

HUMANITARIAN RESPONSE PLAN

IRAQ

HUMANITARIAN
PROGRAMME CYCLE
2022
ISSUED MARCH 2022



About

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

PHOTO ON COVER

Child in Jad'ah 5 IDP Camp in Ninewa, holding documents about the risks of land mines and explosive devices. © Noe Falk Nielsen, HAMAP Humanitaire, 2021

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fts.unocha.org/countries/106/summary/2022



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NINEWA, IRAQ

Communication with communities is a key aspect of humanitarian work.
Mosul, Ninewa © Harald Mundt, DRC, 2021

Foreword

At the start of 2022, Iraq has 2.5 million people in need of humanitarian assistance, including over one million internally displaced persons (IDPs) who have not yet found a sustainable path back home after the conflict with the Islamic State of Iraq and the Levant (ISIL). People in need are present in nearly all of Iraq's eighteen governorates, but vulnerabilities continue to be highest in the conflict-affected governorates of north and central Iraq. Sixty-six percent of these IDPs—hundreds of thousands of people—first fled their homes eight years ago. While some have managed to create lives of relative stability in displacement, the most vulnerable among them live in critical shelter such as abandoned or unfinished buildings, including in informal settlements, lacking access to health care or sanitation facilities, and facing increased food insecurity and heightened protection risks.

Life is not always better for those who have returned home, who may find that their areas of origin lack government-supported basic infrastructure, services, security, and livelihood opportunities. While they may no longer be technically “displaced,” they do not necessarily have the government support they need to rebuild their lives, ensuring that their vulnerabilities endure while the focus of the international community shifts elsewhere. The humanitarian community's calculations for 2022 indicate that more than half a million returnees remain in acute need of humanitarian assistance. This cannot be considered a durable solution. Ending displacement will require government support, political will, and community reconciliation, in addition to the sustained attention of the international community.

The United Nations, the Government of Iraq and our humanitarian partners, supported by donors, have managed to help nearly 5 million people return home over the last four years. Persistent access challenges have been largely resolved. Stabilization and devel-

opment projects are evident in many places, with new areas being regenerated with each passing month. The signing of the new United Nations Sustainable Development Cooperation Framework provides the framework for addressing many of the remaining challenges that require long-term structural solutions beyond the humanitarian response—while also creating a roadmap for how best to implement durable solutions for those in protracted displacement. The humanitarian operation now needs an approach to coordination that runs along two parallel tracks. The first track ensures the continuation of the life-saving humanitarian operation, where the objectives of the HRP are achieved in an effective, efficient, and accountable manner. In parallel, the second track will work with development, stabilization, and government entities to operationalize the nexus, develop and implement a transition strategy, and progress towards a self-sufficient, peaceful and prosperous Iraq.

The 2022 Humanitarian Response Plan outlines the humanitarian community's detailed plans for the year ahead based on an evidence-based analysis of the needs of IDPs and their communities, and presents the financial requirements needed to achieve its aims. As Humanitarian Coordinator, it is my honour to oversee the work of humanitarian partners and to assure the implementation of the nexus as we continue our efforts to serve Iraq.



Irena Vojáčková-Sollorano
Humanitarian Coordinator

Response Plan Overview

PEOPLE IN NEED	ACUTE PIN	TARGET	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
2.5M	961K	991K	400M	141

Four years after the conclusion of the large-scale military operations against the Islamic State of Iraq and the Levant (ISIL), significant progress has been made in Iraq, enabling more than 80 per cent of the 6.1 million people displaced to return home, and slowly bringing many of those directly impacted by the ISIL crisis back towards parity with other Iraqis. However, at the same time more than 1 million people remain in protracted displacement, and deep and acute humanitarian vulnerabilities still persist among a segment of those directly impacted by the horrific suffering, widespread destruction and displacement, which took place during the 2014-2017 ISIL crisis.

In light of the evolving context, and particularly the accelerated efforts towards durable solutions, including the development of a Durable Solutions Framework and the launching of the United Nations Sustainable Development Cooperation Framework (UNSDCF), and cognizant that many of the remaining challenges require long-term structural solutions beyond the humanitarian response, the humanitarian community in Iraq refined the criteria for assessing humanitarian needs. The revised criteria aimed to better identify people with the highest levels of vulnerability, particularly those with a multitude of needs, focusing on those needs that are a direct result of the impact of the ISIL crisis.

As a result of this revised approach to humanitarian needs analysis, the 2022 Humanitarian Needs Overview (HNO) for Iraq identified 2.5 million people in need (PIN), of whom 961,000 people have acute humanitarian needs, reaching extreme or catastrophic levels.¹ The number of people in need decreased by 41 per cent compared to last year, while the number of people

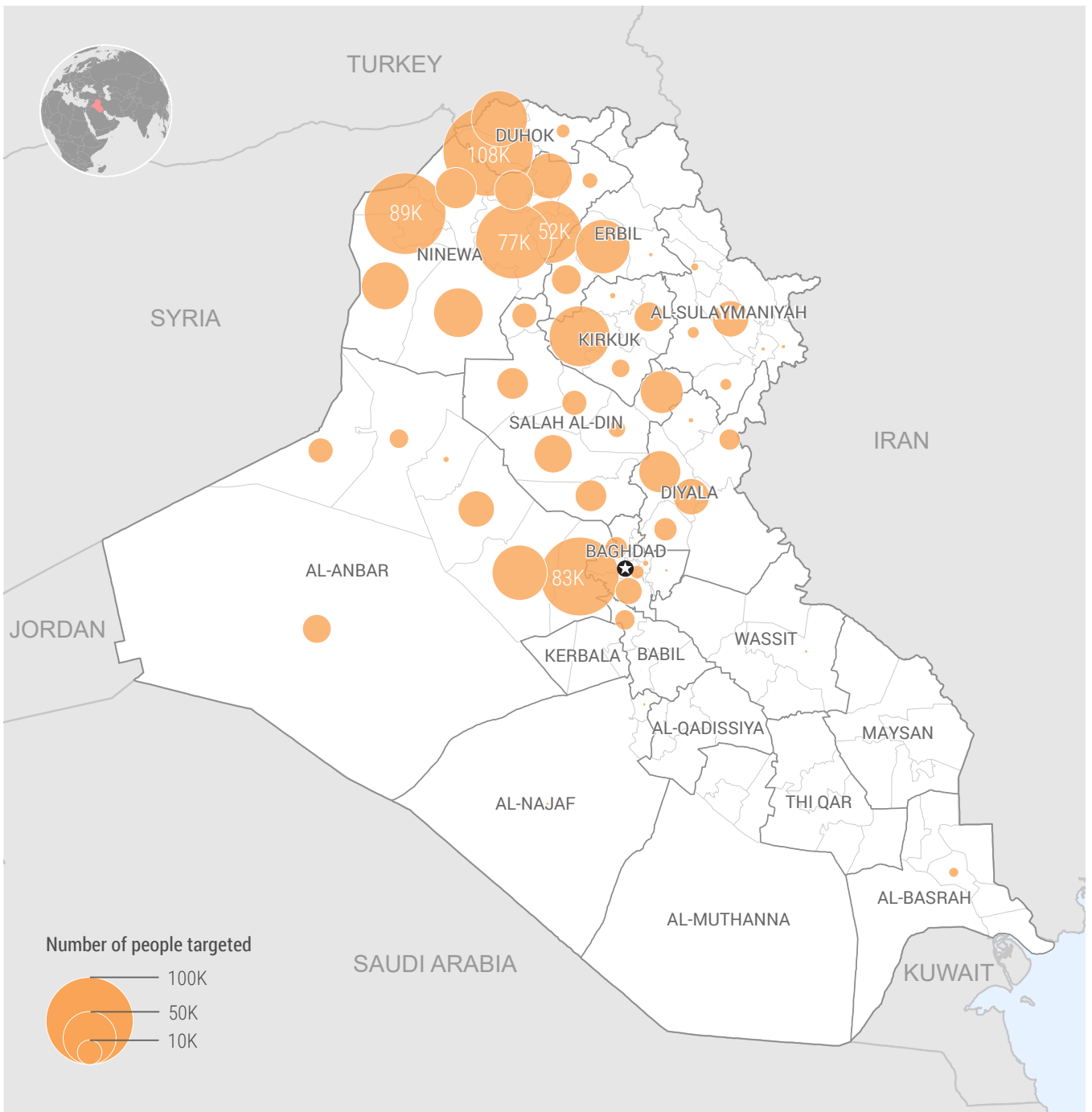
in acute need, reaching extreme or catastrophic levels, decreased by 61 per cent. This reduction is largely attributable to the narrower definition of humanitarian needs, and does not reflect significant improvement in the lives of internally displaced persons (IDPs) and returnees in Iraq.

The most severely vulnerable IDPs and returnees today are those whose lives remain uprooted, and who face particular barriers to resuming their normal lives and integrating back into Iraqi society. This includes people who live in critical emergency shelter, lost their civil documentation during the crisis, or whose access to essential services or livelihoods opportunities remains compromised due to the large-scale destruction and displacement that took place during the ISIL crisis, and therefore rely on harmful negative coping mechanisms, including those that result in significant protection concerns, such as child labour and early or forced marriage. These population groups continue to require life-saving and life-sustaining humanitarian assistance to live in safety and dignity in their displacement and return locations, to be able to access essential emergency services, and to meet their most basic survival needs and reduce reliance on harmful negative coping mechanisms.

Consequently, the 2022 Iraq Humanitarian Response Plan (HRP) focuses on providing safe and dignified living conditions, protecting IDPs and returnees from physical and mental harm related to the impact of the ISIL crisis. Humanitarian actors seek to improve unsafe living environments for people living in camps, informal sites or other critical shelter—or in areas with explosive ordnance (EO) contamination—while also providing specialized protection services to

Planned Response

PEOPLE IN NEED	TARGET	WOMEN*	CHILDREN	OLDER PEOPLE	WITH DISABILITY
2.5M	996K	28%	25%	4%	15%



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

the people most at risk of rights violations, violence, abuse and other serious protection risks. Secondly, through this HRP, humanitarian partners will provide support to vulnerable IDPs and returnees to access essential services that they are otherwise unable to access, either because they face specific barriers or because they live in areas where services and infrastructure have not yet been rehabilitated. And finally, the most acutely vulnerable IDPs and returnees will be supported with emergency food assistance, emergency livelihoods support and temporary cash to meet their most basic needs and avoid reliance on harmful negative coping mechanisms for their survival.

To achieve these priorities, the 2022 HRP will target 991,000 deeply vulnerable Iraqis, including 180,000 IDPs in formal camps, 234,000 IDPs living in out-of-camp areas, and 577,000 returnees, with life-saving

and life-sustaining assistance to meet their most critical humanitarian needs. The total cost of the response, further outlined in this HRP, amounts to US\$400 million.

The additional 1.5 million people identified in the HNO as in need, but not targeted in this HRP, are those where the needs are more structural in nature, requiring a different type of response through other assistance frameworks, including the UNSDCF, and by the Government. While ensuring a tightly focused humanitarian response to those who are deeply and acutely in need, the humanitarian community will work closely with durable solutions, stabilization and development actors, as well as the government and local actors, to facilitate a coordinated approach to addressing the underlying drivers of humanitarian need and facilitating efforts to end displacement.

HRP Key Figures

Humanitarian Response by Targeted Groups

More on pages 22-29

POPULATION GROUP	PIN	TARGET	% OF PIN TARGETED
In-camp IDPs	180K	180K	100%
Out-of-camp IDPs	549K	234K	43%
Returnees	1.7M	577K	33%

Humanitarian Response by Gender

More on pages 23-29

GENDER	PIN	TARGET	OVERALL %
Girls	543K	219K	22%
Boys	550K	222K	22%
Women	685K	277K	28%
Men	676K	273K	28%

Humanitarian Response by Age

More on pages 23-29

AGE	PIN	TARGET	OVERALL %
Children (0-17)	1.1M	441K	45%
Adults (18 to 59)	1.3M	511K	52%
Older Persons (60+)	0.1M	39K	4%

Humanitarian Response for Persons with Disability

More on pages 22-29

	PIN	TARGET	OVERALL %
Persons with disability	368K	149K	15%

Financial Requirements by Cluster and Multi-Cluster

More on pages 60-99

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)
CCCM	15.2M
Education	17.0M
Emergency Livelihoods	10.6M
Food Security	54.4M
Health	46.8M
General Protection	65.3M
Child Protection	30.1M
Gender-Based Violence	36.2M
Shelter and NFIs	47.4M
WASH	33.4M
MPCA	28.6M
CCS	15.0M
Total	400.0M

Crisis Context and Impact

As Iraq enters 2022, the humanitarian context in the country remains precarious but continues to evolve and does show signs of hope, albeit tenuous, for a better future. Since the conclusion of the large-scale military operations against ISIL in 2017, significant reconstruction and rehabilitation efforts have restored roads, reopened local markets, restarted public water and electricity, and rebuilt housing, health facilities and schools. Approximately 4.9 million previously displaced Iraqis have returned to their home districts. The economic impact of the twin shocks experienced in 2020 from the COVID-19 pandemic and plummeting oil prices have also begun to subside, due to the lifting of most COVID-19 preventative measures and the increase in oil prices. As a result, Iraq's economy is growing, and many jobs have been regained. At the same time, the United Nations (UN) and the Government of Iraq (GoI) signed the first Sustainable Development Cooperation Framework in September 2021, with a significant focus on advancing durable solutions to end the displacement crisis.

Meanwhile, the humanitarian situation for millions of current and former IDPs has not seen significant changes since the publication of the 2021 HNO. Of the 6.1 million people who were displaced between 2014 and 2017, about 19 per cent (1.2 million people) remain internally displaced; of these, 67 per cent were displaced during the first 15 months of the crisis. Most of those who have returned to their home districts did so before 2019, with only very limited sporadic returns taking place over the past three years. The remaining IDPs, the vast majority of whom are displaced outside of formal camps, face significant challenges to finding durable solutions, while many of those who have returned continue to struggle with limited access to services and livelihoods, amid high levels of social, political and security tensions in areas of return. Key barriers to ending displacement and ensuring sustainable returns include eroded national social cohesion, extensive explosive ordnance contamination, and

incomplete restoration of housing, basic services and livelihoods opportunities in areas previously affected by ISIL.

Overcoming these challenges will require significant longer-term engagement and investments by the government, with support of development partners. Over the past year, the GoI, supported by UN agencies, national and international non-governmental organizations (NGOs) as well as donors, has accelerated efforts aimed at ending displacement, by addressing the barriers preventing current and former IDPs from finding durable solutions to facilitate sustainable returns, local integration or resettlement elsewhere in the country. Until ISIL-affected IDPs and returnees are able to achieve durable solutions, many will continue to face humanitarian needs directly related to the impact of this crisis.

Humanitarian Conditions and Key Needs

Given the accelerated efforts towards durable solutions and cognizant that many of the remaining challenges require long-term structural solutions beyond the humanitarian response, the humanitarian community in Iraq revised its approach to humanitarian needs analysis for the 2022 HNO to focus on IDPs and returnees with the highest levels of vulnerability, who face a multitude of humanitarian needs that are a direct result of the impact of the ISIL crisis. Based on the revised approach to assessing humanitarian needs, 2.5 million IDPs and returnees remain highly vulnerable and in humanitarian need. This includes all IDPs who live in camps (180,000), just over half of out-of-camp IDPs (549,000), and one third of all returnees (1.7 million). Of these, around 961,000 people face acute humanitarian needs, reaching extreme or catastrophic levels.

The severity of humanitarian needs of IDPs and returnees is largely shaped by their precarious living conditions, including living in critical emergency

shelter (such as tents, makeshift or damaged shelters, or unfinished or abandoned buildings (UAB)) or in areas contaminated by explosive ordnance. Severity of needs is also influenced by the gradual erosion of coping mechanisms, forcing many to rely on harmful coping strategies, including those that create child protection risks. Missing core documentation is a compounding factor, limiting the ability of IDPs and returnees to own land or property, access services or find employment, while curbing their freedom of movement and increasing their risks of protection violations. Out-of-camp IDPs and returnees who live in critical shelter or lack core civil documentation are

also at increased risk of facing multiple other humanitarian needs, including reduced access to essential services, increased likelihood of food insecurity and reliance on negative coping mechanisms, and heightened risk of protection violations; while all IDPs living in camps continue to face humanitarian needs related to their physical living environment, access to essential services and their ability to meet basic day-to-day needs.

DIYALA, IRAQ

A local fisherman sells his catch by Lake Hamrin, Diyala; ensuring livelihood opportunities is an important part of sustainable returns for IDPs. © Harald Mundt, DRC, 2021



Response by Strategic Objectives

People targeted for humanitarian response

To ensure a tightly focused humanitarian response, the humanitarian community has prioritized life-saving and life-sustaining interventions for IDPs and returnees who have the most acute humanitarian needs, reaching extreme and catastrophic levels (severity levels 4 and 5 on the Joint Intersectoral Analysis Framework (JIAF) scale); have multiple needs and face specific barriers to meeting those needs; live in critical shelter; lack civil documentation; engage in emergency-level negative coping mechanisms; face acute protection risks; and are unable to meet their basic needs or access essential emergency services, causing life-threatening conditions.

Based on the tighter humanitarian needs analysis and the agreed targeting criteria, the 2022 Iraq HRP will prioritize life-saving and life-sustaining humanitarian assistance for 991,000 Iraqi IDPs and returnees, including all IDPs in camps and the most acutely vulnerable out-of-camp IDPs and returnees.

Targeting Criteria for the 2022 HRP

- Life-saving and life-sustaining assistance to IDPs and returnees in acute need, reaching extreme and catastrophic levels
- IDPs and returnees with multiple needs
- IDPs and returnees who face specific barriers to meeting their needs
- IDPs and returnees who live in critical shelter
- IDPs and returnees who lack civil documentation
- IDPs and returnees who engage in emergency-level negative coping mechanisms
- IDPs and returnees who face acute protection risks
- IDPs and returnees who are unable to meet their basic needs or access essential services, causing life-threatening conditions

Similar to previous years, the 2022 Iraq HRP will target all IDPs living in formal camps, adjusting the programmatic targets in line with fluctuations in camp populations in real time. The number of in-camp IDPs has declined over the past year, especially due to camp closures, and is expected to further decrease in the coming months, with the accelerated focus on durable solutions. At the start of 2022, 180,000 IDPs live in camps and remain highly dependent on external assistance to uphold minimum standards of safe and dignified living, access essential services, and meet basic needs.

The 2022 HRP will also target 234,000 acutely vulnerable IDPs in out-of-camp locations. This is about one quarter of all out-of-camp IDPs or 42 per cent of the 549,000 out-of-camp IDPs who face some kind of humanitarian need. Out-of-camp IDPs who live in critical shelter, including in informal sites, who lack core civil documentation, and who rely on negative coping mechanisms for their daily survival will be prioritized for life-saving and life-sustaining humanitarian assistance.

Finally, 577,000 acutely vulnerable returnees will also be prioritized for emergency humanitarian assistance through this HRP. This is about 12 per cent of all returnees or one third of the 1.7 million returnees who were found to have humanitarian needs. Similar to the out-of-camp IDP response, the response to the most acutely vulnerable returnees will focus on life-saving and life-sustaining humanitarian assistance to those who live in critical shelter, who lack core civil documentation, and who rely on negative coping mechanisms that reach emergency levels.

Humanitarian Response Priorities

Based on the needs identified in the 2022 HNO, the 2022 HRP will prioritize immediate life-saving and

life-sustaining assistance to address the deep and acute vulnerabilities that persist among those Iraqis who are currently or formerly displaced due to the ISIL crisis. This includes humanitarian emergency interventions to protect acutely vulnerable populations from rights violations, physical and mental harm and trauma related to impact of ISIL crisis; and to provide support to access essential services and meet basic needs for particularly vulnerable people, who face multiple needs and specific barriers to meeting those needs related to impact of the ISIL crisis. The 2022 Iraq HRP will not include longer-term recovery or rehabilitation in conflict areas, nor will it address underlying structural or long-standing issues which fall under the responsibility of the government and/or are included in the UNSDCF. Meanwhile, humanitarian partners will continue and further strengthen engagement with and support for development, stabilization and recovery efforts through the joint durable solutions coordination architecture.

Priorities and Boundaries of the 2022 HRP Interventions

- Includes life-saving and life-sustaining assistance to IDPs and acutely vulnerable returnees
- Includes protection of acutely vulnerable populations from rights violations, physical and mental harm and trauma related to the impact of the ISIL crisis
- Includes support to meet basic needs and access to essential services for particularly vulnerable people, facing multiple needs and specific barriers to meeting those needs, related to the impact of the ISIL crisis
- Excludes longer-term recovery and rehabilitation in conflict-affected areas, such as reconstruction, social cohesion, facilitated returns
- Excludes structural issues, such as poverty alleviation, employment generation, impact of climate change and socio-economic impact of COVID-19
- Excludes government capacity-building and does not substitute for governmental basic services
- Excludes long-standing issues which fall under government responsibility and/or are included in the UNSDCF

These priorities will be achieved through three strategic objectives identified by the humanitarian community in Iraq to guide the 2022 response, informed by the needs outlined in the 2022 HNO. These objectives aim to facilitate a holistic response to alleviate deep persisting vulnerabilities.




First, acutely vulnerable displaced and returnee households who live in unsafe and undignified living conditions, who lack civil documentation, and are exposed to rights violations, risk of explosive ordnance, and physical and mental harm related to the impact of the ISIL crisis will be supported to live in safety and dignity. This will be accomplished by improving physical living conditions, particularly for those living in critical shelter, including in camps and informal sites; by providing legal support that will enable people to enjoy their fundamental rights, restore their legal identity and access to civil documentation; and by ensuring access to critical information and to complaints and feedback mechanisms for informed decision-making and accountability. A significant focus under this strategic objective will be on legal assistance to obtain civil documentation and on upgrades of critical shelter, as these are core drivers of humanitarian need, and addressing those could have transformative impact on the evolution of humanitarian vulnerabilities in Iraq.

