning spaces as platforms for other services, including health, hygiene and sanitation, child protection
- Strengthen capacity building to local and national authorities.

CASELOAD TARGETING

To allow school-aged children to access their right to education the response will focus on reaching the most affected girls and boys in the north and central parts of Iraq. The targeting of the different groups of people in need was informed by a detailed analysis of data, including multi-sector and sector assessments, as well as data from the Governments of Iraq and KR-I.

WHOLE OF IRAQ FOCUS

This response is nation-wide but will focus on priority needs including children in hard-to-reach areas in north and central Iraq. Technical support will be rendered to

build a more robust education system with the aim of supporting changes for more equitable and improved learning outcomes to equip children and adolescents with the knowledge and skills to reach their full potentials. The capacity of education authorities at all levels of government, especially at the central level will be strengthened to deliver good quality education. Support in training teaching personnel, carrying out minor repairs of schools and facilitating community participation through PTAs will further strengthen national authorities' capacities to maintain ownership and improve access to quality education across Iraq.

The cluster will advocate among key stakeholders for resources to continue formal education. In inaccessible areas, special messaging will be delivered leveraging existing national resources like Education TV to accelerate access to education. At the various governmental levels, advocacy will seek for the implementation of policies and legislation that directly impact child rights ensuring at the same time the availability of basic services across the whole education spectrum.

EXIT STRATEGY

Ongoing support to enhance national and local capacities to plan for, respond to, and establish mitigating measures to address education in emergencies will ensure the continuation of interventions for the most vulnerable target groups. Implementation of the newly contextualized Minimum Standards for Education in Emergencies in Iraq will be supported. Advocacy and dialogue among key stakeholders and between relevant government ministries will facilitate teacher deployment and payment, provision of curriculum materials, including textbooks and other essential supplies to re-start and continue formal education.

PEOPLE IN NEED AND TARGETED

	IDPS IN CAMPS	IDPS OUTSIDE OF CAMPS	HIGHLY AT-RISK IN HOST COMMUNITIES	RETURNEES AND NEWLY ACCESSIBLE	HIGHLY AT-RISK IN DIFFICULT TO REACH AREAS	TOTAL
CURRENT NUMBER IN NEED	96,000	894,000	929,000	322,000	865,000	3,1M 49 % Boys 51 % Girls
PROJECTED UNTIL END 2015	170,000	1,220,000	970,000	260,000	940,000	3.6 M 49 % Boys 51 % Girls
TARGETED FOR EDUCATION ASSISTANCE	50,000	250,000	100,000	70,000	30,000	0.5 M 49 % Boys 51 % Girls

EDUCATION OBJECTIVES

Girls and boys, including adolescents affected by the conflict have access to protective learning including psychosocial support.

AIM OF FIRST-LINE RESPONSE

Provide immediate access to safe learning that promotes the protection and wellbeing of children and adolescents.

SUPPORTS STRATEGIC OBJECTIVES: **SO1, 2 & 3**

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
1.1 Set up safe temporary learning spaces (TLS)	IDPs in camps and out of camps; returnees	Anbar, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Ninewa, Salah al-Din, Sulaymaniyah	# of TLS established	1,200	2,500
1.2 Learning activities in safe spaces	IDPs in camps and out of camps; returnees	Anbar, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Ninewa, Salah al-Din, Sulaymaniyah	# boys and girls with access to TLS	155,000	405,000

AIM OF SECOND-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 1, 2 & 3**

Increase access to protective, life-sustaining, quality learning for children and adolescents.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
2.1 Provision of teaching, learning and recreational materials	IDPs in camps and out of camps; returnees	Anbar, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Ninewa, Salah al-Din, Sulaymaniyah	# of boys and girls who received learning materials	55,000	355,000
2.2 Teachers and education personnel trained in PSS and EiE	IDPs in camps and out of camps; returnees	Anbar, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Ninewa, Salah al-Din, Sulaymaniyah	# of teachers and education personnel trained on PSS and EiE	2,000	6,500
2.3 Non-formal education activities including catch up classes	IDPs in camps and out of camps; returnees	Anbar, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Ninewa, Salah al-Din, Sulaymaniyah	# of boys and girls attending non-formal education	40,000	160,000

AIM OF FULL-RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 1, 2, 3 & 4**

Engage children, adolescents and communities in learning that promotes social cohesion and peacebuilding.

Full Cluster Response ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
3.1 Cleaning, minor repairs of learning structures	Returnees; host communities	Anbar, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Ninewa, Salah al-Din, Sulaymaniyah	# of schools repaired	505	885
3.2 Establishment and strengthening capacities of PTAs	IDPs in camps and out of camps; returnees	Anbar, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Ninewa, Salah al-Din, Sulaymaniyah	# PTA established	20	70
3.3 Advocacy/messaging to connect hard-to-reach children with learning	IDPs in camps and out of camps; returnees; host communities hard to reach areas	Anbar, Baghdad, Dahuk, Diyala, Erbil, Kerbala, Kirkuk, Ninewa, Salah al-Din, Sulaymaniyah	# of pamphlets/ brochures/ briefs distributed	0	30,000

EDUCATION FINANCIAL REQUIREMENTS

Activity	Requirements
1.1 Set up safe temporary learning spaces	6,250,000
1.2 Learning activities in safe spaces	8,100,000
2.1 Provision of teaching, recreation and learning materials	1,996,815
2.2 Training of teachers on psychosocial support	1,950,000
2.3 Non formal education activities including catch-up classes and accelerated learning programmes	3,200,000
3.1 Cleaning and minor repairs of learning structures and facilities	3,982,500
3.2 Establishment and strengthening the capacities of PTAs	52,500
3.3 Advocacy/messaging on essential learning	600,000
TOTAL EDUCATION CLUSTER REQUIREMENTS	\$ 26,131,815

EMERGENCY LIVELIHOODS AND SOCIAL COHESION

CLUSTER LEAD

United Nations Development Programme (UNDP)

CLUSTER CO-COORDINATOR

Danish Relief Council (DRC)