Second, acutely vulnerable displaced and returnee families facing barriers to accessing essential services related to the impact of the ISIL crisis will be supported with quality primary health care, education, water and sanitation services. Humanitarian partners will provide essential services to meet at least minimum standards. The response will focus strictly on humanitarian needs to people who are unable to access essential services either because they face specific barriers, such as lacking civil documentation or living in critical shelter, or because the services and infrastructure have not yet been rehabilitated in their areas of origin. Light rehabilitation to infrastructure and facilities will only be included when these are needed to enable critical service provision.

Third, acutely vulnerable displaced and returnee families who are unable to meet basic needs due to

loss of livelihoods and exorbitant costs of living will be provided with food, livelihoods support and cash assistance that will enable them to meet their basic survival needs while reducing reliance on harmful negative coping mechanisms, including those that

result in significant protection risks. Through a coordinated and sequenced approach, provision of food and multipurpose cash assistance will be accompanied by emergency support for income-generating activities.

STRATEGIC OBJECTIVE		TARGET	REQUIREMENTS (US\$)*
S01	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to live in safety and dignity	876K 	194.1M
S02	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to access essential services	841K 	97.1M
S03	Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are able to meet basic needs	422K 	93.7M

* These requirements do not include the CCS requirement of US\$15M, which contributes to all three strategic objectives.

Boundaries of the Humanitarian Response and Contributions to Durable Solutions

In light of the increased efforts to achieve durable solutions and diminishing humanitarian capacity and funding, the boundaries of humanitarian action in Iraq have been further tightened in 2022 to ensure a highly prioritized HRP focusing on provision of life-saving and life-sustaining humanitarian interventions for the most acutely vulnerable. As a result, the humanitarian response does not include longer-term recovery and rehabilitation in conflict-affected areas, such as infrastructure and housing reconstruction, social cohesion or facilitated returns programmes. The humanitarian response will also not include assistance to address longer-term structural causes of vulnerability, such as poverty alleviation, employment generation, response to climate change or the socioeconomic impact of COVID-19; and it will not substitute for government service provision. Such long-standing structural issues fall under the responsibility of the government and development actors.

Yet, some of the prioritized humanitarian interventions will also contribute directly or indirectly to the achievement of durable solutions. Short-term humanitarian interventions to address acute vulnerabilities will help beneficiaries to be better able to re-integrate into Iraqi society on equal footing with other non-displaced Iraqis, either through return, local integration or resettlement in other parts of the country. Significantly, critical shelter upgrades and support to obtain civil documentation are expected to have transformative impact on humanitarian vulnerabilities, with more sustainable shelter (and accompanying required housing, land and property documentation) and attainment of civil documentation being critical to enable IDPs and returnees to resume more normal, safe and dignified lives.

Moreover, humanitarian partners will continue to coordinate with the government, as well as development, stabilization and durable solutions actors, to facilitate

information sharing, including of assessment data, findings of IDP intention surveys, tracking of population movements and information on conditions in areas of displacement and return to strengthen joint analysis and planning for durable solutions; and to engage with communities and authorities to raise awareness and support efforts to find sustainable solutions for people, including by strengthening referrals of cases to durable solutions and development actors or to government-led social protection schemes.

Under the overall leadership of the triple-hatted UN leadership structure, embodied by the Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC), durable solutions will be pursued in support of and in close coordination with the GoI. To this end, a durable solutions architecture has been established in country to facilitate joint analysis and response planning across the humanitarian-development-peace nexus with the aim of solving Iraq's displacement crisis. The strategic-level Durable Solutions Task Force (DSTF), including involved members of the UN Country Team (UNCT) and the Humanitarian Country Team (HCT), is supported by the Durable Solutions Technical Working Group (DSTWG), which works closely with the humanitarian Inter-Cluster Coordination Group (ICCG), while programmatic and operational coordination is led through the Area-Based Coordination (ABC) groups, which have so far been established in 8 key return locations to facilitate support for a government-led response to durable solutions, based on local dynamics and community needs.

The ABC groups, comprising representatives of humanitarian, development, stabilization, and peacebuilding actors, are working with local authorities to jointly identify priority locations and define key interventions to advance durable solutions. To that effect, the ABCs have led on the development of localized Plans of

Action (PoA), detailing priority humanitarian and development activities for joint partner response in agreed locations based on the collective commitments and contributions of governmental, international, and national partners. These PoAs will be jointly implemented and monitored with the Government through the ABC groups.

In addition to delivering life-saving and life-sustaining humanitarian aid, humanitarian partners are increasingly engaged in the durable solutions process at both the strategic and the technical and operational levels. For example, the Camp Coordination and Camp Management (CCCM) Cluster is actively engaged with the Facilitated Voluntary Return sub-group of the DSTWG and with ABC groups, to establish tangible opportunities for linking priority displacement locations, including camps and informal sites, with relocation, integration and return coordination and programming. Efforts are ongoing to identify opportunities to inform the resolution of displacement by bringing together information on displacement locations and areas of origin with intention surveys and other data on obstacles to return or locally integrate to link the preferences and options of the displaced communities

with practical action. Similarly, the humanitarian shelter and Housing, Land and Property (HLP) actors are actively engaged in the DSTWG sub-group on Housing and HLP to support work towards more sustainable housing solutions and security of tenure. As this work further advances, humanitarian partners will continue to support and contribute to the important work of advancing durable solutions, which will go a long way in addressing the root causes of humanitarian need.

As long as pockets of deep humanitarian vulnerabilities persist, humanitarian and development programming must run in parallel to create the conditions for durable solutions and must be complementary to, and in support of, the GoI. Humanitarian assistance meets the immediate needs of affected families, while stabilization efforts support the reconstruction of affected areas, and development programmes assist in the building of sustainable government systems for the long-term. To that end the 2022 HRP and the fifth strategic priority (SP 5) of the 2020-2024 UNSDCF, which focuses particularly on durable solutions, have been designed to complement each other, while avoiding overlaps in response.

HRP and UNSDCF interventions jointly contributing to achievement of durable solutions



Durable Solutions

- 1) No single pathway to durable solutions, but complementarity between humanitarian and development interventions
- 2) Humanitarian interventions provide the conditions and time for implementing regular development activities

Humanitarian (HRP)	Development (UNSDCF SP5)
<i>Short to medium-term interventions for acute humanitarian needs of the most vulnerable</i>	<i>Medium to long-term interventions for sustainable integration and standard of living</i>
CCCM: e.g., coordination in camps & sites, community profiles, communication w/communities	Facilitated Returns (5.1.7) e.g., go and see visits
Education: e.g., education, learning and psychosocial support, teacher training, light school rehabilitation	Access to Basic Services (5.1.3): e.g., school rehabilitation, education strategy, capacity-building
Emergency Livelihoods: e.g., temporary cash for work, job placement	Livelihoods (5.1.2) e.g., business support, loan, agriculture development, technical and vocational education and training
Food Security: e.g., temporary cash for work, agricultural input, tools and equipment	Access to Basic Services (5.1.3): e.g., PHC rehabilitation, health system strengthening
Health: e.g., emergency health services, nutrition/immunization, reproductive & mental health, physical rehab, training of health care workers	Safety and Security (5.1.6): e.g., access and social/protection services strengthening
Protection: e.g., civil and HLP documentation, legal aid, referrals, community centres, mine action, GBV, psycho-social support, victim assistance, training/coaching of local actors	Documentation and Rights (5.1.4): e.g., legal assistance, access to documentation strengthening
Shelter: e.g., critical shelter upgrades, rental support, non-food items	Housing and HLP (5.1.1) e.g., housing rehabilitation, support to obtain compensation
WASH: e.g., emergency water, sanitation and hygiene services, maintenance & light rehabilitation of infrastructure	Access to Basic Services (5.1.3) e.g., water and sanitation system rehabilitation, water conservation

Historic Trends

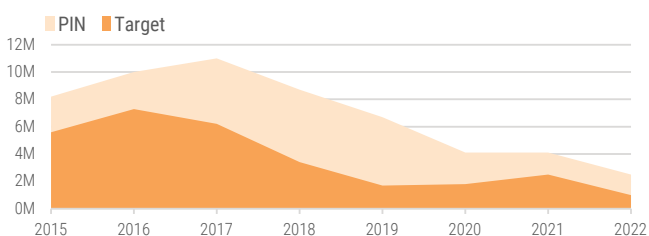
Trends in humanitarian targeting and financial requirements have followed predictable trajectories since the beginning of military operations against ISIL in 2014, which required the massive scale-up in humanitarian operations and funding to respond to large scale internal displacement. That year, 5.2 million people needed humanitarian assistance at a cost of \$1.1 billion. In the following years, military operations against ISIL continued and multiple waves of displacement increased the number of people in need. As humanitarian response programmes became more established, financial requirements decreased from the initial high start-up costs in 2014, but rose again as direct military confrontations intensified. In 2017, financial requirements again neared \$1 billion, as the humanitarian community was called upon to support Iraqi civilians affected by the battle of Mosul.

In total, an estimated 6.1 million people were internally displaced in different waves during the ISIL crisis and the PIN peaked at 11 million people in 2017. In the following four years, the number of people in need and corresponding targets for the humanitarian response steadily declined each year. By 2020, the PIN had dropped to 4.1 million people, of which 1.5 million were targeted with humanitarian assistance. It is notable that 2021 was the first year since the end

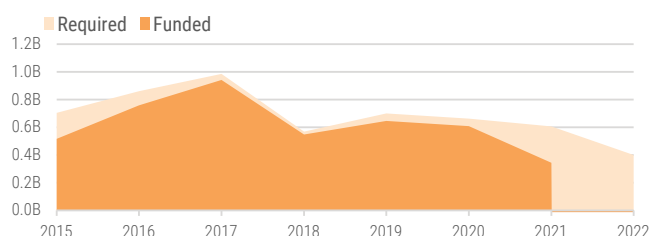
of the military operations not to witness a reduction in humanitarian needs due to the impact of COVID-19, the related movement restrictions and other mitigating measures to contain its spread, and the concurrent precipitous drop in public revenues due to the decline in oil prices. The financial requirements for the humanitarian response during these years ranged between \$600-700 million per year.

Despite the end of the large-scale military operations in December 2017, humanitarian interventions have remained essential to address the needs of vulnerable IDPs and returnees. The approximately 1.2 million people who remain displaced four years after the declared end of military operations against ISIL are among the most vulnerable. In an effort to better address the needs of the most vulnerable, this year the humanitarian community has adopted a narrower, more prioritized definition of humanitarian need.² As a result, the target and the financial requirements for the humanitarian response in 2022 have both decreased by one third compared to last year. This year an estimated 991,000 people will be targeted with assistance compared to 1.5 million people targeted last year. Correspondingly, \$400 million will be required to fund the response this year compared to \$607 million last year.

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



YEAR	PEOPLE IN NEED	TARGET	REACHED	REQUIREMENTS (US\$)	FUNDED	% FUNDED
2015	8.2M	5.6M	3.8M	704M	518M	74%
2016	10M	7.3M	5.8M	861M	758M	88%
2017	11M	6.2M	6.8M*	985M	943M	96%
2018	8.7M	3.4M	2.9M	569M	549M	97%
2019	6.7M	1.7M	1.5M	701M	647M	92%
2020	4.1M	1.8M	1.6M	662M	616M	93%
2021	4.1M	1.5M	1.2M	607M	377M	62%
2022	2.5M	991K	-	400M	-	-

* As of 31 October 2017

Part 1: Strategic Response Priorities

NINEWA, IRAQ

Humanitarian mine action teams conduct clearance activities near Mosul. © Cherry Franklin, DRC, 2021



Four years after the end of the large-scale military operations against ISIL significant progress has been made towards the reconstruction and recovery of areas directly impacted by the crisis, and more than 80 per cent of the 6 million people displaced between 2014-2017 have returned home. Yet, at the same time, 1.2 million people remain internally displaced and many of those who have returned continue to struggle to resume their lives in safety and dignity. Finding durable solutions for the remaining IDPs and improving the sustainability of returns remain a key challenge, with the main barriers including incomplete reconstruction of infrastructure and housing, inadequate rehabilitation of hospitals, schools and other service delivery facilities, and persistent insecurity and lack of social cohesion. However, with the Iraqi economy again growing and the accelerated efforts by both the government and the international community to advance durable solutions, including through the UNSDCF, there is new hope that solutions may be found for these longer-term reconstruction, recovery and development challenges.

Based on these contextual developments, and cognizant of the diminishing resources for the humanitarian response, the humanitarian community in Iraq has developed a highly prioritized response plan for 2022, to ensure maximum impact for the most vulnerable, who continue to need life-saving and life-sustaining emergency assistance. Consequently, the collective humanitarian response in 2022 will address the most severe humanitarian needs described in the HNO, by supporting the most acutely vulnerable IDPs and returnees through a three-pronged approach.

Firstly, humanitarian partners will prioritize support for IDPs and returnees to live in safety and dignity. The 2022 HNO revealed that unsafe physical living environments is a key driver of humanitarian need among all three population groups. People who live in critical shelter in both camp and out-of-camp locations, or people living in areas contaminated by explosive ordnance particularly in return areas, are among the most vulnerable. At the same time, people living in critical shelter have been found to be at increased risk of also facing other humanitarian needs,

including not having access to essential services or to sufficient food intake, while also facing heightened child protection risks. Improving the physical safety of living environments, including through critical shelter upgrades, is therefore a key priority for the humanitarian response.

Similarly, strengthening the protection environment by supporting IDPs and returnees to obtain core civil documentation, and providing specialized protection services to those most at risk will be key elements of the response to enable IDPs and returnees to live in safety and dignity. Obtaining civil documentation is critical for IDPs and returnees to be able to reintegrate into Iraqi society, reclaiming their rights and freedom of movement, and being able to access public services, find employment or apply for government assistance, and could thus have transformative impact on the lives of IDPs and returnees. At the same time, protection concerns, especially child protection issues, remain persistent among all population groups, and specialized services will be prioritized for children, as well as other people at high risk of gender-based violence (GBV) or other exploitation and abuse.

Secondly, humanitarian partners will focus on supporting IDPs and returnees to be able to access essential services. The humanitarian needs analysis revealed that access to essential health care, education, water and sanitation services remains compromised, particularly for the most vulnerable, who face specific barriers to accessing these services. These barriers include lack of documentation or living in critical shelter, but also financial barriers, physical or attitudinal barriers, especially for people living with disabilities, female-headed households or older people, remain significant. Humanitarian partners will continue to provide health care, education, water and sanitation where the most vulnerable people cannot access these essential services, either because of such barriers or because the services have not yet been rehabilitated in their areas.

Thirdly, the most vulnerable IDPs and returnees, who have little to no income, who face significant risks of being or are already food insecure, and who resort to

negative coping mechanisms for their daily survival will be supported to meet their basic needs, primarily through cash-based assistance, including emergency food assistance, cash for work and multipurpose cash, as well as limited temporary job placements in areas of return. The use of harmful negative coping mechanisms, including those that result in significant child protection risks, such as child labour or early or forced marriage, is a key driver of humanitarian needs for all population groups and minimizing their use will remain a priority for the humanitarian response.

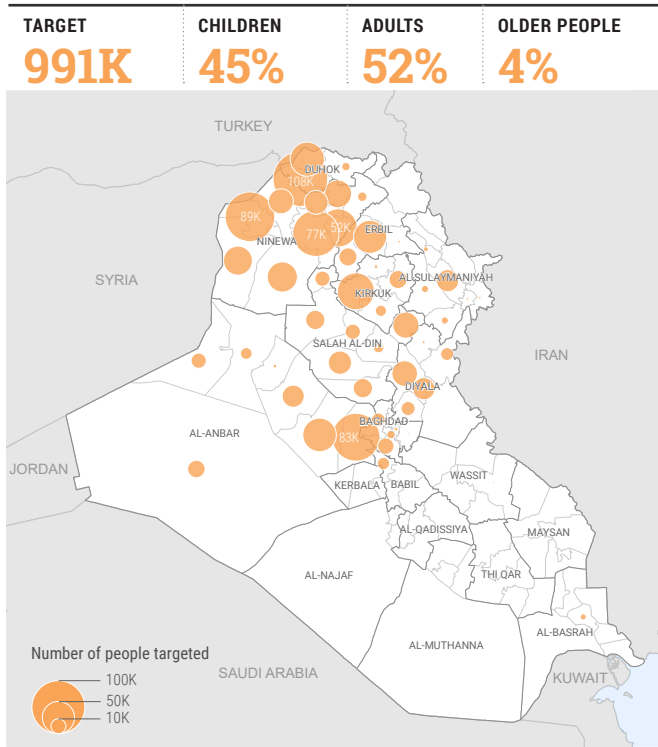
Overall, the largest humanitarian response is planned to take place in Ninewa Governorate, where humanitarian partners will target 354,500 people, including 45,300 in-camp IDPs (with the exception of the 5,800 IDPs in Jad'ah 5 camp, all are in camps administered by the Kurdistan Regional Government (KRG)), 60,200 out-of-camp IDPs and 249,000 returnees, with the highest caseloads in Sinjar, Al-Mosul and Al-Hamdaniyah districts. The second largest response is planned in Al-Anbar Governorate, where partners will target 165,600 people, including 24,500 out-of-camp IDPs and 141,100 returnees, with the highest targets in Al-Falluja and Al-Ramadi districts. The third highest caseload is in Duhok Governorate, where partners aim to reach 155,300 people, including 109,500 in-camp IDPs and 45,700 out-of-camp IDPs, most of who are in Sumail and Zakho districts.

In Salah Al-Din Governorate, partners will target 92,300 people, including 19,100 out-of-camp IDPs and 73,200 returnees, across the governorate, while in Kirkuk Governorate, partners aim to reach 66,300 people, including 12,800 out-of-camp IDPs and 53,500 returnees, with the vast majority being in Al-Hawiga District. In Diyala Governorate, 55,100 people, including 500 in-camp IDPs (in Qurato camp under Duhok administration), 9,700 out-of-camp IDPs, and 44,900 returnees, will be targeted for response. Humanitarian partners will target 52,000 people in Erbil Governorate, including 13,500 in-camp IDPs, 33,600 out-of-camp IDPs and 4,800 returnees; and 23,000 people in Al-Sulaymaniyah Governorate, including 11,000 in-camp IDPs and 12,000 out-of-camp IDPs. In Baghdad Governorate, 19,800 people, including

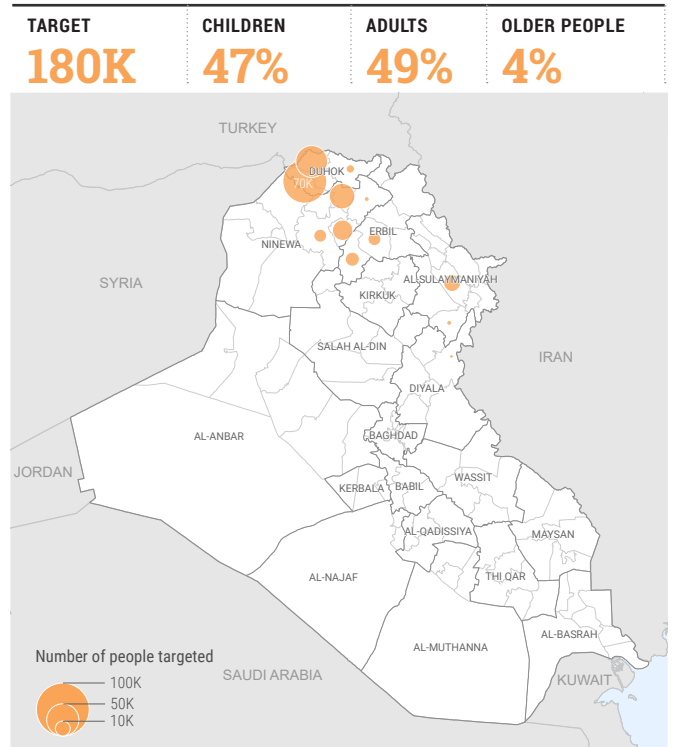
9,400 out-of-camp IDPs and 10,400 returnees, will be targeted for response; while smaller numbers of out-of-camp IDPs also will be targeted in the governorates of Babil (5,400 people), Al-Basrah (1,300 people), Al-Najaf (300 people), Wassit (165 people) and Kerbala (105 people).

People Targeted for Humanitarian Assistance: Overall and by Population Group

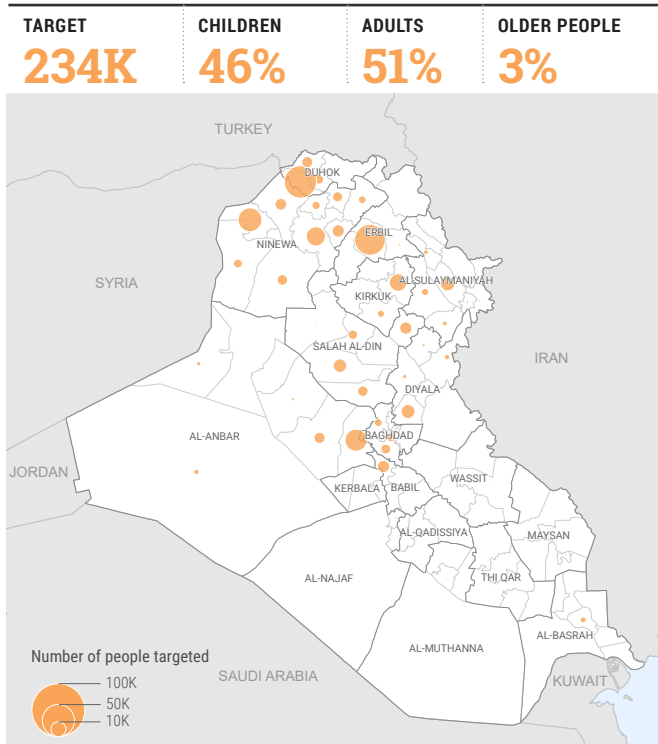
Overall



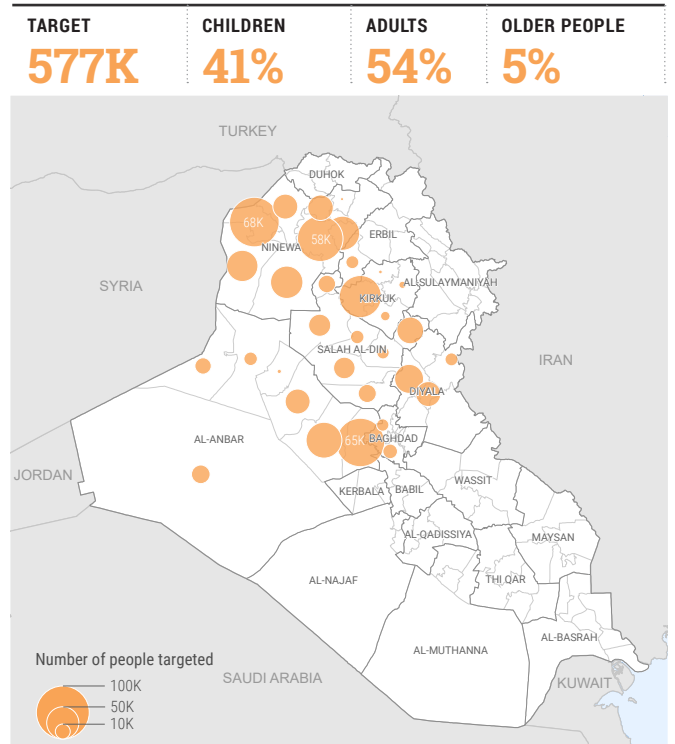
In-camp IDPs



Out-of-camp IDPs



Returns



Joint Commitments to High Quality and Inclusive Programming

Cognizant of the different needs, challenges and barriers faced by different groups among the conflict-affected population, humanitarian partners in Iraq will continue in 2022 to ensure that humanitarian interventions are sensitive to the needs of people of different genders, ages and levels of ability, as they are described in the 2022 HNO. Through this joint response, humanitarian partners will address the particular needs of women, children, older people and people living with disabilities both by ensuring that their particular vulnerabilities are considered in the targeting criteria for eligibility to assistance, and by including measures in response interventions to mitigate the challenges and address the specific barriers faced due to sex, age or disability. This includes provision of assistive devices or other support to enable physical access, transportation and communication, engagement with communities to ensure optimal placement and design of communal facilities, as well as advocacy promoting non-discriminatory access to services.