3.4 million
PEOPLE IN NEED



200,000
PEOPLE TO RECEIVE ASSISTANCE



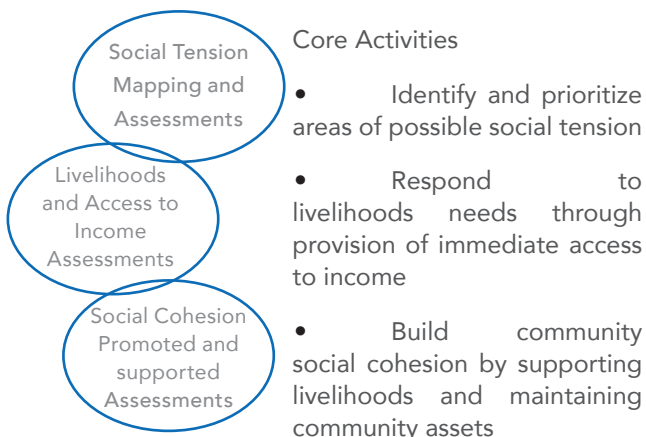
\$10 million
REQUIRED



30
PARTNERS INCLUDED

MINIMUM PACKAGE

The cluster response plan minimum package centers around three core activities with the objective of addressing triggers of social tension through a focus on emergency livelihoods.



At a minimum these core activities include social cohesion assessments and communication, providing immediate access to income and restoring emergency livelihoods and the household and community levels. Some activities in the minimum package are time bound in relation to the phase of crisis, e.g. assessments undertaken at the onset in comparison to communication and livelihoods support which are on-going throughout the response.

SEQUENCED RESPONSE

The Emergency Livelihoods and Social Cohesion first-

line response will be undertaken during the first three months of a major upheaval, which may be a new wave of displacement or improved access to IDPs who were previously inaccessible. The first-line response is centred at the household level to better understand and mitigate the main risks of social tension and to address immediate livelihoods needs. This will be achieved through the provision of immediate access to income for vulnerable households, assessments and social awareness activities.

The full-cluster response will be activated as soon as the cluster partners have established a relationship with the newly displaced, or newly accessible, and host community. The full-cluster response is centred at the community level with the objective of maintaining social cohesion through support to community assets, improving access to regular income and by opening channels for dialogue between different community groups.

FIRST-LINE RESPONSE

Stabilise social cohesion through immediate access to income for vulnerable families and social awareness, in areas at high risk of tension. Key activities;

- Social tension assessments and communication to support social cohesion
- Restoring and promoting emergency livelihoods by providing household livelihoods inputs, including asset replacement
- Provide immediate access to income through labor intensive rehabilitation of basic infrastructure and public services through cash for work programs

FULL-CLUSTER RESPONSE

Maintain social cohesion at the community level through support to community assets, increasing access to regular income and opening channels for dialogue. Key activities;

- Channels for communication established through community dialogue groups
- Support to self-sustaining livelihoods for vulnerable households by providing in-kind and micro cash grants to support small businesses and developing capacities required to enter the labor market
- Provide access to income through community infrastructure and service rehabilitation quick impact projects (QIPs)

CASELOAD TARGETING

A lack of social cohesion presents a serious risk to vulnerable IDPs as well as their host communities and threatens the humanitarian community's ability to deliver aid in a neutral and impartial manner. The relevance of social cohesion is particularly acute in the Iraq context where high tension previously existing between socio-ethnic groups has been further heightened through the on-going conflict. Despite socio-ethnic diversity, host communities have been tolerant and supportive of both refugees and IDPs. However, as the crisis becomes protracted, with no end in sight for thousands of IDPs, the strain on resources and impact on the livelihoods of hosts and IDPs alike is increasing the likelihood of social tensions. The close link between social tension and deteriorating access to livelihoods is second only to lingering impact of historical antagonism between certain socio-ethnic groups. Thus the cluster response plan prioritizes interventions in areas where evidence shows a high risk of tension escalation is greatest. Three proxy indicators (density of IDPs to host population, unemployment and inflation rates) were used to identify areas with a high potential for social tension and applied across Iraq to define priority geographical areas.

In addition, vulnerable households including female headed household and youth at risk of recruitment to armed groups are targeted as priority groups with activities especially designed to meet the particular needs of gender and age specific groups.

WHOLE OF IRAQ FOCUS

Data available at the national level were selected to identify social tension hot spots and prioritize these areas, if safely accessible, for targeting. The cluster response plan responds to the needs in these priority areas across the whole of Iraq.

Agencies with broad geographical coverage have been actively engaged by the cluster. In particular national NGOs with established relationships of trust and safe access to affected populations have been mapped and encouraged to participate.

Consultation at the sub-national level including with NGOs and local authorities from south and central has enabled a broader understanding of specific needs and effective response mechanisms. Strengthening the south and central response will continue to be a focus throughout the cluster response in 2015.

EXIT STRATEGY

The Emergency Livelihoods and Social Cohesion Cluster exit strategy aims to:

- Support affected populations to gain the assets, skills and capacities needed to access regular incomes in order to reduce their dependency on aid reducing the overall caseload of households in need to a level within the Gol capacity to serve;
- Support the Government to requester populations that remain dependent on Government social safety net systems;
- Promote community cohesion and dialogue systems, supported by Gol, which are robust enough to prevent exacerbation of tension/conflict.

The Cluster will reach these objectives by:

- Developing the capacities of the target communities to be self-reliant through independent self-sustaining livelihoods;
- Integration of tension monitoring and mitigation information into Gol systems. (Statistics Office);
- Developing and promoting local NGOs, CSOs and local stakeholders to meet the needs of their populations, including promoting mechanisms for community dialogue owned and managed by the communities.
- Ensuring integration of IDPs and hosts in poverty reduction/livelihoods projects of UNDAF, etc.