Humanitarian organizations implementing this joint response also commit to taking into account the local dynamics and conflict sensitivities in the communities where they operate, ensuring that humanitarian engagements do not contribute to or exacerbate local tensions, further stigmatize people who are targeted with assistance, or ignore the needs of people with equal levels of proven humanitarian need on the basis of identity or status. This includes ensuring that newly arrived IDPs are not favoured for assistance over IDPs with the same level of vulnerability who have been in the location longer, as well as engagement with local authorities and host communities to promote locally appropriate interventions, and ensure that humanitarian project objectives and targeting criteria are well understood to avoid creating tensions.

The joint humanitarian response is further guided by the centrality of protection. Clusters have undertaken protection risk analysis and incorporated mitigation measures into their cluster response plans, including awareness raising around safety precautions in local communities, sites, facilities or schools where

particular risks are present, such as those related to presence of armed and security actors or EO contamination; ensuring that marginalized and at-risk populations, including those who lack civil documentation, have access to humanitarian services; as well as through establishment of referral pathways to protection partners for particularly high risk cases. Humanitarian partners will also be working closely with the Prevention of Sexual Exploitation and Abuse (PSEA) Network to strengthen mitigation measures and ensure adequate response to any sexual exploitation or abuse (SEA) anywhere in the humanitarian arena.

In parallel, humanitarian partners are committed to ensuring regular and sustained community engagement, through two-way communication with the communities that we serve, listening to and acting upon the feedback received from the beneficiaries of humanitarian aid to ensure that the response is driven by the needs and perspectives of affected people, in line with Inter-Agency Standing Committee (IASC) policies.³ Humanitarian partners will continue to promote awareness about these mechanisms, while also strengthening the joint resolve to incorporate feedback received from beneficiaries and to improve information-sharing in line with information needs expressed by the communities.

Finally, humanitarian actors in Iraq are committed to localization and implementation of priorities first outlined at the World Humanitarian Summit and within the Grand Bargain, with the overall objective of advocating for and contributing to the increased capacity of national and local humanitarian organizations in Iraq. Humanitarian partners working on the 2022 response will strengthen space and support for leadership and decision-making by local actors and invest in the capacity of national NGOs as first responders.

1.1. Humanitarian Conditions and Underlying Factors Targeted for Response

Across the country, 2.5 million IDPs and returnees continue to face humanitarian needs, down from 4.1 million last year. Among them, just under 1 million people have acute needs, reaching extreme and catastrophic levels, a reduction from 2.4 million people in acute need last year. The decrease is mainly the result of a re-definition of who is in need of life-saving and life-sustaining assistance, with an increased focus on people facing multiple severe humanitarian needs that do not result from longer-term structural issues, which will be addressed under the UNSDCF.

The 2.5 million people in need include all in-camp IDPs (180,000 people), just over half of all out-of-camp IDPs (549,000 people), and just over one third of all returnees (1.7 million people). Of the 1.2 million people still displaced, 728,000 have humanitarian needs, including 382,000 who experience acute humanitarian needs. People living in camps continue to rely on humanitarian assistance, while people living in out-of-camp locations are at increased risk of protection violations and face greater challenges in accessing services. Of the 1.7 million returnees who continue to face humanitarian needs, in large part due to limited rehabilitation and recovery of housing, infrastructure, basic services and livelihoods, or as a result of continued social tensions and insecurity in areas of origin, some 579,000 returnees are in acute need primarily because of living in critical shelter, lacking documentation or resorting to negative coping strategies.

Overall, the IDPs and returnees in Al-Karkh District in Baghdad Governorate; Al-Amadiya, Sumail and Zakho districts in Duhok Governorate; Baquba District in Diyala Governorate; Erbil district in Erbil Governorate; Al-Hawiga and Daquq districts in Kirkuk Governorate; Al-Baaj, Al-Hatra, Al-Shikhan and Sinjar districts in Ninewa Governorate; and Tooz Khurmato District

in Salah Al-Din Governorate are more likely to face multiple and severe needs that reach extreme or catastrophic levels.

The core drivers of humanitarian vulnerability for both IDPs and returnees relate to their living conditions, as people living in critical shelter are often exposed to increased protection risks, reduced access to essential services and limited options for meeting their basic needs, and thus often rely on negative coping mechanisms. Another core driver of need is the lack of civil documentation, which means that people are unable to prove their identity and thus face challenges accessing public services or finding steady employment and are at increased risk of protection violations, including restrictions on their freedom of movement. People living with disabilities and female-headed households are among the most vulnerable, as they face additional institutional and cultural barriers to meeting their basic needs.

Specifically, many of the people who had to flee their homes during the ISIL crisis have lost not only their home but also the protection they previously enjoyed within their communities and from the local authority structures and services. Following on directly from the crisis, about 1 million people remain in need of identity and civil documents, the lack of which affects all aspects of a person's life. One out of six returnees and one out of four IDPs lack at least one core document, leaving many unable to access basic services such as education, sanitation and health care; unable to find employment or apply for government social support; and exposed to physical and mental harm due to potential arbitrary arrest or detention, rights violations at checkpoints, limited freedom of movement, discrimination or marginalization.

Moreover, up to 320,000 IDPs and 330,000 returnees live in critical shelter, including in tents, prefabs, caravans or refugee housing units, unfinished buildings, non-residential buildings, improvised shelters or public and religious buildings, with increasingly limited resources and dwindling capacity⁴ to attempt to build a more safe and dignified life. These living conditions directly affect their physical and mental well-being and increases their likelihood of also facing other critical needs such as lack of access to food, health care, sanitation and adequate protection. Many resort to negative coping strategies, including child labour and early marriage, to make ends meet. Psychosocial distress among both children and adults affected by conflict more than doubled over the past year, with notable impact on out-of-camp IDPs and returnees. Humanitarian actors will place a significant focus on offering protection and shelter support to the most vulnerable with a view to reducing suffering, preserving life and dignity, while ensuring a minimum standard of living. The widespread shelter destruction and protection risks that exist in the country are complex to address and will require longer-term support from development and government actors as well.

Essential services, including health care, education, water and sanitation remain limited and out of reach for some people either because of barriers such as lacking documentation or financial means required to access the services, or because the services have not yet been rehabilitated in their areas. IDPs and returnees, in particular those who face additional barriers to accessing services such as people missing documentation, those living in critical shelter and those living with disabilities, children, older people or female-headed households, suffer most from the disruptions in services caused by the conflict and exacerbated by the pandemic. Humanitarian partners will provide immediate life-saving and life-sustaining support to enable access to essential services, such as education, health care, water and sanitation, for the most vulnerable, including people living with disabilities, children, women and older people.

Hundreds of thousands of families continue to struggle for their survival and resort to negative coping

strategies to acquire sufficient food. These harmful coping strategies expose both adults and children in the household to grave protection violations. As many as 26 per cent of IDPs and returnees have family members actively looking for jobs yet remain unemployed. At the same time, debt levels among conflict-affected households were higher in 2021 compared to 2020.⁵ For many IDPs and returnees, high costs remain one of the main barriers, preventing them from accessing sufficient food, health care, shelter, and education, as well as specialized services, such as renewing/issuing documentation.⁶ While addressing the widespread economic vulnerabilities falls outside the humanitarian framework, humanitarian partners will continue to provide emergency support for the most vulnerable to meet their basic day-to-day needs, including through food assistance, emergency livelihoods and cash support to preserve life and reduce reliance on harmful negative coping mechanisms.

In-camp IDPs

NUMBER OF PEOPLE IN EACH SEVERITY PHASE		TARGET	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS OLDER PEOPLE (%)				
AFFECTED	<table border="1"> <thead> <tr> <th>PEOPLE IN NEED (PIN)</th> <th>ACUTE PIN</th> </tr> </thead> <tbody> <tr> <td>0.2M</td> <td>0.1M</td> </tr> </tbody> </table>	PEOPLE IN NEED (PIN)	ACUTE PIN	0.2M	0.1M	0.2M	28 25	47 49 4
PEOPLE IN NEED (PIN)	ACUTE PIN							
0.2M	0.1M							

ASSOCIATED FACTORS

1) Critical shelter; 2) Shelter improvements; 3) Child protection issues; 4) Negative coping strategies to meet basic needs; 5) No access to improved sanitation facilities

DISTRICTS WITH THE HIGHEST TARGETS

Sumail (Duhok), Zakho (Duhok), Al-Shikhan (Ninewa), Al-Hamdaniya (Ninewa), Al-Sulaymaniyah (Al-Sulaymaniyah)

The 180,000 IDPs who remain in formal camps are among the more complex cases for finding durable solutions. Of them, 5,800 individuals are in Jad'ah 5 camp - the only camp remaining open in Federal Iraq – and the rest are in 25 camps administered by the KRG. All in-camp IDPs live in critical shelter and continue to require support to live a safe and dignified life while in displacement, to be able to access essential services and to meet basic needs.

Of all the three conflict-affected population groups, in-camp IDPs have the highest percentage of households missing at least one key household or individual document. Lacking civil documentation jeopardizes people's chances of being able to return as it limits their ability to exercise their full basic rights, including to move freely. It also curtails access to some government services and assistance. Food insecurity has worsened in some camps due to the economic effects of COVID-19 restrictions, water scarcity and devaluation of the dinar; while access to water, sanitation, education, and health care remains contingent on government assistance and humanitarian aid.

Despite inadequate shelter conditions and limited access to services, most in-camp IDPs intend to remain in their current location (84 per cent) within the next year while another 14 per cent are unsure or have not yet decided. Prime reasons for not wanting to return include damaged or destroyed houses, fear or trauma linked with the location of origin, and lack of livelihoods in areas of origin,⁷ all of which are chal-

lenges that humanitarian actors cannot address alone. Prolonged displacement ultimately impacts all family members but with severe implications for younger members of the family. Exposure of children to protection risks (including child labour and child marriage) and use of harmful coping strategies are key factors influencing the severity of needs among in-camp IDPs.

In 2022, humanitarian actors will continue to support IDPs in the camps that remain open with adequate shelter, basic services and a protective environment. The response will take into account that in-camp IDPs living with disabilities remained an underserved population in 2021, as half of in-camp households with members living with disabilities reported that family members were unable to access one or more basic services (e.g., education, health-care) due to disability.⁸ Moreover, the response will also be cognizant that while female- and male-headed households rely on harmful coping strategies to meet basic food needs to similar degrees, the type of negative coping mechanisms applied by women and men are known to differ. The response will also consider that on average in-camp IDPs prefer to receive information relevant to their situation first from friends and family, and then from humanitarian and development actors and camp management and make an effort to improve two-way communication and provision of relevant information in camps.⁹

Out-of-camp IDPs

NUMBER OF PEOPLE IN EACH SEVERITY PHASE		TARGET	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS OLDER PEOPLE (%)				
AFFECTED	<table border="1"> <thead> <tr> <th>PEOPLE IN NEED (PIN)</th> <th>ACUTE PIN</th> </tr> </thead> <tbody> <tr> <td>0.5M</td> <td>0.2M</td> </tr> </tbody> </table>	PEOPLE IN NEED (PIN)	ACUTE PIN	0.5M	0.2M	0.2M	27 27	46 51 3
PEOPLE IN NEED (PIN)	ACUTE PIN							
0.5M	0.2M							

ASSOCIATED FACTORS

1) Negative coping strategies to meet basic needs; 2) Child protection issues; 3) Shelter improvements; 4) Critical shelter; 5) Impact from the presence of explosive ordnance

Of the 1 million IDPs who remain displaced outside of camp settings, just over half, 546,000 people, have humanitarian needs and present unique and complex challenges for finding durable solutions, but also for living safe and dignified lives. Nearly half of those in need experience multiple and overlapping needs that reach extreme or catastrophic levels. Unlike IDPs in camps, people displaced outside of camps do not have access to regular assistance or services, which, coupled with limited options for ending their displacement, results in a gradual erosion of their capacity to cope.¹⁰ Out-of-camp IDPs reported a higher reliance on negative coping strategies in 2021 compared to the year before; and on average they are significantly more likely than in-camp IDPs and returnees to use harmful coping strategies.

Out-of-camp IDPs continue to have difficulties in accessing some services, including hospitals with emergency, maternity, surgical and paediatric services, and specialized reproductive health services. About one fifth of them do not have access to enough water for drinking and domestic purposes, while one fifth of school-aged IDP children were not enrolled in school for the year 2020-2021.

Moderate or severe hunger is most often reported among out-of-camp IDPs,¹¹ a consequence of limited or no income, exacerbated by lack of livelihood opportunities and inadequate living conditions. As families default to different coping strategies, out-of-camp children are exposed to multiple protections risks. Precarious living conditions and limited resources force some families to marry off their children or send them to work. Both strategies are slightly more frequent in

DISTRICTS WITH THE HIGHEST TARGETS

Sumail (Duhok), Erbil (Erbil), Sinjar (Ninewa), Al-Falluja (Al-Anbar), Al-Mosul (Ninewa)

female-headed households who are economically more vulnerable.

The situation is even more difficult for out-of-camp IDPs who live in critical shelter or lack core documentation, as these two factors compound existing needs. Those who live in critical shelter are more likely to experience limited or no access to primary health-care services or improved sanitation, avoid certain areas because they feel unsafe and have borderline or poor food consumption compared to the rest of the IDPs. Meanwhile, households missing three or more core documents are more likely to risk eviction, face child protection risks or experience hunger, rely on negative coping strategies to meet basic needs, have borderline or poor food consumption, and have children who are not accessing learning.

Humanitarian actors will continue to strengthen efforts to reach the most vulnerable people in out-of-camp settings, including those families that do not have adequate documentation and those living in critical shelter, including in informal sites. Additionally, the out-of-camp response will factor in that households with members living with disabilities are two to three times more likely to rely on negative coping strategies and to experience a wide range of needs, including in critical areas such as food, child protection, and housing¹² and that nearly half of out-of-camp IDP households with members living with disabilities have family members who are unable to access one or more essential services due to disability.¹³ Finally, the 2022 response will take into account that out-of-camp IDPs also prefer to receive information from humanitarian and development actors, as the second preferred channel after friends and family.¹⁴

Returnees

NUMBER OF PEOPLE IN EACH SEVERITY PHASE		TARGET	PIN BY WOMEN MEN (%)	PIN BY CHILDREN ADULTS OLDER PEOPLE (%)				
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PEOPLE IN NEED (PIN)	ACUTE PIN							
1.7M	0.6M							
4.2M								

ASSOCIATED FACTORS

1) Shelter improvements; 2) Child protection issues; 3) Impact from the presence of explosive ordnance; 4) Negative coping strategies to meet basic needs; 5) Children not accessing learning and facing barriers

DISTRICTS WITH THE HIGHEST TARGETS

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

While many returnees have managed to resume a safe and dignified life over the years, more than 1.7 million returnees remain vulnerable because of precarious living conditions, lack of services and livelihood opportunities, and lack of safety and security in their areas of origin. Specifically, inadequate shelter conditions, child protection risks and risks posed by explosive ordnance contamination, as well as use of harmful coping mechanisms to meet basic food needs are among the top issues driving needs in return areas.

Many returnees continue to have difficulties in accessing some services, including securing sufficient water for drinking and domestic use, accessing improved water sources, accessing hospitals with emergency, maternity, surgical and paediatric services, and specialized reproductive health services, and accessing learning. High cost is the main barrier preventing returnees from accessing health care and education. A small proportion of returnee households, but significant in absolute numbers, reports moderate or severe hunger. Many more households report spending a significant share of their total household expenditure on food, and taking on debt to meet basic needs such as food, health care, education, or other household expenditures.

Among the conflict-affected populations, returnees are the group most likely to experience additional severe needs because they live in critical shelter or lack civil documentation. Returnee households who lack three or more core documents are five times more likely to face difficulties accessing improved sanitation, three times more likely to live in critical

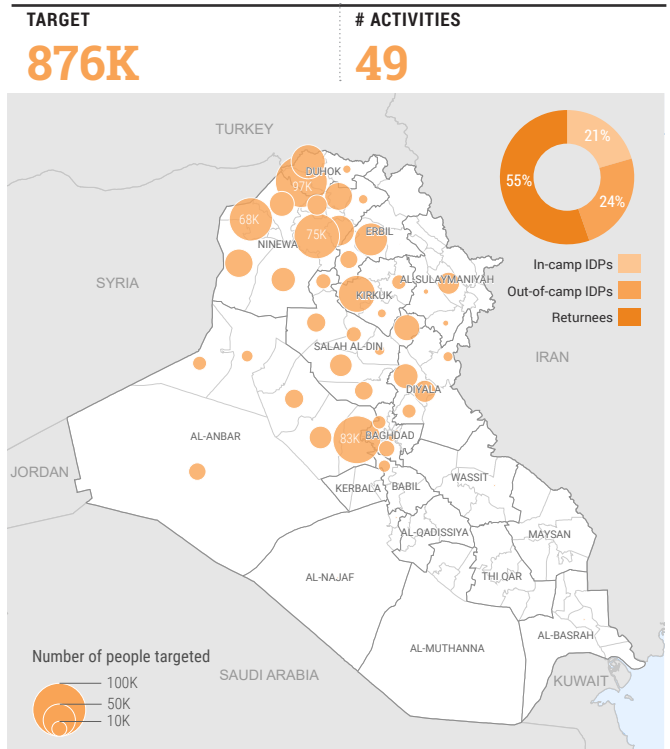
shelter and not to access education, and two times more likely to feel unsafe and face child protection risks such as child labour or early marriage. Returnees living in inadequate shelters are 19 times more likely to lack access to health-care services within one hour distance from their dwellings, eight times more likely not to have access to improved sanitation and four to five times more likely to experience hunger and poor food consumption.

Acknowledging that there are many medium- to long-term needs in returnee communities, the humanitarian response in return areas will focus on the most vulnerable people who require immediate life-saving and life-sustaining assistance in the short-term. The response will also consider gender-specific vulnerabilities, specifically that female-headed households tend to employ negative coping strategies more often than male-headed households and that they are twice as likely to experience moderate or severe hunger. Moreover, households with members living with disabilities are four times more likely to experience unemployment and two times more likely to experience hunger and not have access to an improved water source.¹⁵ The response will also consider that returnees lean more on local and national authorities, mukhtars and community leaders to meet their information needs than IDPs do, and that they prefer to receive information first from friends and family, followed by local authorities, mukhtars and community leaders, and only after that from humanitarian and development actors.¹⁶

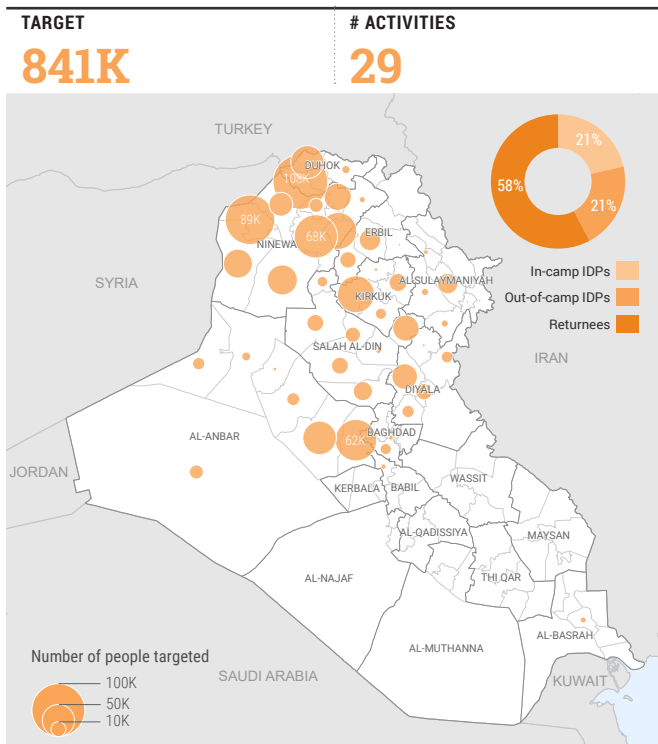
1.2 Strategic Objectives, Specific Objectives and Response Approach

In 2022, the humanitarian response in Iraq will be guided by three Strategic Objectives (SOs) and nine Specific Objectives (SPOs) under which partners will prioritize life-saving and life-sustaining assistance for 991,000 IDPs and returnees to live in safety and dignity, access essential services and meet basic needs. Combined, these objectives will improve the living conditions of the most vulnerable, ensure measures to safeguard their physical and mental well-being and reduce the reliance on negative coping mechanisms, which endanger the lives and livelihoods of many, while undermining their efforts towards self-sufficiency. Under each of the three Strategic Objectives, Specific Objectives have been formulated to adapt the response to the specific needs of each of the three population groups, in-camp IDPs, out-of-camp IDPs and returnees, recognizing that the different circumstances for each of these groups require different approaches.