PEOPLE IN NEED AND TARGETED

	IDPS IN CAMPS	IDPS OUTSIDE OF CAMPS	HIGHLY AT-RISK IN HOST COMMUNITIES	RETURNEES AND NEWLY ACCESSIBLE	HIGHLY AT-RISK IN DIFFICULT TO REACH AREAS ¹	TOTAL
CURRENT NUMBER IN NEED	194,795	1,426,323	381,119	266,850	601,986	2,871,073 (%30 F)
PROJECTED UNTIL END 2015	332,166	1,783,404	381,119	266,850	601,986	3,365,525 (%30 F)
TARGETED FOR ASSISTANCE	22,000	110,000	28,000	0	40,000	200,000 (%30 F)

EMERGENCY LIVELIHOODS AND SOCIAL COHESION OBJECTIVES

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 1, 3 & 5**

Stabilise social cohesion through immediate access to income for vulnerable families and social awareness, in areas at high risk of tension.

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
Social tension mapping and delivery of cohesion (promoting messages CwC)	IDPs in and outside of camps, host communities and difficult to access areas	Diyala Kirkuk Sulaymaniyah Erbil	No. of social - tension assessments completed No. of - communication campaigns delivered	0	120,525
Livelihoods assets replacement	IDPs in and outside of camps, host communities and difficult to access areas	Ninewa Najaf Baghdad	No of individuals - benefiting from livelihoods asset replacement		
Cash for work	IDPs outside of camps, host communities and difficult to access areas	Basrah Kerbala Dahuk	No of Individuals - benefiting from at paid days 20 least of Cash for Work activities		

AIM OF FULL-RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 1, 3 & 5**

Ensure uninterrupted delivery of emergency relief items by augmenting of humanitarian partners' logistics capacities through the provision of emergency storage, common transport and storage, and emergency airlift capacity.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
Social awareness activities and groups formed	IDPs outside of camps, host communities and difficult to access areas	Diyala Kirkuk Sulaymaniyah Erbil Ninewa Najaf Baghdad Basrah Kerbala Dahuk	No. of individuals - participating in social awareness or community dialogue activities	0	79,475
In-kind and micro cash grants to support small businesses	IDPs outside of camps, host communities and difficult to access areas		No. of individuals receiving in-kind or gran support for small businesses		
Referral and orientation systems for jobs and developing capacities required to enter the labor market	IDPs in and outside of camps, host communities and difficult to access areas		No. of individuals - completing referral and/ or orientation sessions No. of individuals - successfully placed in paid jobs		
QIPs projects	IDPs outside of camps, host communities and difficult to access areas		No. of individuals - participating in cash for work for QIPs projects No. of community - assets rehabilitated through QIPs		

EMERGENCY LIVELIHOODS AND SOCIAL COHESION FINANCIAL REQUIREMENTS

Activity	Requirements
1.1 First Line Response Activities	\$ 5,800,000
1.2 Second Line Response Activities	\$ 4,200,000
TOTAL EMERGENCY LIVELIHOODS COSTS	\$ 10,000,000

MULTI-PURPOSE CASH ASSISTANCE

LEAD

United Nations High Commissioner for Refugees
UNHCR

CO-COORDINATOR

Mercy Corps



4.7 million
PEOPLE IN NEED



52,800
PEOPLE TO RECEIVE ASSISTANCE



\$5 million
REQUIRED



8
PARTNERS INCLUDED

INTRODUCTION

The national-level Cash Based Response Working Group (CBRWG) in Erbil was formed in August 2014, in response to a need for a technical forum to support the increased use of cash-based interventions for humanitarian response in Iraq. The CBRWG has a growing active membership of more than 14 humanitarian agencies and now includes three chapters at the sub-national level.

The CBRWG serves three main functions. First, to provide technical insight and guidance to individual clusters and agencies utilising cash and vouchers for sector-specific response programs. Second, through its active membership and participation in the Inter-Cluster Coordination Group, the CBRWG plays an integral role in coordinating cash-based responses across the cluster system. This coordination ensures that approaches to cash programming are harmonized, information is disseminated, and efforts are not duplicated. Finally, the CBRWG champions the use of multi-purpose cash assistance (MPCA) through stand-alone, unconditional cash programming in order to respond to the immediate basic needs of those affected by conflict.

Given its multipurpose nature, MPCA programming does not fit under any one cluster and is considered separately from cash as a modality for sector-specific response. Accordingly, MPCA is included as an individual strategy in HRP. The CBRWG will continue to lead and develop the MPCA strategy to ensure its continued importance to the overall Iraq humanitarian response.

MPCA APPROACH

MPCA provides an appropriate, effective and efficient response to meeting the multiple needs of people affected by crisis in a single transfer. The transfer is

unconditional, and so places the emphasis on the crisis-affected individuals' ability to choose and decide how to address their immediate needs. The cash transfers are conducted in a manner that upholds the dignity of the beneficiaries. Accordingly, the MPCA approach upholds a principled humanitarian response that puts needs at the centre.

MINIMUM PACKAGE

The Survival Minimum Expenditure Basket (SMEB) determines the monetary value of the cash transfer. It is calculated using information from clusters and specialized agencies. Beneficiaries will receive an unconditional cash transfer, valued at \$360 per month for a household. The SMEB outlines the minimum culturally-adjusted items required for a household to survive for one month after an onset displacement. To ensure dependencies are not established on this transfer, the MPCA provides 80 per cent of the SMEB in one month. MPCA is transferred to beneficiaries through two mechanisms: Financial transfer institutions (better known as Hawalas) or electronic cards. Hawalas are used to correspond to beneficiary preference. The electronic cards will be used to allow for a harmonized cash transfer mechanism across various humanitarian response agencies as well as the Government.

SEQUENCED RESPONSE

The first-line response targets IDP households who have been displaced for less than two months. Newly displaced households will receive an emergency one-off cash transfer of \$360 enabling them to address their immediate needs. The full-cluster response will target extremely vulnerable conflict-affected households, inclusive of those newly displaced as well as host community households. Those selected will receive two multi-month cash transfers with the consistent value of \$360 per month.

FIRST-LINE RESPONSE

Rapidly target newly displaced conflict-affected households who have been displaced two months or less. Disburse a one-off emergency cash transfer valued at \$360 to newly displaced households within two weeks of identification, to meet their critical basic needs.