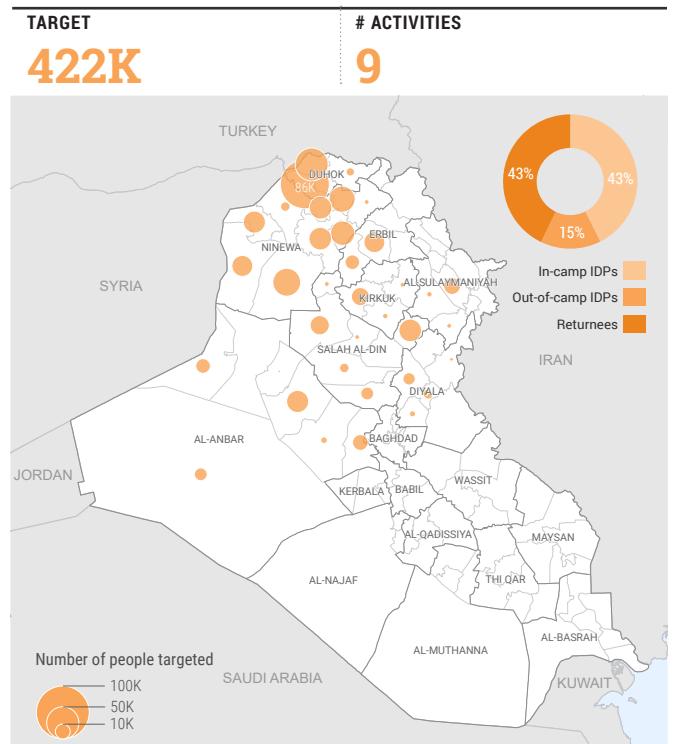
Strategic Objective 1



Strategic Objective 2



Strategic Objective 3



Strategic Objective 1

Vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees are supported to live in safety and dignity**AL-ANBAR, IRAQ**

An IDP family living at an informal site in Al-Ramadi district.
© Ramon Shinkfield, OCHA, 2021

TARGET	WOMEN	CHILDREN	WITH DISABILITY
876K	28%	45%	15%

Rationale and Intended Outcome

Strategic Objective One will support 876,000 acutely vulnerable IDPs and returnees, including 180,000 IDPs in camps, 211,000 IDPs in out-of-camp locations and 485,000 returnees, who continue to live in unsafe conditions, exposed to heightened risks of physical or mental harm. IDPs who live in camps and IDPs and returnees living in critical shelter outside camps, such as makeshift housing in informal settlements, or damaged, unfinished, abandoned or non-residential buildings, as well as those who lack civil documentation, are among the most vulnerable, with limited access to essential services, unable to meet their basic needs and exposed to increased protection risks. Many IDPs and returnees are often exposed to increased protection risks, including physical risks due to the presence of explosive ordnance, domestic

or gender-based violence, and abuse and exploitation of children, as well as significant risks to both physical and psychological well-being resulting from discrimination and marginalization. Furthermore, returnees are at increased risk of physical and mental harm in areas of return where longstanding community tensions and social cohesion issues remain. Following years of conflict and displacement, both adults and children also continue to struggle with psychosocial trauma, stress and anxiety.

To promote safer living conditions and strengthen the protection environment, the joint response has a significant focus on upgrading critical shelter and providing legal assistance and case management to support IDPs and returnees to obtain core civil documentation. Interventions which are expected

to have a transformative impact on the lives of the most vulnerable. Furthermore, humanitarian partners will deliver a comprehensive response to improve safe and dignified living conditions for vulnerable IDPs and returnees. This includes support to improve physical living environments through CCCM services in camps and informal sites and provision of shelter and non-food item (NFI) support both in and out of camps, as well as prevention, mitigation and response to life-threatening protection risks, including through mine action, provision of specialized protection services and psychosocial support (PSS).

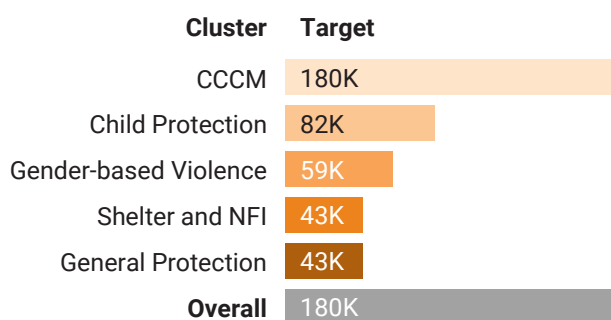
Humanitarian actors will work to ensure that people affected by the crisis enjoy their fundamental rights and are free from discrimination. The response will be delivered with a protection lens in accordance with global guidance, including the IASC Policy on Protection in Humanitarian Action, the Centrality of

Protection, and IASC commitments on Accountability to Affected Populations (AAP), Communication with Communities (CwC) and Protection from Sexual Exploitation and Abuse (PSEA). Partners will continuously strengthen information sharing, awareness raising and two-way communication with beneficiaries to ensure inclusive and accountable engagement with affected populations.

At the same time, coordination with development and durable solutions actors, especially through the DSTF, the DSTWG and the ABC groups, will continue to be strengthened to avoid overlaps in service provision and ensure that referrals can be made for facilitated, voluntary returns, resettlement or local integration, as well as longer-term programming to improve the physical living conditions that will facilitate comprehensive durable solutions.

Specific Objectives and Response Approach

1.1 Support access to specialized protection services and maintenance of camp minimum standards for vulnerable IDPs in camps to ensure safe environments at both family and camp level



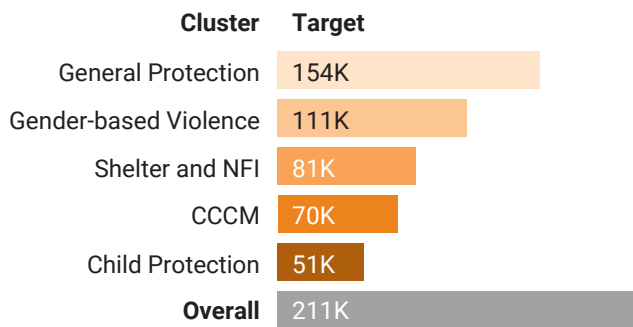
Under this specific objective, partners will provide a range of CCCM, protection and shelter interventions to improve the physical living conditions for all 180,000 IDPs who remain in formal camps.

CCCM services, including common infrastructure maintenance and rehabilitation to ensure site safety, will continue, as will efforts to maintain and, as necessary renew, camp infrastructure, shelters, and basic household items. Protection partners will continue to

provide specialized protection services, including case management, legal assistance, and counselling on civil documentation, explosive ordnance risk education (EORE), victim assistance for GBV survivors and cash-for-protection assistance, through community centres and mobile teams.

Coordination with relevant authorities, government departments and directorates, who also provide support in camps, will continue to ensure that the humanitarian response remains based on needs and avoids gaps and duplication with other actors, and to facilitate a gradual handover to local actors. As camps close, decommissioning of camps and their infrastructure will also be undertaken to ensure that surrounding communities are not exposed to remaining waste materials from the camp and that key assets are secured.

1.2 Support access to specialized protection services and community-based interventions for acutely vulnerable out-of-camp IDPs to address risks to their safety and well-being



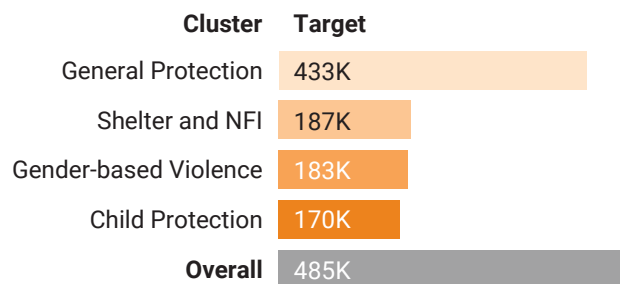
Under this specific objective, partners will provide a range of CCCM, protection and shelter interventions to improve the physical living conditions and protection environment for 211,000 acutely vulnerable out-of-camp IDPs.

Approximately 154,000 out-of-camp IDPs will be provided with specialized protection assistance, including case management, cash for protection, legal assistance and mine action-related programming. Partners will prioritize the provision of legal assistance and counselling on civil documentation and detention matters for out-of-camp IDPs, including those living in informal sites, to ensure proof of legal identity, promote freedom of movement, and facilitate access to basic services. Partners will also continue providing psychosocial support to assist in overcoming pre-existing conflict-related trauma as well as additional stress due to premature departures from camps and informal sites, and situations of secondary and protracted displacement. Humanitarian mine action partners will also raise awareness about the risk of explosive ordnance and need for survey and clearance activities in contaminated areas. At the same time, more than 81,000 IDPs outside camps living in critical shelter will be supported with critical shelter upgrades, cash for rent and, where necessary, sealing-off kits to improve physical protection. In addition, CCCM interventions will target 70,000 out-of-camp IDPs living in informal settlements with support, including service mapping and monitoring, assessment and information management, referrals, advocacy, community engagement and awareness, and physical site risk reduction.

Furthermore, partners will work to identify practical links with durable solutions actors at both operational and strategic levels to help identify durable solutions for out-of-camp IDPs. Partners will implement community-based awareness raising and protection interventions in out-of-camp locations to strengthen community knowledge to advance access to durable solutions

in communities, with a focus on non-discrimination and inclusion of people with perceived affiliation to extremists.

1.3 Support access to specialized protection services as well as community-based interventions for acutely vulnerable returnees to address risks to their safety and well-being, while the durability of these services and interventions is supported through partnerships with relevant local actors and authorities



Under this specific objective, partners will provide a range of protection and shelter interventions to improve the physical living conditions for 485,000 acutely vulnerable returnees.

More than 187,000 returnees living in critical shelter will be supported with critical shelter upgrades and cash for rent as well as both in-kind and cash NFI assistance. Approximately 433,000 returnees will be provided with specialized protection assistance, including community-based protection activities, cash for protection, and protection monitoring. Partners will prioritize the provision of legal assistance and counselling on civil documentation and detention matters for returnees to ensure proof of legal identity and facilitate access to basic services, including government social protection mechanisms. Partners will also continue providing psychosocial support services, GBV case management and legal assistance, and mine action victim assistance. Survey and clearance activities as well as risk education in explosive ordnance contaminated areas will reduce the risk of injury and death of vulnerable people living or moving in affected areas.

Links with the Durable Solutions ABC groups will be promoted to avoid overlaps in service provision. While longer-term programming, including reconstruction interventions, are part of the UNSDCF, the humanitarian critical shelter interventions will also facilitate alignment and coordination with durable solutions and development actors to facilitate a transition to longer-term interventions.

Strategic Objective 2

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



DUHOK, IRAQ

A UNICEF staff member informs families about the "Back to Learning" campaign for IDP children. © UNICEF, 2021

TARGET	WOMEN	CHILDREN	WITH DISABILITY
841K	28%	45%	15%

Rationale and Intended Outcome

Strategic Objective Two will ensure that 841,000 IDPs and returnees, including 180,000 IDPs in camps, 175,000 IDPs in out-of-camp locations and 486,000 vulnerable returnees have access to sufficient and quality essential services, including health care, education, water, sanitation and hygiene, in displacement and return locations. Vulnerable IDPs and returnees face specific barriers to accessing essential services due to lack of civil documentation, living in critical shelter or underserved areas of return where damaged infrastructure and incomplete reconstruction continue to result in reduced access to services as well as inadequate quality of services.

In formal camps and some informal sites, acutely vulnerable IDPs facing specific barriers to accessing services will be supported by CCCM service mapping, monitoring and coordination. Relevant aspects of the health response will be integrated with GBV programming, while the education response will be delivered in coordination with cash interventions to enable vulnerable families to meet education-related expenses. Humanitarian partners will also ensure that there is coordination between education and water, sanitation and hygiene (WASH) services to ensure adequate WASH services in places of learning. Partners will also continue to ensure that measures are put in place to reduce barriers for people living with disabilities, women, children and other marginalized groups to access humanitarian services.

Service delivery will remain primarily focused on addressing key gaps in service provision for the most acutely vulnerable IDPs and returnees who face specific barriers to accessing services or live in underserved areas of return. Humanitarian partners will continue to collaborate with local actors and authorities to ensure the sustainability of services,

including through capacity-building of local service providers and light rehabilitation as required to sustain emergency-level service delivery. At the same time, partners will coordinate with durable solutions and development actors, as well as the government, to facilitate a transition to longer-term interventions.

Specific Objectives and Response Approach

2.1 Provide essential primary health care, WASH and education services for vulnerable IDPs in camps meeting minimum humanitarian standards

Cluster	Target
WASH	180K
Health	180K
Education	49K
Overall	180K

Under this specific objective, partners will provide a range of health, WASH and education interventions to support access to essential services for all 180,000 IDPs who remain in formal camps and thus rely on these communal services.

In IDP camps, humanitarian partners will provide essential WASH, health and education services to all in-camp IDPs in compliance with cluster response standards, including maintaining access to services and basic repairs of damaged infrastructure. In-camp IDPs will be provided with WASH support, including water provision, water system repairs, latrine repairs, desludging, waste collection, hygiene promotion and hygiene kit distribution. Health partners will support all IDPs with improved access to static primary health-care centres to reduce morbidity and mortality from communicable and non-communicable diseases, as well as alleviate mental health and physical rehabilitation needs. Furthermore, 49,000 in-camp IDP children will benefit from accelerated learning and non-formal education, as well as the distribution of teaching and learning materials.

A specific focus in 2022 will be on the transition of service provision in camps to government authorities, while still ensuring minimum service provision. As camps close, the Education, Health and WASH clusters will ensure decommissioning of facilities, in collaboration with the CCCM Cluster.

2.2. Support access to essential primary health care, WASH and education services for acutely vulnerable out-of-camp IDPs meeting minimum humanitarian standards

Cluster	Target
WASH	137K
Health	75K
Education	58K
Overall	175K

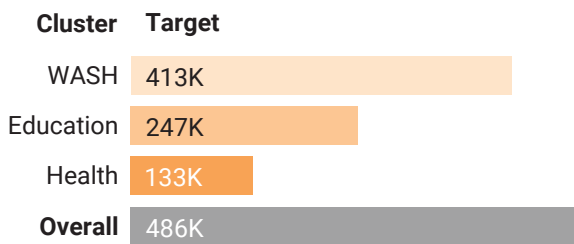
Under this specific objective, humanitarian partners will prioritize the provision of essential services, including primary health care, clean water and adequate sanitation, and education, for 175,000 acutely vulnerable out-of-camp IDPs. In out-of-camp displacement locations, IDPs who have multiple acute humanitarian needs and face specific barriers to meeting those needs, including those living in critical shelter or lacking civil documentation, will be supported to access essential services.

Approximately 58,000 acutely vulnerable out-of-camp IDP children will benefit from education services, including back to learning campaigns, transportation support, light rehabilitation of learning spaces and emergency childcare programmes, PSS and explosive

ordnance risk education. Humanitarian partners will also provide 75,000 out-of-camp IDPs with mobile health clinics and outreach services as well as cash for transport and chronic disease medication to increase access to essential health services, particularly in underserved areas, to address life-threatening health needs. Furthermore, 137,000 acutely vulnerable IDPs in underserved areas will receive access to clean water, hygiene promotion, latrine repair, desludging, and waste collection.

In out-of-camp locations, partners will continue direct implementation in parallel with strengthening the capacity of local authorities and actors to deliver sufficient quality services.

2.3 Support access to essential primary health care, WASH and education services for acutely vulnerable returnees in areas with limited public services, while the durability of the services is supported through partnerships with relevant local actors and authorities



Under this specific objective, partners will provide a range of health, WASH and education interventions to support access to essential services for 486,000 acutely vulnerable returnees. In addition to the provision of services, humanitarian partners will maintain and improve the quality of services to meet minimum humanitarian standards in a sustainable manner. Humanitarian partners will provide support for, and capacity-building of, service providers, including teachers, health-care providers, local authorities and partners; maintenance and restoration of services in areas with limited coverage; and light rehabilitation of critical infrastructure as required for emergency service delivery in areas of return.

More than 247,000 acutely vulnerable returnee children will benefit from education services, including back to learning campaigns, transportation support,

light rehabilitation of learning spaces and emergency childcare programmes, PSS and explosive ordnance risk education. Humanitarian partners will also provide 133,000 returnees with access to essential health services through mobile health clinics and outreach services as well as cash for transport and chronic disease medication, particularly in underserved areas, to address life-threatening health needs. Furthermore, 413,000 acutely vulnerable returnees in underserved areas will receive access to clean water, hygiene promotion, latrine repair, desludging, and waste collection.

In return areas, humanitarian response will continue for the most vulnerable who have returned to areas lacking necessary access to basic services, while coordination and information sharing with durable solutions and development partners will be undertaken to ensure information-sharing on needs and gaps, which require longer-term service provision, and to facilitate strengthening of referrals to government and development partners.

Strategic Objective 3

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



NINEWA, IRAQ

A DRC staff member interviews a beneficiary in Ba'aj, Ninewa.
© Harald Mundt, DRC, 2021

TARGET

422K

WOMEN

28%

CHILDREN

45%

WITH DISABILITY

15%

Rationale and Intended Outcome

Strategic Objective Three aims to support 422,000 vulnerable IDPs and returnees, including 180,000 IDPs in camps, 61,000 IDPs in out-of-camp locations and 181,000 returnees, to meet their basic needs. In addition to ensuring immediate survival of people in acute need, helping them to meet their most basic needs through provision of food and alternative income sources, these interventions will also reduce reliance on harmful negative coping strategies. Being able to meet the most basic needs will also reduce the likelihood of exposure to exploitation and abuse,

thereby improving the safety and dignity of the affected population.

Cash-based emergency food assistance will continue to be provided to all IDPs living in camps, while emergency livelihoods support through short-term cash-for-work and job placement schemes will continue for the absolute most vulnerable population groups to support immediate income. Multipurpose cash assistance (MPCA) will target out-of-camp IDPs and returnees in locations with high severity of needs, focusing on households with low levels of income and high levels of debt, and who have been found, through

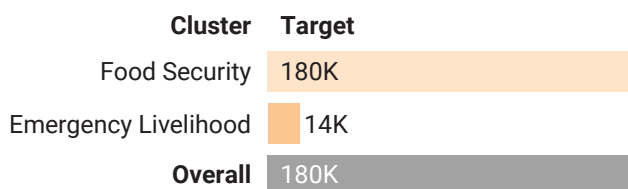
the intersectoral analysis, to be particularly vulnerable and at high risk of facing other humanitarian needs, for example because they live in critical shelter, lack civil documentation, or are female-headed households. Particular attention will be paid to minimizing barriers for women, children and people living with disabilities who face additional challenges in accessing income.

Overall, 83 per cent of the financial requirements needed for this strategic objective will go towards

cash-based interventions. Humanitarian partners delivering assistance towards this strategic objective will coordinate to reduce overlaps, coordinate transfer values and sequence interventions where necessary. To maximize reach, and in alignment with Grand Bargain commitments, humanitarian partners will collaborate with national and local organizations in the delivery of the response.

Specific Objectives and Response Approach

3.1 Support access to food and livelihood sources for the most vulnerable IDPs in camps to meet their basic needs

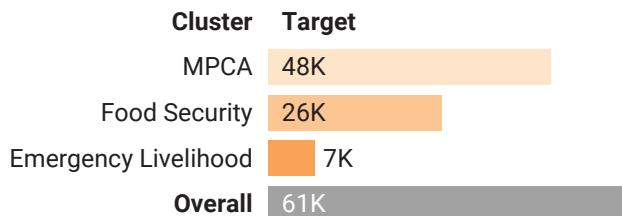


Protracted displacement compounded by limited livelihood sources have undermined people’s ability to meet their basic needs increasing reliance on external assistance and use of negative coping mechanisms in camps. Under this specific objective, partners will provide food security and emergency livelihoods interventions to meet the basic needs of 180,000 IDPs living in camps.

To ease high levels of expenditure on food, humanitarian organizations will provide cash-based emergency food assistance to all IDPs in camps to meet their daily food needs. Full coverage of all in-camp IDPs will ensure equal access to assistance for all households, including those that are headed by women, children, people living with disabilities or older people, who could otherwise face barriers to assistance. The humanitarian response will complement support provided by the Ministry of Migration and Displacement (MoMD) to IDPs in camps. Furthermore, humanitarian organizations will improve food availability, access and stability through the provision of

cash for work to provide 14,000 vulnerable in-camp IDPs with a temporary income source, recognizing that in-camp IDPs often face challenges finding employment outside of the camps.

3.2 Support access to basic income and emergency livelihood sources for the most vulnerable out-of-camp IDPs in acute need to meet their basic needs and minimize reliance on negative coping strategies



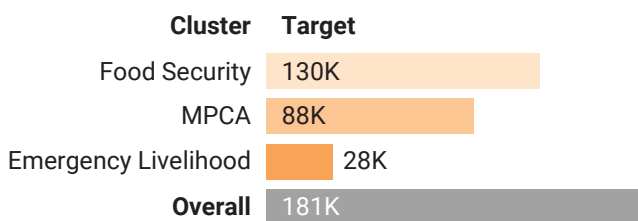
Under this specific objective, partners will provide a range of food security, emergency livelihoods, and multipurpose cash interventions to meet the basic needs of more than 61,000 vulnerable out-of-camp IDPs. To protect livelihood sources, humanitarian organizations will implement coordinated, multi-sectoral interventions aimed at safeguarding the livelihoods and income sources of the most acutely vulnerable out-of-camp IDPs, with a focus on those who live in critical shelter, face food insecurity and rely on crisis or emergency-level negative coping mechanisms to meet their basic needs.