FULL-CLUSTER RESPONSE

Conduct in-depth vulnerability assessments to identify extremely vulnerable households from the newly displaced and host community. Extremely vulnerable households will receive two multi-month cash transfers, valued at \$360 per household per month, enabling them to meet their critical basic needs.

The sequential response will leverage existing government plans for providing displaced households with cash assistance. The MPCA will complement these plans by focusing on the first-line response to ensure displaced households are immediately reached.

CASELOAD TARGETING

Under the first line response, only newly displaced people will be targeted based on two main criteria: time since displacement and socioeconomic status. The full response will target extremely vulnerable conflict-affected households through vulnerability assessments that include family demographics, negative-coping mechanisms and socio-economic status. Protection based vulnerabilities will be streamlined in all of the caseload targeting.

WHOLE OF IRAQ FOCUS

The sequenced package of MPCA will respond to the basic needs of beneficiaries across the country, including in hard-to-reach areas. The Hawala network

is well established across the 18 governorates of Iraq. The electronic card transcends governorate borders. This allows MPCA to fully adhere to the Whole of Iraq approach. Current partners will implement projects across all 18 governorates.

EXIT STRATEGY

To ensure a successful exit strategy from MPCA, beneficiary identification and registration will be well coordinated with other clusters, local and civil society actors and the existing government safety net systems. The exit strategy from MPCA is composed of four referral pathways, including: 1) Establishment of clear linkages to transition MPCA into the safety net program of the Ministry of Displacement and Migration, the Ministry of Trade, and the Ministry of Labor and Social Affairs; 2) Referral of MPCA beneficiaries in need of sector-specific assistance to the appropriate clusters; 3) Referral of MPCA beneficiaries to actors engaged in recovery programming under the transitional funding mechanism; 4) Referral of MPCA beneficiaries to local civil society and local NGOs able to take the case load.

PEOPLE IN NEED AND TARGETED

	IDPS IN CAMPS	IDPS OUTSIDE OF CAMPS	HIGHLY AT-RISK IN HOST COMMUNITIES	RETURNEES AND NEWLY ACCESSIBLE	HIGHLY AT-RISK IN DIFFICULT TO REACH AREAS	TOTAL
CURRENT NUMBER IN NEED	200,000	2,000,000	2,500,000	900,000	5,900,000	11,746,000
PROJECTED UNTIL END 2015	215,028	2,300,000	2,584,972	2,584,972	1,050,000	12,616,000
TARGETED FOR MPCA	13,889	25,500	10,555	0	2,833	52,777

MULTI-PURPOSE CASH ASSISTANCE OBJECTIVES

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 2 & 3**

Enable newly displaced conflict-affected households to meet their critical basic needs through an emergency one-off cash transfer.

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	TARGET
1.1 Conduct rapid targeting of newly displaced households.	Newly displaced IDPs	Country-wide	# of HH receiving the full amount of the emergency one-off unconditional cash transfer	8,102
1.2 Provide newly displaced households with an emergency one-off cash transfer.	Newly displaced IDPs	Country-wide	% of emergency one-off unconditional cash transfers distributed within one month of household identification	%90
1.3 Conduct post-distribution monitoring.	Newly displaced IDPs	Country-wide	% of HH expenditures spent on meeting basic needs	%90

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 5**

Enable extremely vulnerable conflict-affected households to meet their critical basic needs through targeted multi-month cash transfers.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	TARGET
2.1 Establish referral system to local NGO/civil society, transitional programs, and other clusters for sector-specific assistance.	Extremely vulnerable newly displaced IDPs and host community	Country-wide	Referral pathways established	Yes
2.2 Conduct household level targeted assessments to identify extremely vulnerable households.	Extremely vulnerable newly displaced IDPs and host community	Country-wide	# of extremely vulnerable HH receiving the full amount of two multi-month of cash transfers	3,472
2.3 Provide identified extremely vulnerable households with two additional months of cash transfers.	Extremely vulnerable newly displaced IDPs and host community	Country-wide	% of multi-month unconditional cash transfers distributed within one month of household identification	%90
2.4 Conduct post-distribution monitoring.	Extremely vulnerable newly displaced IDPs and host community	Country-wide	% of HH expenditures spent on meeting basic needs	%90

MULTI-PURPOSE CASH ASSISTANCE FINANCIAL REQUIREMENTS

Activity	Requirements
First-Line Response: Rapid Targeting	\$ 350,000
First-Line Response: Emergency one-off transfer (1 month - 360\$/HH/month)	\$ 2,800,000
First-Line Response: Post Distribution Monitoring	\$ 350,000
Full Response: Vulnerability Assessments	\$ 150,000
Full Response: 2 multi-month transfers (2 months 360\$-/HH/month)	\$ 1,200,000
Full Response: Post Distribution Monitoring	\$ 150,000
TOTAL MPCA COSTS	\$ 5,000,000

RAPID RESPONSE MECHANISM

CO-LEADS
UNICEF, WFP



1.7 million
PEOPLE IN NEED



1 million
PEOPLE TO RECEIVE ASSISTANCE



\$12 million
REQUIRED



18
PARTNERS INCLUDED

OVERVIEW

Given its central importance as a first-line response, the RRM is included as a separate section within the HRP. The mechanism forms the very first line of response where people are on the move and require immediate support. This very first intervention then activates the follow-up cluster response, coordinated through the ICCG.

The RRM approach has been tailored to the rapid, wide-scale and multiple displacements occurring within the country since late 2013. The initial approach developed by UNICEF has been expanded into a consortium of UN and INGO partners to meet the need for an up-scaled and multi-agency response across Iraq.

MINIMUM PACKAGE

The RRM Consortium will stand ready to assist at least 1 million people likely to be in need of immediate life-saving support through the RRM. This figure is based on partners' contingency projections of displacement along the Anbar and Mosul corridors and an analysis of likely community absorption and initial coping capacities of this caseload.¹

The RRM consists of two modalities: 1) delivery of essential items through a consortium of UN and NGO partners and simultaneous rapid assessments (through hand-held digital data tablets);² and 2) UN Direct Delivery - direct delivery of essential items and rapid assessments by UN joint convoys in locations or situations requiring absolutely immediate response or in areas inaccessible to members of the Consortium. This intervention would most likely be the only source of life-saving assistance these communities receive.

RRM kits are prepositioned in NGO-maintained warehouses and are designed to be lightweight and portable. A minimum kit consists of:

- Water: One pack of 12 x 1.5 litres.
- Food: One immediate response ration (IRR) of culturally acceptable, ready-to-eat items providing around 2,050 kcal per person, per day, including canned meat, beans, chickpeas, sugar, tea, crackers, dates, biscuits, tahini and halawa.
- Hygiene kits: Soap, sanitary napkins, hand sanitiser, scarf (lecheck), small bottle of bleach, baby diapers.
- Female dignity kits: Including sanitary pads, underwear, a towel, solar-powered flashlight, individual clean delivery/ new born kits and other items to cover the most basic requirements.

These minimum life-saving kits are supplemented by additional components as feasible and appropriate, depending on context. Emergency preparedness measures complimenting the RRM include putting mobile health on stand-by and the siting of possible reception centres and temporary camps.

SEQUENCED RESPONSE

72 hours after receiving and verifying information on the movement and location of displaced individuals, the RRM is activated to respond, through implementing partners, with a lightweight and portable but holistic lifesaving RRM Kit. Often these kits are delivered whilst people are on the move, and it is their only source of food, water, and basic hygiene items until they reach their destination.

As soon as the RRM is delivered, the rapid assessment of needs and location is shared by the partners with the RRM Consortium through an Open Data Kit (ODK), which in turn is shared with the ICCG to trigger follow-up assessment and responses.

FIRST-LINE RESPONSE

- Deliver essential items through a consortium of UN and NGO partners, with simultaneous rapid assessments through hand-held digital data tablets;
- Ensure direct delivery of essential items and rapid assessments by UN joint convoys in locations or situations requiring absolutely immediate response or in areas inaccessible to members of the Consortium.

¹ See page 10 for HRP contingency projections.

² Reaching 1.9 million IDPs in 13 governorates by April 2015.

CASELOAD TARGETING

The main focus of the RRM is to reach those most vulnerable individuals, women and children that are on the move, in hard to reach areas, and caught at checkpoints and between frontlines, with immediate lifesaving, time critical and dignity raising humanitarian aid.

The RRM will target as a priority households that have been newly displaced. The intervention plan is revised on a weekly basis, based on the evolution of ongoing response, change in environment for beneficiaries, intervention of other actors and logistical and security constraints.

Should the targeted IDP households be found to be living with highly vulnerable host families, further support for the host families will also be considered. In circumstances where new pockets of IDPs are discovered, who might have been in situ for 2-3 weeks, and report not having received any support to date, RRM kits will be distributed and the link will be made for follow up response through the clusters.

WHOLE OF IRAQ FOCUS

Through the range of implementing partners, the RRM Consortium has both a wide geographical spread across Iraq, as well as opportunities for contingency planning by placing RRM kits on hold in critical areas within the storage facilities of partners of the Consortium, thus

enabling the RRM to respond in the shortest time possible. The RRM partners meet on a bi-weekly basis to discuss developing trends in terms of displacement, access, beneficiary data and needs, and contingency planning.

Currently the RRM Consortium covers 13 governorates fully and 5 governorates partially. Most of the partially covered governorates are in the south of Iraq, and receive less RRM support due to the lower numbers of IDPs in these locations.

EXIT STRATEGY

As outlined above, RRM operations will act as a trigger for inter-cluster follow-up, allowing beneficiaries to 'transition' wherever feasible away from the quick impact crisis support of the RRM to regular deliveries of humanitarian assistance in a more stable, settled environment. Settled IDPs will also be in a better position to benefit from available government services, including the Public Distribution System.

The RRM does not at this stage cover returnees, but the support mechanism for returnees is being discussed by the Federal and Kurdistan Regional Governments together with the UNCT and Military Coalition within the framework of a large-scale "Stabilization" process. In such a context, the RRM would only be activated for returnees who are identified through assessments as still "highly vulnerable" when returning to "stabilized" areas.

PEOPLE IN NEED AND TARGETED

	NEWLY DISPLACED PEOPLE ³
CURRENT NUMBER IN NEED	Number in flux with shifting conflict lines. 2.8 million people newly displaced since the beginning of the crisis.
PROJECTED UNTIL END 2015	1.7 M
TARGETED FOR RRM ASSISTANCE	1M 43 % Women 17 % Children

³ Some of these people will have been displaced multiple times.

CLUSTER ACTIVITIES AND TARGETS

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 2 & 3**

Reach those most vulnerable individuals, women and children that are on the move, in hard to reach areas, caught at checkpoints and between frontlines, with immediate lifesaving, time critical and dignity raising humanitarian aid.

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
1.1 Vulnerable families newly displaced by conflict receive RRM kits within 72 hours of trigger for response.	Newly displaced people		Number of people in movement or temporary settlement benefiting from RRM Kits within 72 hours of trigger for response.	1.9 million people reached by April 2015	1 million people
			Number of RRM Kits distributed	n/a	200,000 kits
			Number of families receiving dignity kits in massive displacement	n/a	56,500 families
			Number of pregnant women provided with clean delivery/ new born kits in massive displacement	n/a	4,000 families
1.2 Rapid assessments conducted to inform follow-up response.	Newly displaced people		Number of rapid multi-sectoral assessments conducted (disaggregated by type of assessment, location, number of families assessed and needs identified)	n/a	200,000 completed – including registering who is head of household

RRM FINANCIAL REQUIREMENTS

ACTIVITY AREAS	REQUIREMENTS
DTM, information sharing, RART assessments	\$ 300,000
56,500 female dignity kits / 4,000 Clean Delivery/ New Born Kits	\$ 1,200,000
200,000 RRM Kit - Adult consumable hygiene kits, water sets of 12l, water containers	\$ 5,250,000
200,000 RRM Kit - IRR, food parcel	\$ 5,250,000
TOTAL REQUIREMENT FOR RRM	\$ 12,000,000

LOGISTICS

CLUSTER LEAD
World Food Programme



\$2.4 million
REQUIRED

MINIMUM PACKAGE

The Logistics Cluster aims to strengthen the humanitarian community's ability to save lives through timely and reliable logistic service support and information. The Logistics Cluster will continue to coordinate with national and international actors to optimize efforts, and identify operational gaps and bottlenecks. The Logistics Cluster will provide regular and updated information to the Humanitarian Operations Centre (HOPs) in support of a coordinated humanitarian response.