Humanitarian organizations will improve food availability, access and stability through the provision

of income-generating activities, including cash for work, and multipurpose cash assistance to provide vulnerable populations with a temporary income source. Approximately 48,000 out-of-camp IDPs will be targeted with MPCA, with another 13,000 out-of-camp IDPs in rural areas targeted with cash for work through the Food Security Cluster, and 7,000 IDPs in urban and semi-urban areas by the Emergency Livelihoods Cluster.

Humanitarian assistance to protect livelihood sources will be limited in scale and scope, and will link with other programmes beyond the humanitarian response, including social protection schemes and referrals to development actors, for a smooth transition towards self-reliance.

3.3 Support access to basic income and livelihood sources for acutely vulnerable returnees to meet basic needs and minimize reliance on negative coping strategies, while the durability of the interventions is supported through partnerships with relevant local actors and authorities



Under this specific objective, partners will provide immediate income through a range of food security, emergency livelihoods, and multipurpose cash interventions for more than 181,000 acutely vulnerable returnees.

Food Security Cluster interventions will primarily focus on agricultural support for returnees, including supporting 46,000 returnees with agricultural tools and equipment, as well as livestock inputs. The Emergency Livelihoods Cluster will facilitate income-generation through cash-for-work and job placement programmes in labour intensive sectors at the community level for more than 27,000 returnees. Humanitarian partners will also provide MPCA for 88,000 returnees to give the most vulnerable returnees an immediate income.

The humanitarian community will also coordinate with relevant actors, including government-led social protection initiatives and durable solutions actors, including through information-sharing and referrals, to facilitate efforts to address the medium and longer-term livelihood needs of the most vulnerable returnees.

1.3 Costing Methodology

In 2022, the humanitarian community will require \$400 million to provide life-saving and life-sustaining assistance to IDPs in-camps, IDPs out-of-camps and returnees in Iraq. The financial requirement for the 2022 Iraq Humanitarian Response Plan retains the activity-based costing approach first used in the 2020 HRP, which allows for a strategic and flexible approach to planning and costing humanitarian interventions.

The enhanced approach to activity-based costing, developed in and for Iraq for the 2021 HRP, will continue for 2022. This approach includes measures to harmonize activity formulation and costing for increased coherence and transparency; to develop an activity-based operational planning framework that will enable a better overview of operational planning parameters while ensuring clearer links between operational planning and monitoring and reporting at activity-level; and to establish linkages between cluster activities and financial reporting through the global Financial Tracking System (FTS).

Activity formulation has been harmonized across clusters to make the planning and costing process more transparent, streamlined, and comparable. Activities have been designed to clearly align with the needs identified in the HNO as well as the strategic boundaries, priorities and objectives in the HRP. Units of deliverables and targets have also been standardized to allow for better aggregation and comparison across activities and clusters. This allows for more cohesive and comprehensive monitoring and reporting.

Cluster cost plans are based on targets derived from people in need estimations, response activities, and estimated numbers of people targeted for each activity at district level. Clusters also considered a range of data sources, including globally agreed costs per activity, partner contributions, and contextually appropriate costs to estimate financial requirements. Efforts will be made to further enable the efficient use of funds

and reduce costs where possible. For example, in 2022 the Cash Working Group will strengthen efforts to coordinate transfer values and amplify collective bargaining to negotiate competitive transfer fees with service providers.

For each activity in this plan, clusters have established cost ranges, considering cost differences in response modalities, population groups, geographic areas, and COVID-19-specific modifications. Clusters also considered additional costs for implementing measures required to improve access to services for vulnerable groups including women, older people, and people living with disabilities. Average costs were used for the calculation of the overall financial requirements per activity. Costing methodologies, data sources and ranges have been documented at cluster level to allow for a review of cost ranges should any of the cost drivers change (e.g., exchange rates, inflation, transportation costs, etc.) and to ensure that operational budgets are based on commonly agreed and realistic ranges.

For costing of the 2022 HRP, most clusters noted an impact of the increased costs of basic supplies and services due to rising commodity prices and increased transport costs. For several clusters, costing considerations have also been affected by decreased beneficiary targets, developed based on tighter definitions of humanitarian needs. For some clusters, changes in costing for 2022 is also affected by strategic considerations to modify interventions to respond to existing needs. For example, activities to provide cash assistance to support transportation to health facilities and increase access to chronic disease medicines included in the Health Cluster's 2022 plan impact the cluster's budget considerations. The Shelter/NFI (SNFI) Cluster has also modified some activities to include higher quality and quantity of construction material to respond to assessed needs, impacting the overall costs of the cluster's planned interventions. Cluster-specific costing details are provided under each cluster plan.

1.4

Planning Assumptions, Operational Capacity and Access

The operational environment in Iraq significantly improved over the past year, particularly in terms of humanitarian access to people in need, with more locations being easily accessible and fewer access restrictions reported. In 2021, humanitarian partners were able to reach approximately 80 per cent of people targeted for assistance through the HRP. While this is a similar percentage to that reached under the 2020 HRP, the 2021 response was implemented with fewer response gaps in locations previously considered to have moderate or high access restrictions, and with fewer resources.

The improved humanitarian access comes against a backdrop of significant deterioration in access in 2020 due to the federal government's suspension of the access authorization mechanism for NGO, compounded by the COVID-19 restrictions. However, COVID-19 restrictions were lifted or relaxed, and the federal government reestablished the access authorization mechanism for NGOs in the last quarter of 2020, enabling humanitarian organizations to resume operations with fewer constraints.

As a result, the number of districts with moderate to high access restrictions decreased by 21 per cent, from 28 districts in November 2020 to 22 districts in October 2021.¹⁷ At the same time, the number of access-related incidents reported by humanitarian partners decreased by approximately 60 per cent, from an average of 52 incidents reported per month in 2020 to a monthly average of 21 access-related incidents reported between January and October 2021.

Despite these general improvements, some access-related challenges do continue at local level. Administrative restrictions remain the most prevalent access constraint in Iraq and have been reported in 62 per cent of central and northern Iraq districts. The restric-

tions are, in part, due to the fragmented command and control structures in Iraq, including the multiplicity of armed actors. In some areas, NGOs have been required to obtain local-level access authorizations, in addition to the national access letters issued by the National Operations Command, despite federal government policy. This has most notably been the case in Kirkuk and Ninewa governorates (e.g., in Al-Hawiga and Sinjar districts). There have also been cases of interference, with local authorities requesting additional information from NGOs, who are seeking such local-level access authorizations, regarding details related to their staffing, budgets or humanitarian projects.

Nevertheless, humanitarian partners reached¹⁸ all those targeted for assistance under the 2021 HRP in 31 of the 63 districts covered by the response plan, including in 12 districts with access restrictions,¹⁹ indicating that partners have been able, collectively, to find solutions to overcome continued access constraints. In some areas with additional authorization requirements by the Popular Mobilization Forces (PMF), military commanders (ISF), or local civil authorities, engagement with local authorities, led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), facilitated agreements towards recognition of nationally issued access authorizations, which alleviated access difficulties and allowed for improvements in humanitarian response. Higher performance in districts with access difficulties may also reflect higher prioritization and attention afforded to the districts by humanitarian organizations.

However, the improved response performance was not uniform across the operation. In 2021, humanitarian partners reached less than 50 per cent of the people targeted for humanitarian aid in 13 districts, including in six districts²⁰ that humanitarian partners perceive to be relatively accessible. Response gaps in relatively

accessible districts may be due to inadequate funding, limited capacity, or insufficient partner presence. By the end of the year, the 2021 HRP for Iraq was only 62 per cent funded, while the 2020 Iraq HRP closed the year having received 93 per cent of funding required.

A considerable proportion of the humanitarian response in 2021 was undertaken with carry-over funding from 2020.²¹ However, there will be very little funds to carry over into 2022, and significant funding gaps are already starting to affect the delivery of life-saving and life-sustaining humanitarian interventions.

Response reach under previous HRP (2021)

CLUSTER	PIN	TARGET	REACHED	% TARGET REACHED	REQUIREMENT (US\$)	FUNDING RECEIVED (%)*
CCCM	361 K	309 K	230 K	75%	22.8 M	3%
Education	1.3 M	572 K	201 K	35%	41.9 M	29%
Emergency Livelihoods	3.4 M	196 K	196 K	100%	24.3 M	33%
Food Security	730 K	421 K	207 K	49%	75.6 M	37%
Health	2.4 M	857 K	709 K	83%	75.9 M	40%
Protection, MA & HLP	2.2 M	740 K	597 K	81%	81.9 M	14%
Child Protection	1.7 M	500 K	316 K	63%	40.4 M	18%
Gender-Based Violence	1.3 M	460 K	310 K	67%	38.4 M	69%
Shelter/NFI	2.6 M	373 K	322 K	86%	38.9 M	10%
WASH	2.6 M	1 M	614 K	60%	74.2 M	49%
MPCA	-	390 K	133 K	34%	78.0 M	13%
CCS	-	-	-	-	15.0 M	59%

* As of 30 December 2021, NB. Total funding received for Iraq also includes multisector (shared) funding of \$43M and unallocated funding of \$146M, which may account for cluster discrepancies between proportion of targets reached and funding received.

At the same time, the number of partners involved in the humanitarian response is also declining. An increasing number of NGOs in Iraq are downsizing or shifting focus from humanitarian emergency response to longer-term development or recovery programming, largely driven by funding availability. While a total of 125 organizations (49 national NGOs, 61 international NGOs, 5 UN agencies and 10 others²²) actively reported achievements towards the 2020 HRP, only 101 partners (40 national NGOs, 45 international NGOs, 4 UN agencies and 12 others) have reported achievements towards implementation of the 2021 HRP. For the 2022 HRP, humanitarian clusters have 141 partner organizations that can contribute to implementation of this joint humanitarian response, should they be adequately resourced and not face insurmountable access restrictions. This includes 58 national NGOs, 58 international NGOs, 9 UN agencies and 16 others. This number of potential partners for implementation of the 2022 HRP is a marked reduction from last year, when 166 potential partner organizations had been identified for implementation of the 2021 HRP at the start of the year.

Given the diminishing resources and capacity for the humanitarian response, as well as the changing context with increased focus on durable solutions, the humanitarian community in Iraq has significantly narrowed the scale and scope of the humanitarian response to ensure a high-impact, yet realistically achievable plan of action, prioritizing those who are most acutely in need of emergency-level life-saving and life-sustaining humanitarian assistance.

As a result, the number of people targeted for humanitarian assistance in 2022 has significantly decreased in a number of districts, including locations where partners experienced significant response gaps in 2021. For example, in the districts of Al-Mosul, Telafar and Tilkaef in Ninewa Governorate, which faced significant response gaps in 2021, despite low access constraints, the revised approach has led to targets being reduced to numbers that are much more aligned with the actual response in 2021. The same is the case for Kirkuk and Al-Hawiga districts in Kirkuk Govern-

rate, and Haditha District in Al-Anbar, with the latter still having some access constraints.

Meanwhile, in Al-Ramadi District in Al-Anbar, Al-Khalis in Diyala, Al-Hamdaniya in Ninewa, Al-Mahmoudiya in Baghdad, and Al-Daur in Salah Al-Din, all of which experienced significant response gaps in 2021, the targets, while reduced, still remain significantly higher than what humanitarian partners were able to reach in 2021, indicating a need for continued focus on and prioritization of collective efforts to facilitate the response to persistent deep humanitarian needs in these areas. Moreover, in the districts of Samarra (Salah Al-Din) and Al-Rutba (Al-Anbar), the number of people targeted with humanitarian assistance has increased in 2022, despite some response challenges in 2021, because of persistent deep humanitarian needs, which partners agree must be prioritized.

Over the coming months, the humanitarian community will continue to engage with all relevant stakeholders, to facilitate implementation of the 2022 HRP. This includes ongoing efforts through the Humanitarian Access Working Group (HAWG) to overcome and find solutions to administrative and operational access constraints to promote safe and principled humanitarian action; but also efforts to engage with local partners to strengthen the capacity of national humanitarian actors; and with the government and local authorities, as well as development and stabilization partners, to promote durable solutions and develop a responsible exit strategy for the humanitarian response.

Access Restrictions and Planned 2022 Response Targets

MONTHLY AVERAGE OF ACCESS RELATED INCIDENTS (JANUARY TO OCTOBER 2021)

21

DISTRICTS WITH MEDIUM OR HIGH ACCESS DIFFICULTY

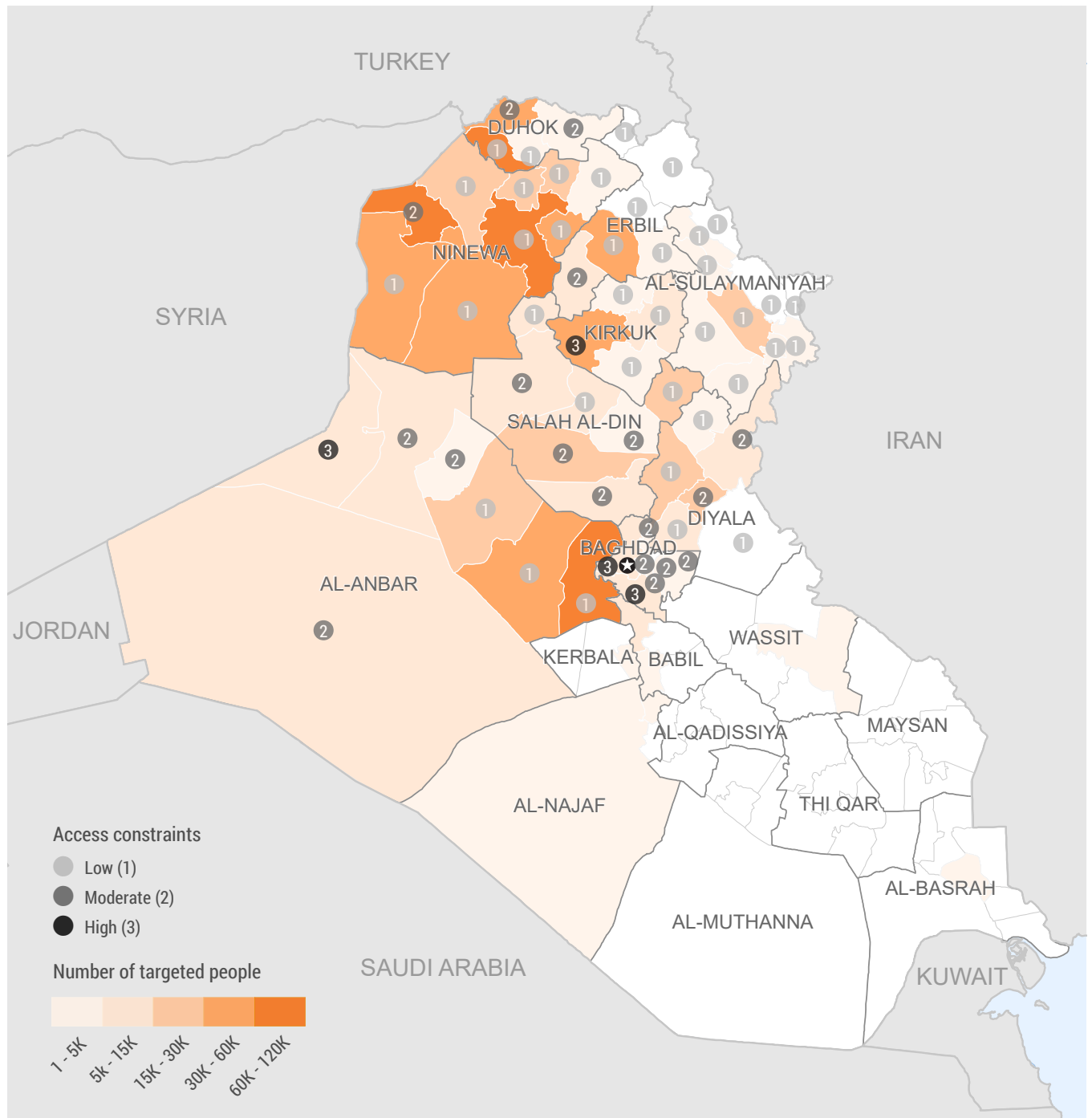
22

PEOPLE IN NEED (IN 2022) IN AREAS WITH MEDIUM OR HIGH ACCESS DIFFICULTY

648K

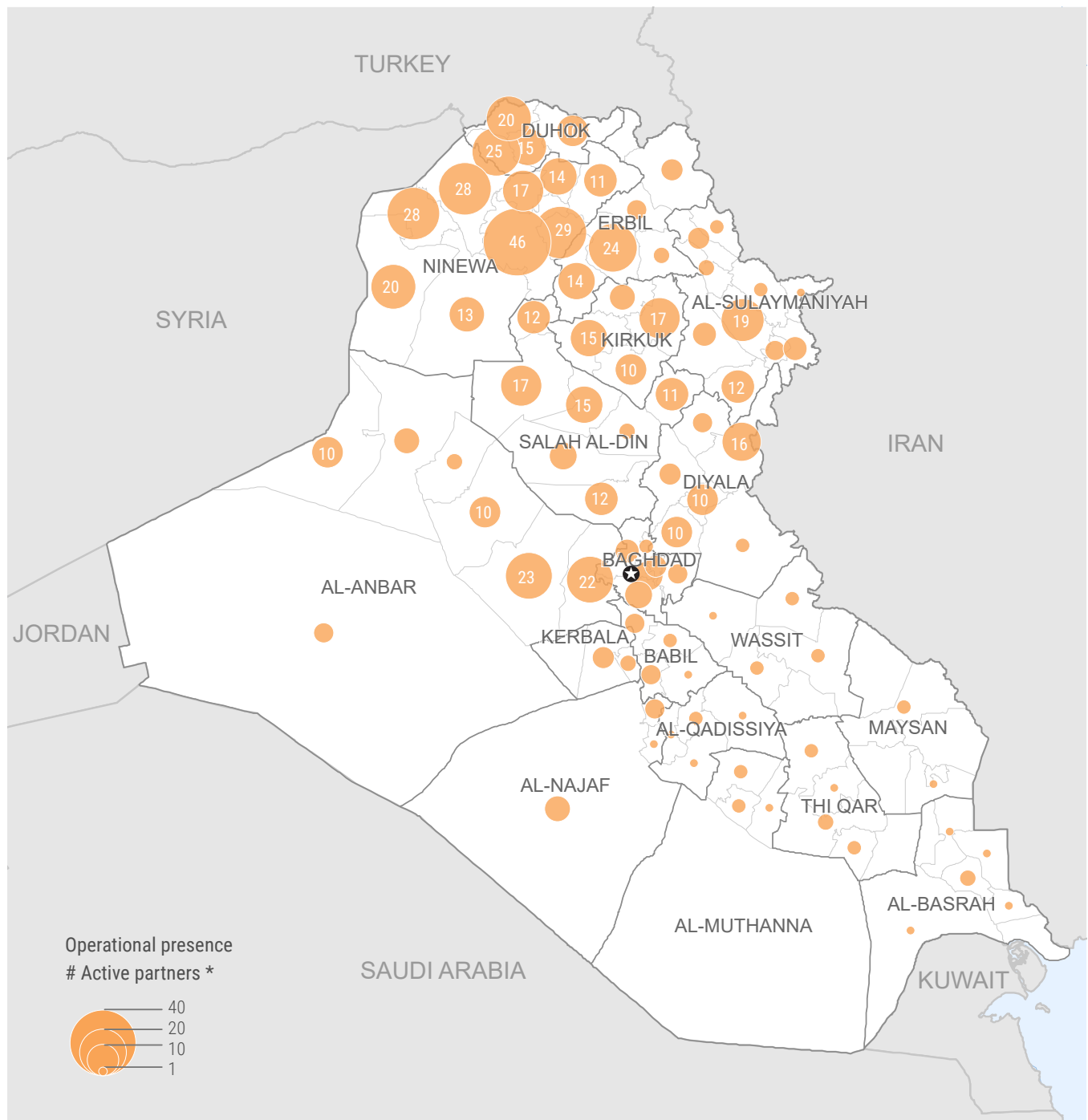
PEOPLE TARGETED (IN 2022) IN AREAS WITH MEDIUM OR HIGH ACCESS DIFFICULTY

313K



Operational Presence in 2022 and Key Figures

2021 ACTIVE PARTNERS	TREND (2015-2021)	# PARTICIPATING PARTNERS IN 2022	# NATIONAL NGO PARTICIPATING PARTNERS IN 2022	# INTERNATIONAL NGO PARTICIPATING PARTNERS IN 2022	# UN AND OTHER PARTICIPATING PARTNERS IN 2022
101		141	57	59	25



* Only partners that reported against the HRP in 2021 have been included in the map

Participating Partners in the 2022 HRP

OPERATIONAL PARTNERS

141

Participating partners by location*

GOVERNORATE	TARGET	# PARTNERS*
Al-Anbar	165 K	36
Al-Basrah	1.3 K	7
Al-Muthanna	-	2
Al-Najaf	0.3 K	9
Al-Qadissiya	-	2
Al-Sulaymaniyah	23 K	26
Babil	5.4 K	5
Baghdad	20 K	15
Diyala	55 K	23
Duhok	155 K	38
Erbil	52 K	29
Kerbala	0.1 K	6
Kirkuk	66 K	25
Maysan	-	2
Ninewa	355 K	77
Salah Al-Din	92 K	31
Thi Qar	-	2
Wassit	0.2 K	2

Partners by Cluster (in 2022)

CLUSTER	TARGET	# PARTNERS
CCCM	250 K	7
Education	354 K	26
Emergency Livelihoods	49 K	35
Food Security	336 K	32
Health	388 K	29
General Protection	630 K	44
Child Protection	303 K	45
Gender-Based Violence	353 K	39
Shelter and NFIs	311 K	19
WASH	730 K	32
MPCA	135 K	12

Participating partners by type (in 2022)

TYPE	# PARTNERS
INGO	59
NNGO	57
UN	9
OTHERS	16
Total	141

* Indicative partner presence only, which is based on the location of partners reporting in 2021 (37 of the 141 partners are not included since they did not report in 2021)

1.5

Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse

Accountability to Affected Populations (AAP) and Communication with Communities (CwC) are fundamental to the humanitarian response for people affected by the aftermath of the ISIL crisis, including, but not limited to, issues related to displacement and return, access to humanitarian assistance, and COVID-19 prevention and mitigation. The humanitarian community in Iraq is committed to listening to and acting upon the voices of affected people to ensure that the humanitarian response is delivered without discrimination and in consideration of the specific needs of those affected, including women, children, older people and people living with disabilities.