Commercial capacity and infrastructure in Iraq supports response activities, but key logistics services are required to scale up organisational capacity, particularly in difficult to access areas, fill identified gaps and to ensure contingency measures are in place for delivery of relief goods and continuity of services in the event of an emergency or interruption of regular supply corridors.

Based on assessment of the current logistics capacity of humanitarian partners and feedback of gaps and constraints the Logistics Cluster in Iraq has included activities and planning to address these needs. Services will cover the whole of Iraq via three strategically located logistic hubs to support the humanitarian assistance to identified caseloads. To ensure timely, accurate and reliable access to logistics information, the Logistics Cluster will provide information management and GIS/mapping services, including up to date operational data regarding potential congestion of entry points, road conditions as well as the publication of situation reports, snapshots and briefings. Regular coordination meetings will provide a forum where partners can share information regarding logistics constraints and address potential gaps in the supply chain. A dedicated Iraq operation is available on the Logistics Cluster website to disseminate vital information products to the humanitarian community. Updates on logistics capacity assessments will be provided and shared online.

Storage will be supplied by the Logistics Cluster in strategic hubs to facilitate onward movement to further destinations and for contingency and prepositioning.

Where additional storage outside of the hubs is required mobile storage units will be available on loan to agencies as well as the Logistics Cluster supporting agency storage capacity for inter-agency use. Additionally, emergency transport (via land) will be provided to partners whose logistics capacity is limited and in the event of emergency need and/or upscaling of capacity is required. The Logistics Cluster will play a critical role in providing coordination for convoys and/or transport, in support of the RRM and in difficult to access areas, subject to accessibility and security.

A contingency airlift component has been added to the Logistics Cluster strategy and budget to allow for airlift of emergency lifesaving supplies to areas cut off by land or inaccessible by any other means, and will be utilized with security permitting and as necessary.

WHOLE OF IRAQ FOCUS

- Three strategic logistic hubs in Baghdad, Erbil and Dahuk
- Mobile storage for contingency, prepositioning and emergency use
- Emergency airlift capacity
- Logistics coordination, IM and GIS input to the HOPs

EXIT STRATEGY

When partner organisations have concluded that the Logistics Cluster is no longer required, the transition phase will transfer existing assets to partner agencies that have a continuing presence serving the humanitarian community in Iraq:

- For GIS, this will be WFP and/or VAM.
- For coordination and IM Logs, OCHA, UNAMI and/or regional WFP as and when appropriate.
- Other legacy issues will be addressed in accord with the needs and capacity of other partner organisations.

AIM OF FIRST-LINE RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 3 & 4**

Support an effective humanitarian logistics response by providing logistics coordination and information management services to the humanitarian community

ACTIVITIES	INDICATOR	BASELINE	TARGET
1.1 Collect and transmit information requests from humanitarian partners; and facilitate the transfer of information between agencies and logistics cluster when relevant for the coordination of humanitarian convoys	Percentage of requests facilitated	%100	%100
1.2 Conduct regular Logistics Cluster Meetings in logistic hubs	Number of meetings held	6	15
1.3 Provide information products on updated logistics situation in country – including situation reports, logistics assessments, snapshots and activity reports	Number of IM products published		6
1.4 Provide logistics information, coordination and GIS data/maps to support the Humanitarian Operations Centre (HOPs)	Information and data regularly transmitted	N/A	N/A
1.5 Provide logistics training to agencies to support optimization of assets and capacity	Number of agencies trained	4	10
1.6 Provide regular logistic updates of supply routes, road conditions and storage capacity	Number of maps produced	6	12
1.7 Conduct road assessments to update road conditions in support of transport corridors, especially in newly accessible and difficult to access areas.	Number of road assessments conducted	6	10
1.8 Provide training to partners to facilitate increased number of road assessments	Number of partners trained		10

AIM OF FULL-RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SO 3 & 4**

Ensure uninterrupted delivery of emergency relief items by augmenting humanitarian partners' logistics capacities through the provision of emergency storage, common transport and storage, and emergency airlift capacity.

ACTIVITIES	INDICATOR	BASELINE	TARGET
1. Provide temporary storage for humanitarian agencies	Percentage of requests completed	%100	100%
2. Provide emergency transport to humanitarian agencies	Percentage of requests completed	%0	100%
3. Provide airlift capacity in the event of an interruption of regular ground transport supply corridors for emergency humanitarian response	Percentage of requests completed	%0	100%
4. Establish common storage and transport (interagency convoys) in support of the RRM and as requested by agencies	Percentage of requests completed	%0	100%
5. Provision of Mobile Storage Units (MSU's) in support of rapid upscaling/ contingency and prepositioning of relief items.	Percentage of requests completed	%0	100%

LOGISTICS FINANCIAL REQUIREMENTS

Activity	Requirements
IM/GIS (IM products, GIS equipment and Training)	299,285.5
Storage (Common Storage Service, Emergency Storage and Training)	646,275
Road Transport (Common Transport Service and Emergency Road Transport)	317,765
Air transport (Emergency Airlift)	1,029,366
Coordination (National and Sub-National Coordination, National Representation)	123,765
TOTAL LOGISTICS CLUSTER REQUIREMENTS	\$ 12,000,000

ETC

CLUSTER LEAD
World Food Programme

 **\$0.6 million**
REQUIRED

 **3**
PARTNERS INCLUDED

MINIMUM PACKAGE

The Emergency Telecommunications (ETC) Cluster provides the humanitarian community with radio training, radio configuration and radio programming. In addition, ETC ensures continued connectivity services and regular maintenance missions. Lastly, it works to ensure the operational radio backbone infrastructure meets security telecommunications standards of MOSS.

WHOLE OF IRAQ FOCUS

To ensure the security of the humanitarian community by assuring CMOSS compliance in regards to security telecommunications. ETC also focuses on providing access to data connectivity in common operational areas in order to operate in an organized and effective manner. ETC also guarantees that humanitarians on the ground are fully trained and have up to date-configured radios. Finally, it guarantees coordination when dealing with ICT importation and customs.

EXIT STRATEGY

Under guidance and direction, with funding by a common services budget from the HCT. UNHCR currently hosts the Sulaymaniyah and Dahuk interagency security COMCEN's which were established in collaboration with ETC, WFP and UNAMI. UNHCR are also potentially able to host ETC data services in the camps in Sulaymaniyah and Dahuk. UNAMI and UNDSS can also be considered in managing the ETC security telecoms network on closure of the cluster. The exit plan evaluation will be conducted three months prior to ETC closure.

FIRST-LINE RESPONSE

Pre-position ETC equipment and engineers to ensure capacity for the cluster to respond to expanding humanitarian operations. ETC will continue to provide connectivity services and regular maintenance missions to Arbat and Domiz camps, including the transit camp outside Arbat.

SECOND-LINE RESPONSE

Conduct assessments in expanding and newly established IDP and refugee camps to ensure their security communications and connectivity needs are met. The cluster will continue the maintenance and upgrading to existing UN/NGO networks around the country.

FULL-CLUSTER RESPONSE

Impart radio training and programming for the whole humanitarian community.

ORGANISATIONS SUPPORTED

	Arbat	Domiz
Accumulated users registered	123	48
Accumulated users confirmed	72	33
Organisations	51	28
Targeted Organisations	As required	As required

ETC OBJECTIVES

AIM OF FIRST-LINE RESPONSE SUPPORTS STRATEGIC OBJECTIVES: **SUPPORTS ALL STRATEGIC OBJECTIVES**

Preposition equipment and provide organisations with radio and data connectivity.

FIRST LINE ACTIVITIES	GOVERNORATES	INDICATOR	BASELINE	TARGET
1.1 Pre-position ETC equipment and engineers to ensure capacity for the cluster to respond to expanding humanitarian operations.	Erbil	Equipment and staffing to deploy 2 x common operational locations.	Equipment in stock and staff located in Erbil.	Equipment and staff deployed.
1.2 Provide data connectivity and security telecommunications services.	Common operational locations	Data and security communication services available in 2 x common operational locations.	Services provided in 1 location.	Both locations provided with services.

AIM OF SECOND-LINE RESPONSE

Conduct assessments and maintenance.

SUPPORTS STRATEGIC OBJECTIVES: **SUPPORTS ALL STRATEGIC OBJECTIVES**

SECOND LINE ACTIVITIES	GOVERNORATES	INDICATOR	BASELINE	TARGET
2.1 Assessments in expanding and newly established IDP and refugee camps will take place to ensure their security communications and connectivity needs are met.	Country-wide	Number of assessments conducted.	Assessment of 2 x camps.	Assessments conducted in all camps.
2.2 Maintenance and upgrading to existing UN/NGO networks around the country.	Country-wide	Number of maintenance and upgrade missions conducted.	Missions conducted to 6 locations.	12 x maintenance and upgrade missions conducted.

AIM OF FULL-RESPONSE

SUPPORTS STRATEGIC OBJECTIVES: **SUPPORTS ALL STRATEGIC OBJECTIVES**

Provide training and configuration of radios.

FULL CLUSTER ACTIVITIES	GOVERNORATES	INDICATOR	BASELINE	TARGET
3.1 Radio training and programming for the whole humanitarian community.	Country-wide	Number of staff trained conducted and programming service provided.	100 staff trained, 250 radios configured.	150 staff trained, 300 radios configured.

ETC FINANCIAL REQUIREMENTS

Activity	Requirements
1.1 Pre-position ETC equipment and engineers.	\$ 460,000
1.2 Provide data connectivity and security telecommunications services.	\$ 51,000
2.1 Assessments in refugee and IDP camps.	\$ 7,000
2.2 Maintenance and upgrades.	\$ 80,000
3.1 Radio training and configuration.	\$ 3,000
TOTAL ETC CLUSTER REQUIREMENTS	\$ 601,000

COORDINATION AND COMMON SERVICES

LEAD AGENCY

ORGANISATION FOR THE COORDINATION OF HUMANITARIAN AFFAIRS



\$6.5 million
REQUIRED



2
PARTNERS INCLUDED

MINIMUM PACKAGE

Strengthen joint humanitarian operations with establishment of the Humanitarian Operations Centre (HOps) that will provide timely information and analysis to support operational decision making while facilitating humanitarian access, streamlining logistical operations to inform operations at all levels; thereby strengthening the collective effectiveness of the principled humanitarian response.

Coordinate and support core processes of the shared framework and structures for humanitarian action in Iraq, including key mechanisms such as the HCT, ICCG, IM working group, general coordination mechanism, humanitarian needs overviews, pooled funding mechanisms, humanitarian funds tracking, response monitoring, joint advocacy and communications, information management and fundraising.

Coordinate contingency planning, preparedness, and early warning activities to inform resource prioritisation, pre-positioning, planning and forward looking preparedness measures. Provide strategic analysis on significant humanitarian trends.

The Displacement Tracking Matrix (DTM) programme spans across all three areas as a core enabling function of the humanitarian response. Since late December 2013, DTM has identified nearly 2.8 million people displaced across Iraq. It is composed of three main integrated pillars: The master list (ML) monitoring displacement through an extensive key informants (KIs) network; group assessments (GA), to verify KIs reports while collecting further multi-sectoral data; a returnee tracking system that tracks return movements to habitual residence through the KI network.

In accordance to IASC guidelines for gender

mainstreaming, the DTM is introducing gender-sensitive data collection within the CCCM/Shelter frameworks; this includes the collection of sex and age disaggregated data and gender-integrated indicators to inform gender-inclusive programming.