Two-way communication between humanitarian partners and affected populations is critical to ensure that the humanitarian response is planned and implemented in line with the needs and preferences of the beneficiaries, while also strengthening their role in decision-making processes. A wide range of community-based feedback mechanisms (CFMs) exist in Iraq, including hotlines, complaint and feedback boxes, information feedback points (in-person), official accounts and community-based engagement structures. In 2021, a total of 397 CFMs were deployed in 331 locations in camps, out-of-camp locations and in urban centres, allowing displaced people and their host communities to access important information, and to provide feedback and complaints regarding the level of assistance they are receiving.²³

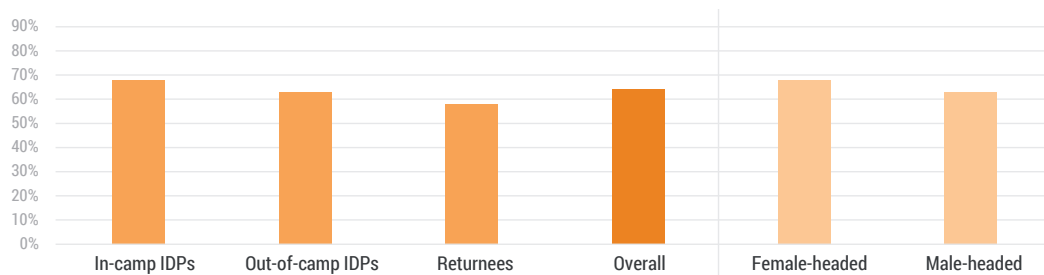
Several additional initiatives also contribute to AAP and CwC efforts in Iraq, including the Iraq Information Centre (IIC), a collective toll-free hotline with operators available in Arabic, Kurdish and English; the AAP/CwC Working Group; the Risk Communications and Community Engagement (RCCE) Technical Working Group; the PSEA Network; the GBV hotline; Commu-

nity Resource Centres (CRCs) in targeted areas of return; IDP camp-based CFMs; and cluster/working group-specific feedback mechanisms.

In addition to formal feedback mechanisms and initiatives, the Multi-Cluster Needs Assessment (MCNA) IX, as well as other cluster-specific assessments, improved the overall understanding of beneficiaries' perceptions of aid received and their satisfaction with the quality and quantity of assistance received, information needs and preferred communication methods, and awareness of feedback and complaints mechanisms.²⁴

Of the 6 per cent of MCNA IX respondents self-reporting that they had received aid in the past 30 days (80 per cent of the in-camp IDPs, 10 per cent of the out-of-camp IDPs and 2 per cent of the returnees who were interviewed), the majority indicated satisfaction with the assistance received. Satisfaction with the aid received was highest among IDPs in camps, and slightly lower among those living outside formal camps, while returnees had the lowest level of aid satisfaction. Among households who were not satisfied with the aid received, around one third (34 per cent) indicated they were not satisfied with the quantity of assistance received.²⁵ As humanitarian aid becomes more prioritized, focused and targeted, communication with communities, including on eligibility for assistance, becomes critical to mitigate negative perceptions by the beneficiaries.

Percentage of households satisfied with aid received (as a percentage of households that reported having received aid in the 30 days prior to data collection) (2021, MCNA IX)

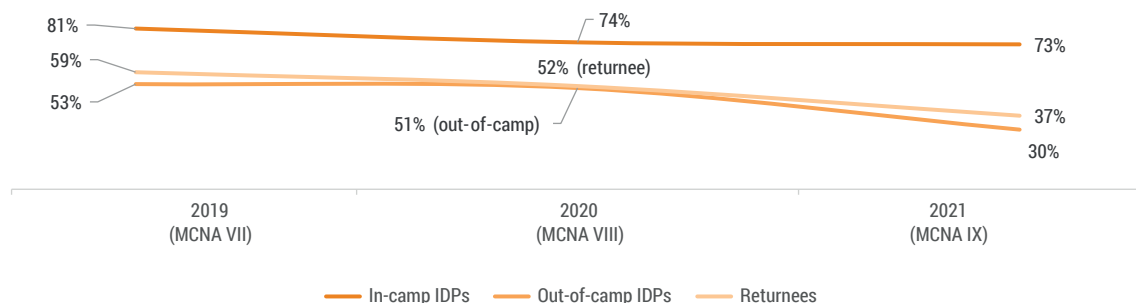


Furthermore, additional efforts will be made to raise awareness of CFM availability as only 37 per cent of IDP and returnee households reported knowledge of CFMs in their communities, with in-camp IDPs showing the highest level of knowledge.²⁶ Awareness of CFMs was slightly lower among female-headed households, of which only 28 per cent reported that they knew of complaint mechanisms.²⁷ In the same vein, the IIC has a high rate of male callers compared to women and girls, underscoring the criticality of considering gender and other diversity perspectives in communication with communities.²⁸

their areas of origin, and returnees would like more information on what is happening in their current locations. In 2022, humanitarian organizations will continue to tailor messaging to meet targeted information needs, given the variances in information needs and access to information sources among different groups, including children, women, older people, and people living with disabilities.

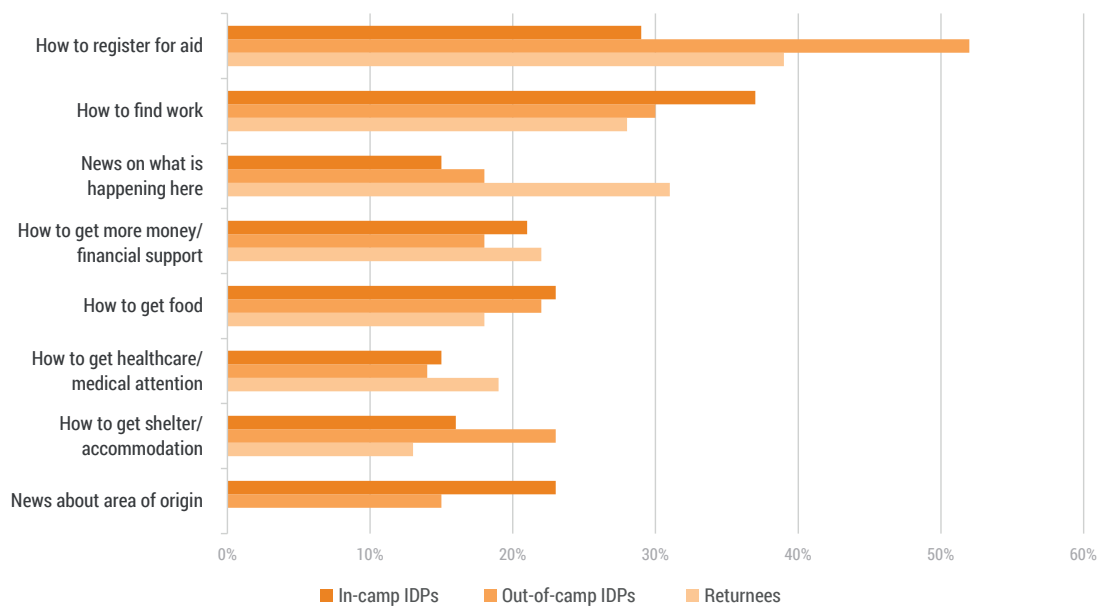
In terms of specific information needs, all three population groups noted specific information about how to register for aid and how to find work among their top three information needs.²⁹ In addition, out-of-camp IDPs sought information on how to access shelter, while in-camp IDPs sought news about conditions in

Percentage of households that report knowing about complaint mechanisms by population group and by year (2019/2020/2021)



* Changes in methodology will account for some of the decline in awareness about CFMs, as in 2021 all out-of-camp IDPs and returnees in the sample were asked about complaints and feedback mechanisms, while in 2020 the question was posed only to the subset of households who had received assistance.

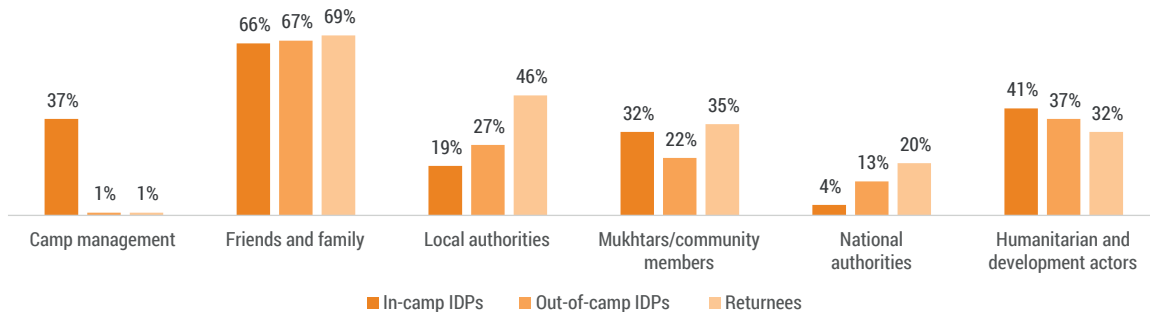
Percentage of households reporting their information needs, by population group (2021)



Humanitarian partners will also continue to adapt communication methods to those that are most preferred by the communities and ensure accessibility for all by catering to those with visual and or hearing impairments and low literacy levels – as well as ensuring child-friendly communication materials. While the top three preferred methods of communication, direct observation, phone calls and face-to-face communication remain largely similar to last year, preference for receiving information through television markedly dropped from 2020 to 2021, while preference

for receiving information through Facebook or text messages increased. All population groups reported friends and family to be their most preferred source of information, while IDPs listed humanitarian and development partners, including camp management as their second most preferred information source, and returnees preferred information from local authorities, mukhtars and community members. These are factors that the humanitarian community will be taking into account as they continue to strengthen communication with communities.

Percentage of households reporting their preferred top information sources, by population group



Preventing Sexual Exploitation and Abuse

Accountability to affected populations will also continue to be strengthened in 2022 through efforts to prevent sexual exploitation and abuse, building on the Iraq PSEA Network's continued strengthening of prevention approaches and response to SEA allegations. In 2021, the PSEA Network 1) developed and implemented a PSEA Network Terms of Reference (ToR) and action plan for Iraq; 2) delivered PSEA trainings to 252 (110 women/girls and 142 men/boys) humanitarian personnel, including 135 partners (54 women/girls and 81 men/boys); 3) developed PSEA awareness messages that were translated into Arabic, English and Kurdish Badini and Sorani languages and disseminated to community spaces and UN and partners offices; 4) incorporated PSEA measures in COVID-19 prevention and response activities; 5) strengthened PSEA complaints and feedback mechanisms; 6) developed common procedures for recording and processing complaints and an inter-agency referral chart; 7) conducted PSEA inter-agency risk assessments of UN implementing partners and developed capacity-building and monitoring plans to resolve any high/medium SEA risk levels or capacity gaps; 8) developed an inter-agency country strategy on PSEA; 9) compiled a PSEA focal points briefing handbook; and 10) developed information sharing and victim assistance protocols and promoted access to safe services for SEA survivors. As a result, the PSEA Network in Iraq is now substantially better fit for purpose to advise humanitarian partners and to take action to prevent, mitigate and respond to incidents or allegations of SEA.

AAP/CwC and PSEA Coordination

In 2022, humanitarian organizations will maintain active engagement with affected communities, with an increased focus on AAP and PSEA activities in areas of return, in camps and in out-of-camp locations. Humanitarian partners will continue to coordinate AAP/CwC and PSEA initiatives to ensure that affected communities are reached with relevant information, including on COVID-19, and are consulted throughout the 2022 Humanitarian Programme Cycle (HPC).

The IIC, the GBV Sub-Cluster hotline and cluster complaints and feedback mechanisms will ensure that feedback and views of IDPs and returnees continue to feed into the HPC. The ICCG AAP/CwC Working Group, PSEA Network, and the RCCE Technical Working Group will continue to provide technical supervision and expertise to partners to ensure that critical issues are addressed in a timely manner using best practices and applying the do-no-harm principle. Furthermore, cluster-specific efforts through post-distribution monitoring exercises and quality surveys will continue to provide platforms for clusters to gauge the performance and quality of their programming.

PSEA will continue to be a cornerstone of the humanitarian response and has been considered throughout the 2022 HRP. Efforts will be made to strengthen PSEA by evaluating the effectiveness of existing community-based complaints and feedback mechanisms, strengthening PSEA coordination, particularly focusing on local NGOs, continuing to facilitate PSEA trainings for humanitarian actors, improving reporting by integrating information on where and how to report SEA allegations in all community consultations, reinforcing investigations by strengthening the capacity of NGOs, particularly local NGOs, conducting ongoing PSEA capacity assessments of UN implementing partners, developing SEA risk mitigation measures and enhancing monitoring and oversight of the provision of survivor assistance.

1.6

Consolidated Overview on the Use of Multipurpose Cash

Cash and Voucher Assistance in the Humanitarian Response

Cash and Voucher Assistance (CVA) remains a key modality for the humanitarian response. Iraq has functional local markets and a variety of financial services, making CVA a useful response modality. Moreover, studies have shown that beneficiaries often prefer to receive their entitlements via cash transfers,³⁰ which provide recipients with the flexibility to decide how to prioritize and meet their most critical basic needs, thereby enhancing independence and dignity. In 2022, CVA will be used to address critical needs for the most vulnerable conflict-affected populations for whom lack of financial resources is a main barrier to meeting their needs in areas such as food security, emergency livelihoods, health, shelter, NFIs, education, WASH, protection and multipurpose cash assistance for multiple basic needs.

Out of the 93 activities in the 2022 HRP, 15 are cash-based interventions, amounting to more than \$118 million, or 30 per cent of the total financial requirements for the HRP. Nearly 66 per cent of the financial requirements for CVA interventions will go towards Strategic Objective 3 of supporting the most vulnerable conflict-affected populations to meet their basic needs; 26 per cent will go towards Strategic Objective 1 providing support to live in safety and dignity, and 8 per cent will support those who face significant financial barriers to access essential services under Strategic Objective 2. CVA makes up 45 per cent of the financial requirements for the response in-camps, 27 per cent of the requirements for out-of-camp IDPs, and one quarter of the costs for the returnee response.

Role of the Cash Working Group

With CVA making up a significant proportion of the 2022 HRP, the Cash Working Group (CWG) will coordinate and provide technical guidance to all CVA

implementing partners and clusters. To improve the evidence base, coherence and technical support for the cash-based response, the CWG will continue to monitor developments in local markets, prices and purchasing power, particularly in light of the ongoing economic crisis and devaluation of the Iraqi Dinar in December 2020, and to regularly adjust the Survival Minimum Expenditure Basket (SMEB) accordingly. Based on this continuous monitoring, the CWG will continue to support humanitarian partners through cash and voucher feasibility analysis and regular analysis of developments in prices and markets.

The CWG will strengthen efforts to coordinate transfer values, including through periodic updates of the national SMEB, to amplify collective bargaining to negotiate competitive transfer fees with service providers and support CVA implementing partners through capacity-building and support on contractual issues and reporting. The CWG will bring together CVA implementing partners to strengthen joint response approaches, including through coordination, integration or sequencing of activities to improve collaboration and avoid duplication.

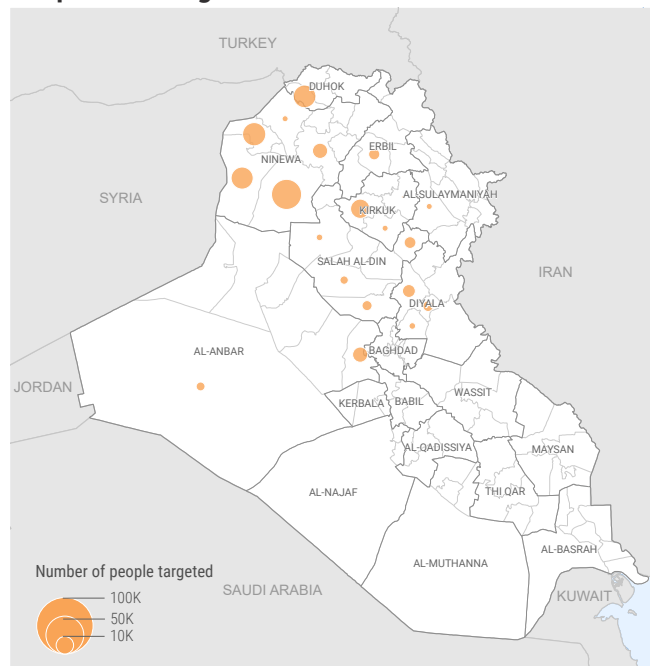
Multipurpose Cash Assistance Strategy

The CWG also provides operational coordination and technical guidance to the 12 partners who are implementing MPCA. MPCA will contribute to Strategic Objective 3 of enabling vulnerable IDPs and returnees to meet their basic needs, by providing cash transfers to 47,600 acutely vulnerable out-of-camp IDPs and 87,900 acutely vulnerable returnees. The MPCA transfer value is calculated using the national SMEB. In 2022, the transfer value is 440,000 IQD per household (around \$300), with a recommendation to distribute the instalment in local currency.³¹

MPCA will target out-of-camp IDPs and returnees in locations with high severity of needs, focusing on households with low levels of income and high levels of debt, and who have been found, through the intersectoral analysis, to be particularly vulnerable and at high risk of facing other humanitarian needs, because they either live in critical shelter or informal settlements, or lack civil documentation, or are female-headed households struggling to meet basic needs due to low income.

The MPCA strategy in 2022 will focus on strengthening links with longer-term support to allow beneficiaries to achieve sustainable solutions. This includes linking and referring durable solutions, social protection and graduation models³² to income-generating activities. Partners will continue referring households that are missing critical civil documentation for legal assistance, while exploring further referral pathways for livelihoods and protection assistance, shelter, NFI, health and food security partners to ensure a coherent response to people in acute need of multiple types of support.

People to be targeted with MPCA



MPCA Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	TARGET
Vulnerable out-of-camp IDPs are supported to access income sources to meet basic needs and minimize reliance on negative coping strategies.	47,642
Contributes to Specific Objective SP3.2	
Approach: The activity will be coordinated with the Emergency Livelihoods Cluster to identify potential sequential activities.	
CLUSTER OBJECTIVE C02	TARGET
Vulnerable returnees are supported to access income sources to meet basic needs and minimize reliance on negative coping strategies.	87,853
Contributes to Specific Objective SP3.3	
Approach: The activity will be coordinated with the Emergency Livelihoods Cluster to identify potential sequential activities.	

ACTIVITY, TARGETS AND COST (# individuals)	OUT-OF-CAMP IDPS (SP3.2)	RETURNEES (SP3.3)	TOTAL (US\$)
Provision of MPCA	48K	88K	\$28.6M

Part 2: **Kurdistan Region of Iraq**

AL-SULAYMANIYAH, IRAQ

Young boys living in Ashti IDP Camp. © OCHA, 2021



The Kurdistan Region of Iraq (KRI) continues to host and support a large number of people displaced by ISIL attacks and the subsequent military operations to defeat them from 2014 to 2017. More than 1 million people sought safety in the three governorates (Duhok, Erbil and Al-Sulaymaniyah) of KRI,³³ both in camps and in out-of-camp settings. Over time, as returns took place, this figure dropped to approximately 700,000 IDPs, a figure which has remained largely static in recent years. Duhok, Erbil and Al-Sulaymaniyah governorates continue to host a large percentage of IDPs from the first waves of displacement in 2014 and 2015. In recent years, IDPs in KRI have generally indicated no intention to return to their home governorates, due both to the stability of KRI, and due to the lack of security, high levels of destruction, and shortage of basic services in areas of origin.

Nevertheless, the number of IDPs hosted in areas administered by the KRG declined over 2020-2021, due to the return of an increasing number of primarily Yazidi families back to their areas of origin in Sinjar and Al-Baaj districts in Ninewa Governorate. Reasons for their return include the desire of IDPs to go home, improved security and services in their areas of origin, and encouragement received from mukhtars, local NGOs and returnees who had previously returned.³⁴ It is estimated that between June 2020 and December 2021, approximately 10,000 households (55,000 people) left Zakho and Sumail districts in Duhok, and Al-Shikhan District in Ninewa, to return to Sinjar and Al-Baaj.³⁵ Of this group, 383 families have returned to Duhok and applied with local authorities to be re-admitted to IDP camps, citing lack of jobs, services, and security in Sinjar.

As of January 2022, there are an estimated 175,000 IDPs living in 25 camps in KRI or under KRG administration, with the vast majority in Duhok Governorate. However, most of the IDPs in KRI live in out-of-camp settings, including in more than 172 informal displacement sites, most of which are located in Duhok.³⁶ Of the three governorates, Erbil has the largest overall number of out-of-camp IDPs (219,000 people), followed by Duhok (138,000) and Al-Sulaymaniyah (130,000).³⁷ In Duhok, an estimated 19,000 IDPs live in informal sites, which often have limited and unstable access to services and assistance provided by either government or humanitarian actors.³⁸

While displaced people in KRI have demonstrated remarkable resilience, their coping capacity may have become exhausted, as most have been displaced for nearly eight years, having fled ISIL attacks in the early stages of the crisis. Pressure on the provision of basic services and limited access to social safety nets, as well as financial and security challenges faced by local populations equally affect IDPs. In many camps, tents need continuous replacement and water and sanitation services need maintenance, while IDPs living in these camps also seek improved access to health and education services and, particularly, to more sustainable sources of livelihoods and income.

There is a need to look for longer-term solutions for displaced people living in KRI. Facilitated, voluntary returns to areas of origin offer a promising way forward for those who are willing to return home and for whom conditions in areas of origin are conducive for sustainable returns. For others, local integration may be an option that is being further explored with affected people and with local and KRG authorities. Increased support from public social safety nets would relieve the pressure on the need for humanitarian assistance, particularly food and cash assistance. However, chronic challenges faced in KRI, including a contracting economy and budget crisis, delayed public service salary payments, reported shortages of essential medicines, and the diminished functionality of some public health facilities will be challenges to be overcome.