SEQUENCED RESPONSE

The first-line response will support coordination and real-time information for rapid response operations. Information is channeled to the HOps from multiple sources, rapidly processed and fed to the Emergency Coordination Group, with the HC, DHC and relevant agencies alerted on specific areas of concern, for immediate action. The full-response will support effective, timely and principled humanitarian assistance to vulnerable people in Iraq through efficient coordination services. This includes support to core ongoing coordination processes, systematic information and data tracking, including comprehensive displacement tracking, support to the Iraq humanitarian programme cycle deliverables, and support to key cross-cutting areas, including communication with affected populations and refinement of the use of cash as a modality in the Iraq response.

WHOLE OF IRAQ FOCUS

The reach of the HOps is country-wide and contains a dedicated Humanitarian Access Unit to support partners in accessing affected people in the whole of Iraq, particularly in hard to reach areas. A comprehensive mapping of national partners is being undertaken to support the operational reach of agencies by establishing the credentials and capacities of potential national partners, reducing operational risk.

The DTM is present and working in all eighteen governorates with an effective data collection methodology, while actively engaging within the Information Management Working Group (IMWG) and OCHA to swiftly adapt to the changing humanitarian situation in order to capture and analyze the most needed inter-sectorial information.

EXIT STRATEGY

Close coordination with and capacity building support to national structures (the JCMC and the JCC) ensures coordination is a joint exercise and national mechanisms are supported. Once a full reconstruction effort is underway in Iraq, coordination activities will be handed over to the Resident Coordinator's Office.

FIRST-LINE RESPONSE

- Establish and maintain a Humanitarians Operation Centre to act as a crisis-response structure and enhance humanitarian access, overall collective effectiveness, and a needs based principled response
- Act as an information and coordination hub providing a common operational picture for senior decision-makers; ensuring effective flows of strategic and operational information, allowing the right information to reach the right people at the right time
- Disseminate timely and relevant information on displacement, needs, response and gaps

SECOND-LINE RESPONSE

- Coordinate and support core processes and structures for humanitarian action in Iraq, including secretariat functions to the humanitarian architecture in Iraq including the HCT, ICCG, CMTs, IM working group, HC/DHC and clusters
- Coordinate and manage the contingency planning process
- Coordinate the development of resource mobilisation mechanisms including CERF funding requests and flash appeals
- Develop strategic communication and information products on a regular basis
- Provide coordination to cross-cutting areas including CwC and cash-based programming

PROTECTION OBJECTIVES

AIM OF FIRST-LINE RESPONSE SUPPORTS STRATEGIC OBJECTIVES: **SUPPORTS ALL STRATEGIC OBJECTIVES**

Coordinate and inform rapid response operations in real-time.

FIRST LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
1.1 Establishment of Humanitarian Operations Centres (HOps)	All humanitarian partners	Erbil	Operational HOps	n/a	HOps established and functional
1.2 Coordination; information collection, analysis and sharing; access; planning and response mechanisms to support the humanitarian response	All humanitarian partners People in need	All crisis affected governorates	Monthly dissemination of DTM report	Monthly dissemination to partners	1 report/month and updates as needed

AIM OF FULL-RESPONSE





SUPPORTS STRATEGIC OBJECTIVES: **SUPPORTS ALL STRATEGIC OBJECTIVES**

Support effective, timely and principled humanitarian assistance to vulnerable people in Iraq through efficient coordination services.

SECOND LINE ACTIVITIES	TYPE OF CASELOAD	GOVERNORATES	INDICATOR	BASELINE	TARGET
2.1 Support to core humanitarian processes	All humanitarian partners	All affected governorates	Regular sessions of HCT, ICCG, IMWG	HCT weekly ICCG weekly IMWG weekly	HCT, ICCG, IMWG weekly and as needed
2.2 Lead resource mobilisation mechanisms	All humanitarian partners	All affected governorates	Timely submission of CERF applications	n/a	As needed
2.3 Support cross-cutting areas	All humanitarian partners	All affected governorates	Establishment and leadership of CWC/AAP WG	n/a	Established and sessions led weekly

COORDINATION FINANCIAL REQUIREMENTS

Activity	Requirements
Strengthen Humanitarian Coordination	\$ 5.5 M
Country-wide displacement tracking	\$ 1.0 M
TOTAL COORDINATION COSTS	\$ 6.5 M

-  unocha.org/iraq
-  iraq.humanitarianresponse.info
-  twitter.com/OCHAiraq
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GUIDE TO GIVING

Donate to Humanitarian Partners in this Response Plan

This Plan comprises the humanitarian programmes of 62 non-governmental organisations and 14 UN agencies. If you wish to sponsor a specific project or organisation, visit goo.gl/IJhgmt for information on the requirements of all partners and individual projects. We urge donors to make cash rather than in-kind donations for maximum speed and flexibility.

Donate through the Iraq Humanitarian Fund (IHF)

The IHF supports humanitarian delivery in accordance with the priorities identified through the HRP with flexibility to allocate funds in line with rapid changes in the crisis context. As part of humanitarian partners' commitment to expand access, the fund is working to increase the engagement with national organisations well-positioned to deliver quality assistance in difficult-to-access areas. Find more about the IHF and how to donate by visiting goo.gl/uup3Ma or contact ocha.donor.relations@un.org.

Donate through the Central Emergency Response Fund (CERF)

The CERF receives contributions from various donors – mainly Governments, but also private companies, foundations, charities and individuals – into a single fund. This is set aside for immediate use during crises anywhere in the world. CERF provides rapid initial funding for life-saving actions at the onset of emergencies and support for poorly funded, essential humanitarian operations in protracted crises. Find out more about the CERF and how to donate by visiting: goo.gl/YUWnez.

Registering and recognizing your contributions

OCHA records all humanitarian contributions through its Financial Tracking Service (FTS). The purpose of FTS is to give donors due credit and visibility for their generosity, and track humanitarian funding and gaps in emergencies. Please register your contributions by emailing fts@un.org, or through the online contribution form at fts.unocha.org.



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SAVE IRAQ
AND ITS PEOPLE

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