Breakdown of People in Need

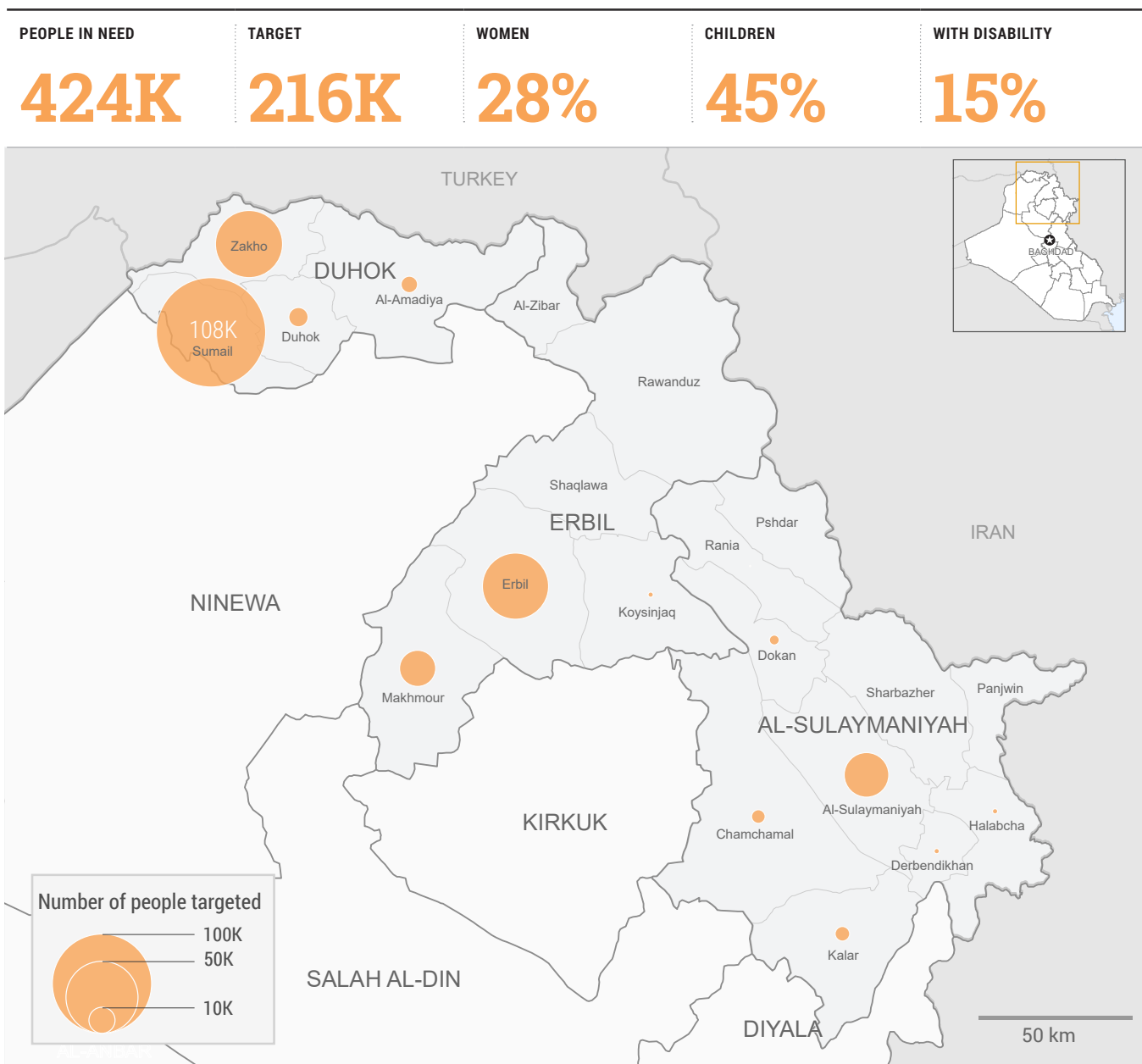
Approximately 50 per cent of all IDPs and almost all of the 249,000 Syrian refugees and asylum seekers³⁹ in Iraq reside in KRI. Of the 424,000 IDPs in Duhok, Erbil and Al-Sulaymaniyah governorates in need of some form of assistance, 216,000 (51 per cent) are assessed to be in acute need, reaching extreme or catastrophic levels.

Two districts in Duhok Governorate have high levels of severe needs and also host approximately 63 per cent of the total IDP population in acute need in KRI: Sumail District hosts approximately 99,000 IDPs in acute need and Zakho District hosts 37,000 people in acute need. IDPs residing in these locations are estimated to have unmet needs in multiple sectors. Seven of the 14 districts in KRI presenting lower levels of severe needs

are in Al-Sulaymaniyah, hosting approximately 36,000 people in acute need. The remaining 44,000 people in acute need are found in districts assessed to have a low or moderate severity of needs.

Due to the prolonged nature of displacement in KRI and the large number of IDP camps, there is a relatively robust humanitarian presence in KRI.⁴⁰ However, the needs vary a great deal among the governorates. In Erbil and Al-Sulaymaniyah, approximately 90 per cent of IDPs live in private, rented housing.⁴¹ In Duhok, about 45 per cent live in such private, rented housing, while 43 per cent of IDPs live in camps, and around 8 per cent live in informal sites. Response monitoring indicates that historically, targets for assisting IDPs in camps have been met, though more recently gaps have started to

emerge as humanitarian funding has declined. Meanwhile, there are habitually gaps in meeting the needs of out-of-camp IDPs. Access challenges is the least reported reason for response gaps, though a number of clusters have pointed to particular access challenges in certain districts; many clusters have reported that in some out-of-camp locations, populations are too small or too scattered for partners to prioritize those areas, while in other cases, population movements have led to reprioritization of programming. As internal displacement in Iraq enters its eighth year, and populations become ever more scattered, humanitarian actors will have to redouble their efforts to meet the needs of the most vulnerable, many of whom live in the Kurdistan Region of Iraq.



Part 3:

Response Monitoring

ANBAR, IRAQ

The Iraq Humanitarian Fund carries out a monitoring visit of a protection project near Fallujah. © OCHA, 2021



Monitoring Approach

In 2022, humanitarian partners in Iraq will continue to monitor humanitarian needs and response to ensure that assistance reaches the most vulnerable populations in a timely, effective, and principled manner. The monitoring plan and framework is structured around four core components to track humanitarian needs, response, quality programming and funding levels.

Monitoring of Situation and Needs

Monitoring of the context, risk levels, access constraints and the evolution of humanitarian needs will continue through a range of mechanisms and information sources, as outlined in the 2022 HNO. Situation monitoring, which tracks developments and trends across the country is critical in the Iraq context given the highly volatile operating environment.

The Iraq ICCG, supported by the Information Management and Assessment Working Groups, will coordinate the situation and needs monitoring component by reviewing assessment gaps and key results with periodic analytical outputs. The existing humanitarian situational and needs monitoring framework and reporting tool brings together indicators relating to all sectors, including AAP. The online dashboard, which can be accessed [here](#), will continue to be updated on a monthly basis throughout 2022

Situation monitoring related to population movements, intentions and shelter conditions will continue in 2022 primarily through IOM’s Displacement Tracking Matrix (DTM) and CCCM Cluster mechanisms. The evolution of needs will continue to be monitored though assessments coordinated at intersectoral level

and more frequent localized assessments coordinated through clusters.

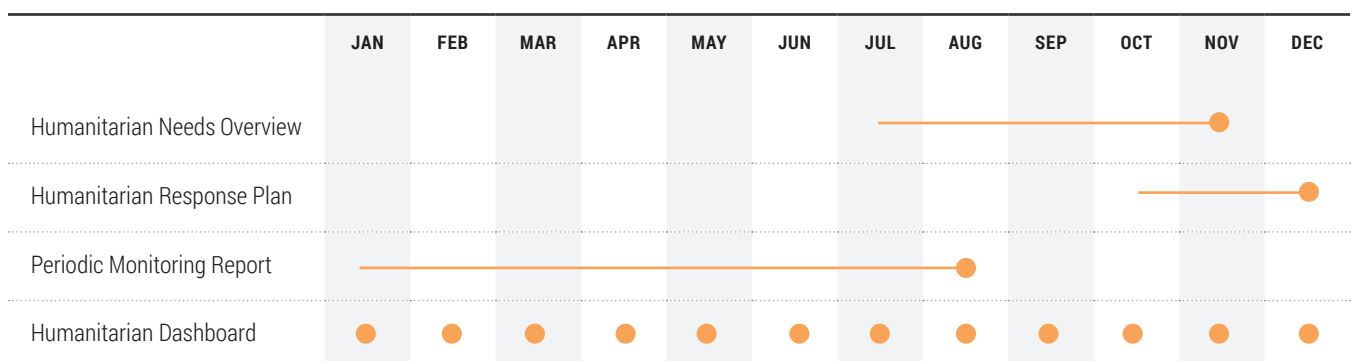
OCHA and the HAWG will continue to enhance access monitoring and reporting systems to track access incidents, authorization requirements and district-level access constraints. At the sub-national level, access focal points and field-based partners will continue to monitor and report on access, risks, and relevant developments.

Monitoring of Response

The ICCG and the Information Management and Assessment Working Groups (IMWG, AWG) will lead response monitoring efforts to measure progress against the 2022 HRP strategic, specific and sectoral objectives. Building on existing activity-based reporting mechanisms, OCHA and the clusters will track the humanitarian assistance delivered to affected populations compared to targets set out in the 2022 HRP using partner-level output monitoring. The strategic objectives and specific objectives will be measured through the aggregation of the cluster responses. More than 370 indicators considering sex, age and disability will be monitored monthly and used to report progress against activity targets, cluster objectives, specific objectives and strategic objectives. The full list of cluster monitoring indicators can be found in Annex 5.4.

Clusters, with the support of OCHA, will continue to work with partners to deliver on cluster-specific and inter-cluster reporting requirements. Partners will be required to report on the progress and funding status of activities in the 2022 HRP to enable the mapping

Humanitarian Programme Cycle Timeline



of partner presence and the identification of gaps in the response coverage. Clusters will continue monthly reporting to the inter-cluster response monitoring mechanism on the status of response targets, disaggregated by geographic area as well as by sex, age and disability. The reporting platform will continue to use a cloud-based application called ActivityInfo, which will integrate activity-based planning and response monitoring modules. Inter-cluster reporting tools will be complemented with real-time, online interactive dashboards to track operational presence through 'Who Does What, Where and When' (4Ws) and monitor the ongoing delivery of humanitarian activities. Cluster inputs will be collated into monthly dashboards and periodic monitoring reports on the implementation of the 2022 HRP.

Monitoring of the Quality of Humanitarian Programming

Clusters have developed their activities and targets based on a collective review of the appropriateness, relevance and feasibility of different interventions and response modalities. Appropriate interventions were identified based on principles of quality programming including, but not limited to, do no harm, inclusivity and community engagement. The 2022 HRP was also reviewed to avoid duplication with the UNSDCF. Appropriate interventions were further reviewed to ensure that activities also address the affected populations' own priority needs and preferences. Feasibility has also been accounted for through a review of operational considerations, such as access, legal issues, COVID-19 restrictions and partner capacity.

Humanitarian organizations, participating in clusters and contributing to the 2022 HRP commit to the principles and quality criteria requirements set out globally and in this HRP, including alignment of 2022 programming with global and national guidelines for humanitarian programming, such as inclusion of communities in project design and decision-making, evidence-based planning, and timely, inclusive monitoring during project implementation. To this effect, partners will use the Gender and Age Marker (GAM), disability-sensitive programming, the centrality of protection and inclusion of AAP to ensure high quality programming. When possible, data and analysis will

be disaggregated by sex, age and disability. Clusters and their partners will monitor the quality, quantity, and timeliness of the response with their partners through regular analysis of the complaints and feedback received, post-distribution monitoring, regular programme monitoring visits, spot-checks, focus group discussions and other monitoring activities.

Monitoring of Funding Flows

In 2022, humanitarian actors will continue to strengthen the accuracy and timeliness of funding monitoring through better tagging of partner projects in planning frameworks and funding tools reflected on the FTS website. In the absence of project-specific details inherent in the activity-based costing approach, the ICCG has established an Activity Planning Module for use by clusters to collect detailed operational plans from partners. This information will not only provide a forward view of planned interventions, but also assist in the monitoring of funding gaps.

The HCT and ICCG, supported by the Iraq Humanitarian Fund (IHF), implementing partners, donors and headquarters-based mechanisms, will continue to monitor funding flows through FTS, supported by local tools, to advocate and mobilize resources to close funding gaps and enable partner response to meet humanitarian needs.

Part 4: Cluster Objectives and Response

DIYALA, IRAQ
























IDP families displaced in Diyala return to Salah Al Din to see conditions in return areas © IOM, 2021



4.0 Overview of Cluster Response

In 2022, the humanitarian response will be delivered and coordinated through eight operational clusters, including three protection Areas of Responsibility (AoR), Coordination and Common Services (CCS) and the CWG. The 141 partners, clusters, CCS and the CWG will require \$400 million to implement 93 activities. Each activity was designed to support vulnerable IDPs in camps and acutely vulnerable out-of-camp IDPs and returnees to live in safety and dignity, access essential services or meet their basic needs, contributing to one of the HRP’s three strategic objectives.

Planning for cash-based interventions has been recommended where cash is the preferred response modality of the affected population, where it is feasible to provide cash, and where such assistance has proved effective in the past. At an estimated cost of \$118 million, 30 per cent of the budget for the humanitarian response, cash and voucher assistance will be delivered by seven clusters, the CWG and their partners.

CLUSTER	REQUIREMENTS (US\$)	# PARTNERS	# ACTIVITIES	PIN	TARGET
CCCM	15.2M 	7	3	264K	250K 
Education	17.0M 	26	13	681K	354K 
Emergency Livelihoods	10.6M 	35	2	632K	49K 
Food Security	54.4M 	32	6	730K	336K 
Health	46.8M 	29	9	1.7M	388K 
General Protection	65.3M 	44	19	1.5M	630K 
Child Protection	30.1M 	45	10	664K	303K 
Gender-Based Violence	36.2M 	39	11	919K	353K 
Shelter and NFIs	47.4M 	19	6	1.0M	311K 
WASH	33.4M 	32	7	1.6M	730K 
MPCA	28.6M 	12	1	-	135K 
CCS	15.0M 	7			

Overview by Population Group

In-camp IDPs

Humanitarian assistance will continue for all IDPs in camps remaining open in 2022. Camp management and access to essential services, including basic health care, WASH services, education, and food assistance, will be provided to all in-camp IDPs in accordance with established minimum standards and in coordination with government response. Protection, shelter, and emergency livelihoods support will be provided to camp residents depending on their specific needs. In parallel with the provision of services and in support of efforts aimed at resolving the displacement crisis, humanitarian partners will coordinate with the government and durable solutions partners to support safe, voluntary, and dignified returns in line with international principles and standards.

Of the 180,000 in-camp IDPs targeted through this response, 133,800 are in 15 camps under the administration of Duhok Governorate, the vast majority in Sumail, Zakho and Al-Shikhan districts; 28,800 are in the six Erbil and East Al-Mosul camps under the administration of Erbil Governorate; 11,500 in four camps administered by Al-Sulaymaniyah Governorate; and 5,800 in the Jad'ah 5 camp in Ninewa, which is the only IDP camp not under KRG administration. The in-camp IDP response is estimated to cost \$100 million and will be rolled out through 65 activities coordinated by 8 clusters.

Out-of-camp IDPs

The vast majority of IDPs live outside formal camps. This number may increase, should there be further camp closures, amid unresolved socioeconomic, political and security issues preventing many IDPs from returning to their areas of origin or integrating elsewhere, thus causing many IDPs departing camps to end up in secondary (or even tertiary) displacement in out-of-camp locations. Aware that this population group is more difficult to reach, as they are scattered across multiple locations and often moving more frequently, humanitarian partners will strengthen the response for out-of-camp IDPs who have acute humanitarian needs, including through mobile and outreach interventions.

In 2022, humanitarian actors will target up to 234,000 out-of-camp IDPs in acute need. The highest number of out-of-camp IDPs targeted for assistance are in Ninewa (60,200 people), with about half of those targeted in Sinjar and Al-Mosul districts. The second highest number of out-of-camp IDPs to be reached with assistance are in Duhok (45,700 people), where the vast majority are in Sumail District; the third highest out-of-camp target is in Erbil Governorate (33,600 people), particularly the district of Erbil; and fourth highest out-of-camp target is in Al-Anbar Governorate (24,500), with the most people targeted in Al-Falluja and Al-Ramadi districts. In Salah Al-Din Governorate, partners will target 19,100 out-of-camp IDPs, mostly in the districts of Samarra, Tooz Khurmato, Balad and Tikrit; in Kirkuk, the target is 12,800; in Al-Sulaymaniyah it is 12,000; and humanitarian partners will target 9,700 in Diyala and 9,400 in Baghdad. Smaller numbers of acutely vulnerable out-of-camp IDPs will also be targeted in Al-Basrah, Al-Najaf, Babil, Kerbala and Wassit Governorates. The out-of-camp IDP response is estimated to cost \$90 million and will be rolled out through 78 activities coordinated by 8 clusters and the CWG.

Returnees

Unresolved political, socioeconomic and security issues, and slow at-scale reconstruction, also prevent many returnees from establishing their lives and livelihoods in a sustainable manner, with many still experiencing acute humanitarian need. Humanitarian partners will continue to provide essential services and assistance to the most vulnerable returnees, particularly in areas where conditions are not conducive to sustaining their return.

The humanitarian response will target 577,000 returnees, of whom 249,100 are in Ninewa Governorate. Of the returnees targeted for assistance in Ninewa, nearly two thirds are in Sinjar, Al-Mosul and Al-Hamdaniya district, but there are also significant caseloads in Al-Hatra, Al-Baaj, Tilkaef and Telafar districts. The second highest caseload for returnees is in Al-Anbar Governorate, with 141,100 people targeted for assistance, particularly in the districts of Al-Falluja,

Al-Ramadi, Heet, Al-Rutba and Al-Kaim. In Salah Al-Din, humanitarian partners aim to assist 73,200 returnees, most of whom are in Tooz Khurmato, Beygee and Samarra districts; in Kirkuk the target is 53,500 returnees, the vast majority in Al-Hawiga District; and in Diyala Governorate, 44,900 returnees will be targeted, especially in Al-Khalis, Al-Muqadadiya

and Khanaqin districts. Humanitarian partners also aim to assist 10,400 returnees in Baghdad Governorate and 4,800 in Erbil Governorate. The returnee response is estimated to cost \$196 million and will be rolled out through 77 activities coordinated by 7 clusters and the CWG.

Overview by Strategic Objectives

STRATEGIC OBJECTIVE ONE: PROTECTIVE ENVIRONMENT

TARGET 876K

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

SPECIFIC OBJECTIVE	TARGET		
	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES
CONTRIBUTING CLUSTERS: CCCM; GENERAL PROTECTION AND MINE ACTION; CHILD PROTECTION; GENDER-BASED VIOLENCE; SHELTER AND NFIS			
1.1 Support access to specialized protection services and maintenance of camp minimum standards for acutely vulnerable IDPs in camps to ensure safe environments at both family and camp level	179,922	-	-
1.2 Support access to specialized protection services and community-based interventions for acutely vulnerable out-of-camp IDPs to address risks to their safety and well-being	-	211,192	-
1.3 Support access to specialized protection services as well as community-based interventions for acutely vulnerable returnees to address risks to their safety and well-being, while the durability of these services and interventions is supported through partnerships with relevant local actors and authorities	-	-	485,380

STRATEGIC OBJECTIVE TWO: ACCESS TO SERVICES

TARGET 841K

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

SPECIFIC OBJECTIVE	TARGET		
	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES
CONTRIBUTING CLUSTERS: EDUCATION, HEALTH, WASH			
2.1 Provide essential primary health care, WASH and education services for acutely vulnerable IDPs in camps meeting minimum humanitarian standards	179,922	-	-
2.2 Support access to essential primary health care, WASH and education services for acutely vulnerable out-of-camp IDPs meeting minimum humanitarian standards	-	174,956	-
2.3 Support access to essential primary health care, WASH and education services for acutely vulnerable returnees in areas with limited public services, while the durability of the services is supported through partnerships with relevant local actors and authorities	-	-	485,791

STRATEGIC OBJECTIVE THREE: BASIC NEEDS

TARGET 422K

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

SPECIFIC OBJECTIVE	TARGET		
	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES
CONTRIBUTING CLUSTERS: EMERGENCY LIVELIHOODS, FOOD SECURITY, CASH WORKING GROUP			
3.1 Support access to food and livelihood sources for the most vulnerable IDPs in camps to meet their basic needs	179,922	-	-
3.2 Support access to basic income and emergency livelihood sources for the most vulnerable out-of-camp IDPs in acute need to meet their basic needs and minimize reliance on negative coping strategies	-	61,430	-
3.3 Support access to basic income and livelihood sources for acutely vulnerable returnees to meet basic needs and minimize reliance on negative coping strategies, while the durability of the interventions is supported through partnerships with relevant local actors and authorities	-	-	181,025

Contributions to Strategic Objective One

The CCCM, Protection and Shelter/NFI clusters, including the Child Protection, GBV, and Mine Action sub-clusters, require \$194 million to assist 876,000 people, including 180,000 vulnerable IDPs in camps, 211,000 acutely vulnerable out-of-camp IDPs and 485,000 returnees in acute need, to live in safety and dignity. Some 49 activities have been designed to support access to specialized protection services and maintenance of camp minimum standards for vulnerable IDPs in camps to ensure safe environments at both family and camp level (SPO 1.1); support access to specialized protection services and community-based interventions for acutely vulnerable out-of-camp IDPs to address risks to their safety and well-being (SPO 1.2); and support access to specialized protection services as well as community-based interventions for acutely vulnerable returnees to address risks to their safety and well-being, while the durability of these services and interventions is supported through partnerships with relevant local actors and authorities (SPO 1.3).

Under Strategic Objective One, the highest number of people targeted is in Ninewa (294,900 people), with nearly half in Al-Mosul and Sinjar districts and the vast majority being returnees; the second highest caseload is in Duhok Governorate (144,200 people), where all targets are IDPs, mostly in-camps, and the concentration is highest Sumail and Zakho districts; and the third highest number of people targeted for assistance is in Al-Anbar Governorate (137,600), where more than 80 per cent of people targeted under Strategic Objective One are returnees and the remaining are out-of-camp IDPs, and around 60 per cent of the response will be concentrated in Al-Falluja District. Further, under the first Strategic Objective, humanitarian partners will target 90,900 people in Salah Al-Din Governorate, 60,000 in Kirkuk Governorate, 51,700 people in Erbil Governorate, 51,000 in Diyala Governorate, 20,500 in Al-Sulaymaniyah Governorate and 19,800 in Baghdad Governorate. Smaller, but extremely vulnerable, caseloads will also be targeted in the governorates of Babil, Al-Najaf, Al-Basrah, Wassit and Kerbala.

Contributions to Strategic Objective Two

The Education, Health and WASH clusters require \$97 million to help an estimated 841,000 people, including 180,000 vulnerable IDPs in camps, 175,000 acutely vulnerable IDPs and 486,000 returnees, access basic services. The implementation of 29 activities will ensure essential primary health care, WASH and education services for acutely vulnerable IDPs in camps (SPO 2.1); support access to essential primary health care, WASH and education services for acutely vulnerable out-of-camp IDPs (SPO 2.2); and support access to essential primary health care, WASH and education services for acutely vulnerable returnees in areas with limited public services, while the durability of the services is supported through partnerships with relevant local actors and authorities (SPO 2.3).

The highest number of people targeted under Strategic Objective Two is in Ninewa Governorate (324,000 people), the vast majority of whom are returnees, with nearly two thirds of people targeted for assistance being located in Sinjar, Al-Mosul and Al-Hamdaniya districts. The second highest number of people to be assisted under this strategic objective are in Duhok Governorate (153,500 people), where all those targeted are IDPs, around two thirds of whom live in camps, and the planned response is mostly concentrated in Sumail and Zakho districts. Al-Anbar Governorate has the third highest number of people who will be targeted under Strategic Objective Two (125,800 people), more than 80 per cent of whom are returnees, with most of the planned caseload being in Al-Falluja and Al-Ramadi districts. Further, under this second Strategic Objective, humanitarian partners will target 71,900 people in Salah Al-Din Governorate, 66,300 people in Kirkuk Governorate, 43,900 people in Diyala Governorate, 26,700 in Erbil Governorate and 20,400 in Al-Sulaymaniyah Governorate. Smaller numbers of very vulnerable populations will also be supported in the governorates of Baghdad, Al-Basrah and Babil.

Contributions to Strategic Objective Three

The Emergency Livelihoods and Food Security clusters, along with MPCA partners, require \$94 million to assist an estimated 422,000 people, including 180,000

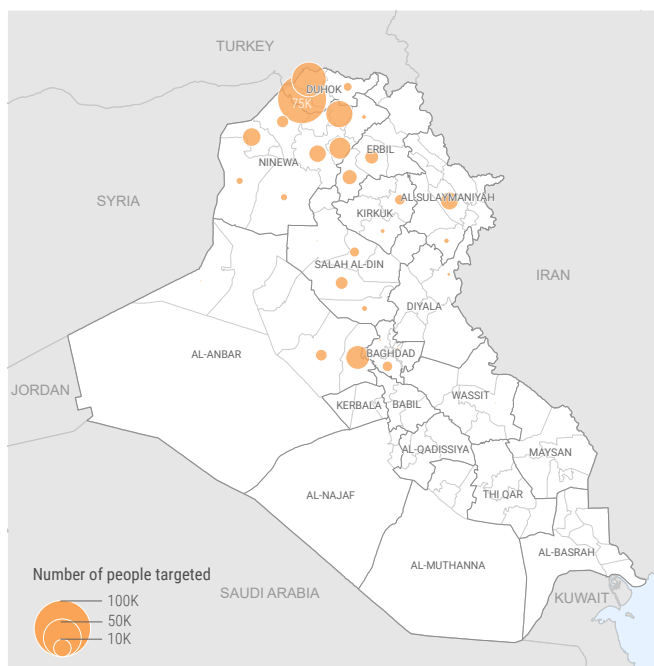
vulnerable IDPs in camps, 61,400 acutely vulnerable out-of-camp IDPs and 181,000 returnees, to meet their basic needs with in-kind and cash assistance. The nine planned activities will ensure continued access to food and livelihood sources for IDPs remaining in camps in 2022 through provision of emergency food assistance and livelihoods support (SPO 3.1); support access to basic income and emergency livelihood sources for the most vulnerable out-of-camp IDPs in acute need to meet their basic needs and minimize reliance on negative coping strategies (SPO 3.2); and support access to basic income and livelihood sources for acutely vulnerable returnees to meet basic needs and minimize reliance on negative coping strategies, while the durability of the interventions is supported through partnerships with relevant local actors and authorities (SPO 3.3).

Under Strategic Objective Three, the highest number of people to be targeted is in Ninewa Governorate (147,900 people) around 60 per cent of whom are returnees. People in Ninewa who will be supported

with urgent life-saving assistance to meet their basic needs are more evenly spread across the governorate's districts than is case for the first two strategic objectives, with numbers of people targeted ranging between 15,000 and 30,000 in the districts of Al-Hatra, Al-Shikhan, Al-Hamdaniyah, Al-Mosul, Tilkaef, Sinjar and Al-Baaj. It is worth noting that in Al-Shikhan and Al-Hamdaniyah, the targets include IDPs in camps administered by the Governorate of Duhok. The second highest target under this strategic objective is for IDPs in Duhok (128,600 people), with the vast majority in Sumail and Zakho districts. The third and fourth highest targets are in Salah Al-Din and Al-Anbar governorates (both at 42,400 people), especially in Tooz Khurmato and Beygee districts in Salah Al-Din, and in the districts of Heet, Al-Falluja, Al-Kaim and Al-Rutba in Al-Anbar. Additionally, humanitarian partners aim to provide assistance under this strategic objective to smaller, but deeply vulnerable, caseloads in the governorates of Erbil (23,600 people), Kirkuk (14,000 people), Al-Sulaymaniyah (12,200 people), Diyala (11,000 people) and Baghdad (200 people).

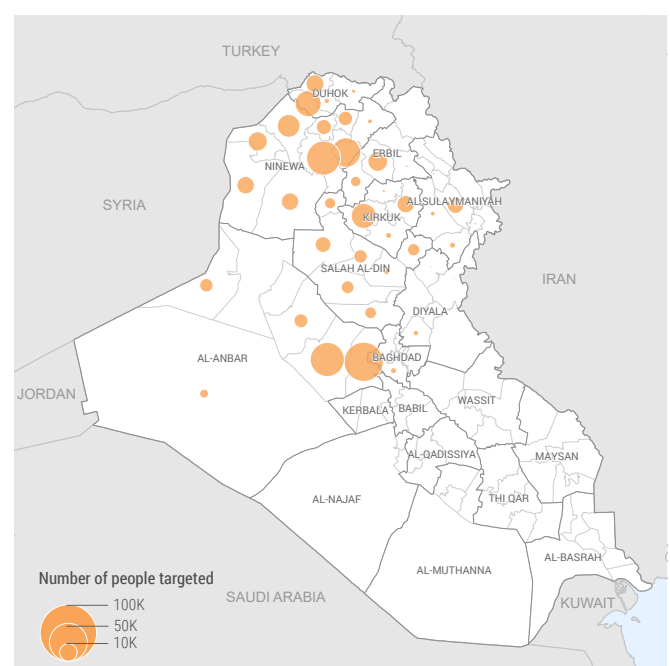
4.1 Camp Coordination and Camp Management

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
264K	250K	\$15.2M



4.2 Education

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
681K	354K	\$17.0M



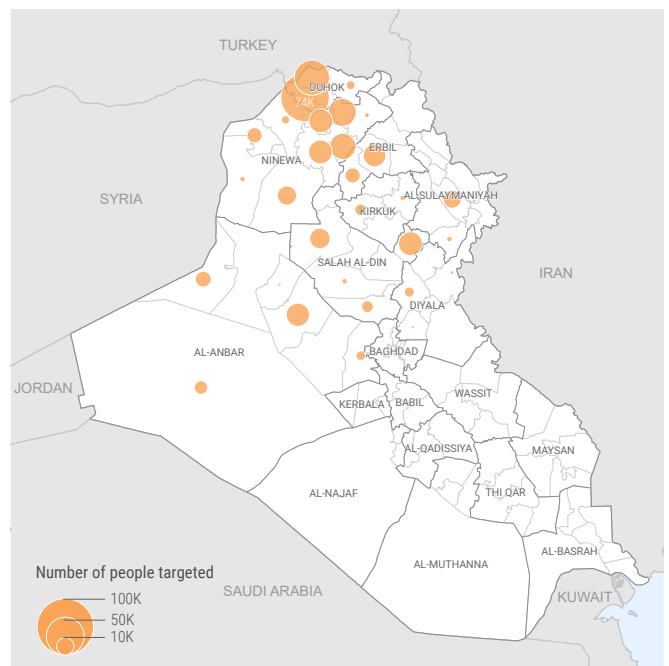
4.3 Emergency Livelihoods

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
632K	49K	\$10.6M



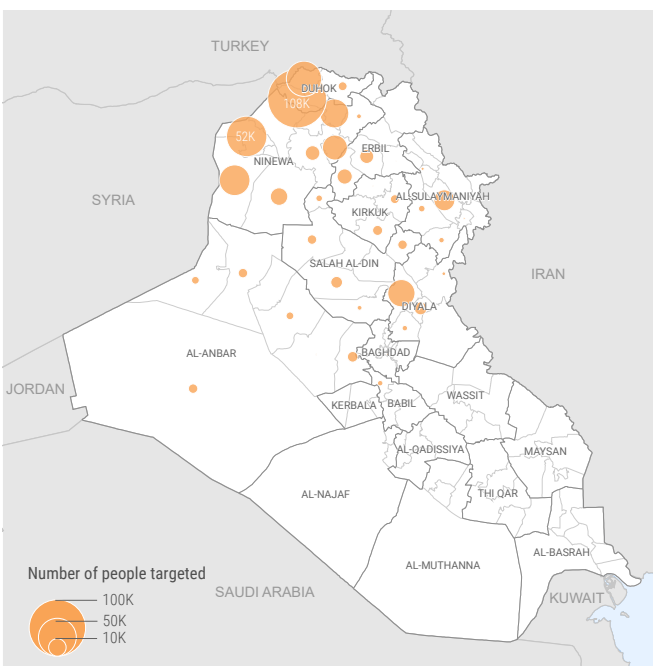
4.4 Food Security

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
730K	336K	\$54.4M



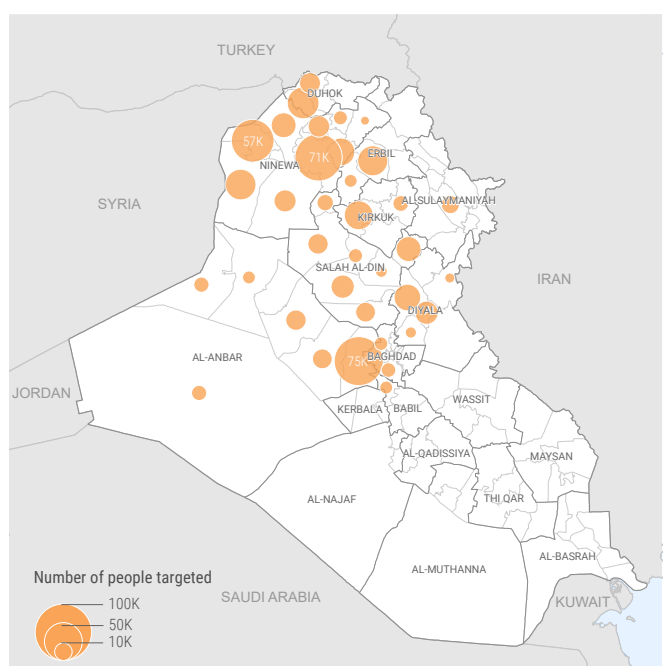
4.5 Health

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
1.7M	388K	\$46.8M



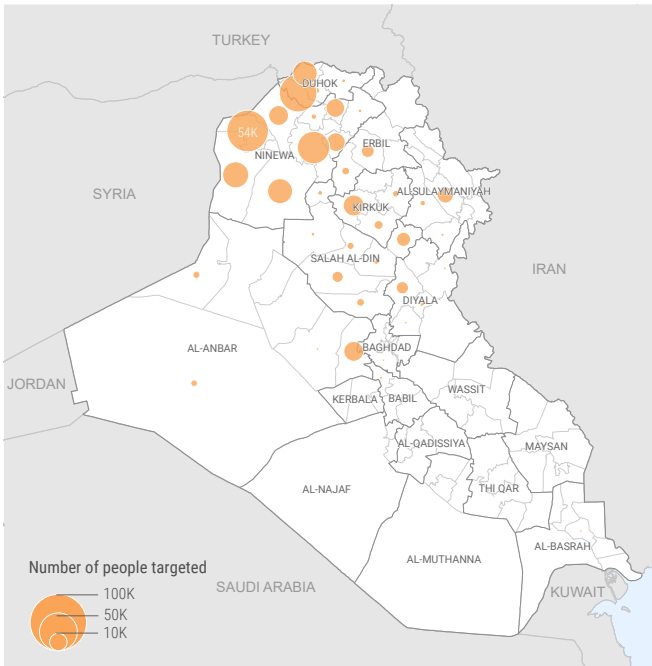
4.6 General Protection, and Mine Action

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
1.5M	630K	\$65.3M



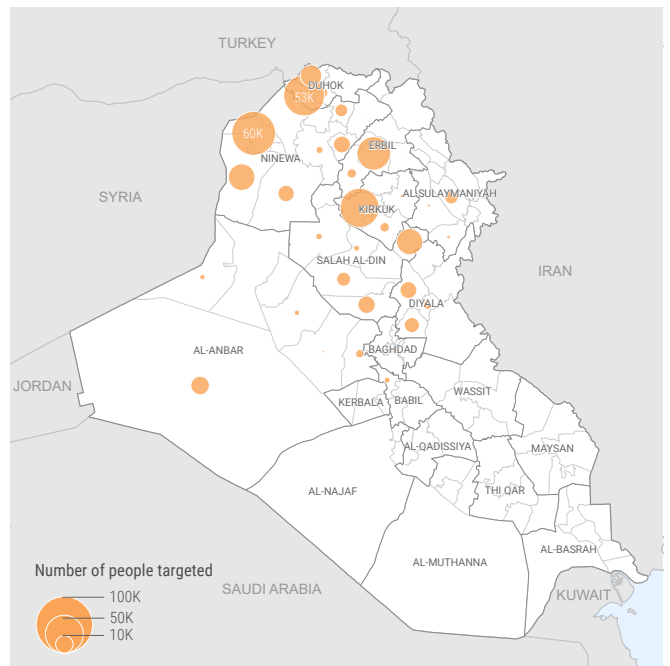
4.6.1 Child Protection

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
664K	303K	\$30.1M



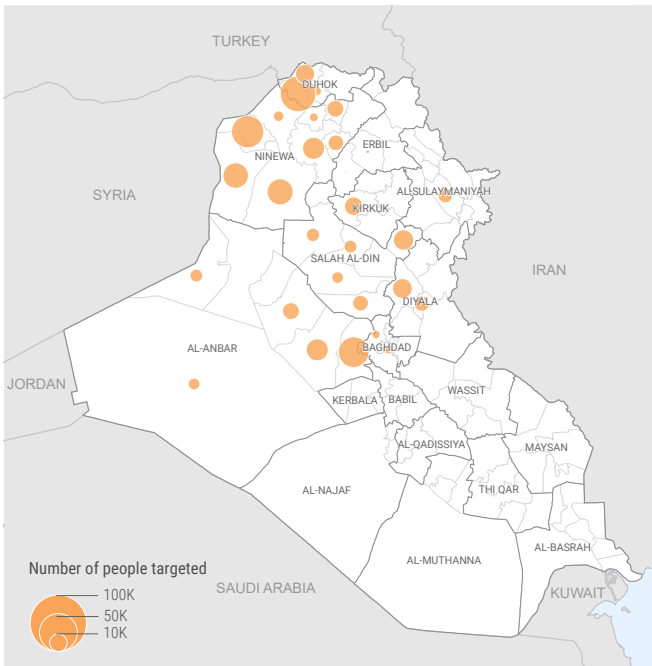
4.6.2 Gender-Based Violence

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
919K	353K	\$36.2M



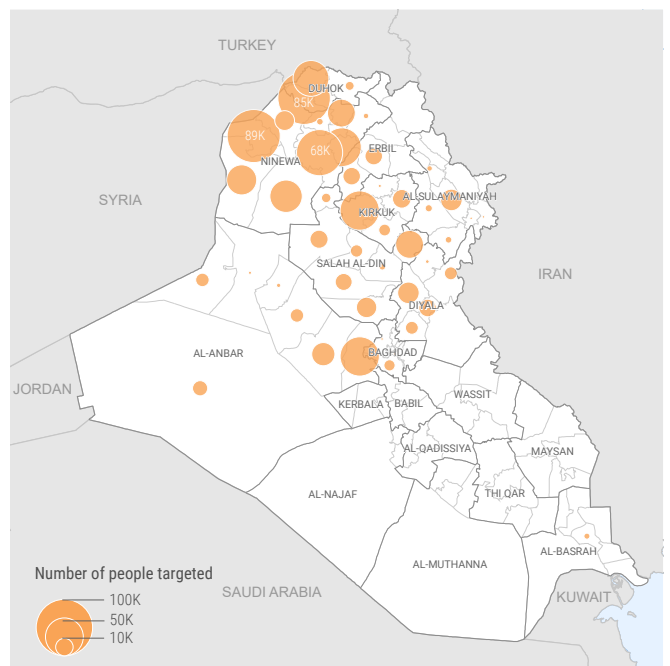
4.7 Shelter and Non-Food Items

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
1.0M	311K	\$47.4M



4.8 Water, Sanitation and Hygiene

PEOPLE IN NEED	TARGET	REQUIREMENTS (US\$)
1.6M	730K	\$33.4M





4.1

Camp Coordination and Camp Management

PIN	TARGET	REQUIREMENTS	PARTNERS	ACTIVITIES
264K	250K	15.2M	7	3

FEMALE	MALE	CHILDREN	WITH DISABILITY
128K	123K	115K	38K

Cluster response objectives

In 2022, the CCCM Cluster plans to reach 180,000 in-camp IDPs and 70,000 out-of-camp IDPs living in informal sites, with static and mobile camp management and CCCM services.

While the number of IDPs living in camps has reduced during 2021, inadequate living conditions persist for those still displaced in camps and informal sites, and obstacles to sustainable return remain significant. For IDPs in camps, continued service provision, monitoring and community engagement is required to maintain safe living conditions and support meeting families' basic needs. In informal sites, characterized by sub-standard living conditions and lack of secure tenure, monitoring, assessments, advocacy, and maintenance of physical site safety are critical to mitigate risks for IDPs and to improve living standards. To address the associated needs, the cluster objectives are to facilitate and improve the provision of safe and dignified living conditions meeting minimum standards, for IDPs living in camps and informal sites. These contribute directly to the HRP's first strategic objective of supporting acutely vulnerable conflict-affected populations to live in safety and dignity; particularly specific objective 1.1 related to maintenance of camp minimum standards for acutely vulnerable IDPs in camps, and specific objective 1.2 aimed at addressing

risks to the safety and well-being of acutely vulnerable out-of-camp IDPs.

The CCCM response will serve the entire population in a targeted camp or site, aiming to ensure equal and inclusive access to services for all IDP residents. This includes supporting and advocating with service providers for accessible services and participation of those who face barriers to accessing services or experience heightened vulnerability, including to GBV risk, for example female-headed households, people living with disabilities, or older people.

Cluster response strategy

Camp management and CCCM support will continue in 2022 in all formal IDP camps remaining open – currently 26 camps in 12 districts – servicing around 180,000 people. Camp management activities will include coordination, service monitoring, information management, including collection of sex- and age-disaggregated data, support to community participation and accountability mechanisms, and site infrastructure maintenance or decommissioning where relevant. These activities will be complemented by continued cross-camp coordination, particularly for camps administered by KRI authorities.

In informal sites, CCCM support, site targeting and intervention modalities will be determined according to site size, the scope of sites in an area, and the scale and type of needs. Activities will primarily be implemented through mobile teams supporting multiple small sites with time-bound interventions, while static teams will continue in a few of the largest sites including the largest reclassified formal camps. Core activities include service mapping and monitoring, assessment and information management, referrals, advocacy, community engagement and awareness, and physical site risk reduction. CCCM partners will continue to support and promote multisectoral humanitarian interventions in informal sites, facilitate site and local-level coordination, and advocate on gaps through engagement in governorate- and national-level coordination mechanisms. In addition, partners will work to identify practical links with durable solutions actors at both operational and strategic levels. This work will be complemented by multisectoral assessments in camps and informal sites on IDP families' needs, access to services and movement intentions, to inform operational and strategic response planning.

As humanitarian service provision becomes more focused in 2022, specific attention to responsible transition will be an increasingly important CCCM priority. This will be actioned through continued engagement of CCCM partners with affected communities, and engagement with national- and area-level durable solutions coordination mechanisms and partners as well as humanitarian mechanisms by cluster focal points and partners.

Capacity to respond

Seven CCCM partners – a combination of UN agencies, national NGOs, international NGOs and governmental bodies - are prepared to respond in all priority locations identified in the CCCM 2022 response strategy. CCCM coverage in 2021 was high, with 80 per cent of the people targeted with CCCM interventions reached by the end of the year.

Partners working in camps will remain on-site and will continue to respond to the needs of IDPs living in camps, implementing a combination of camp manage-

ment, coordination, and administration responsibilities. For informal sites, CCCM partners will continue programming in prioritized governorates and districts.

Should the operating environment change in 2022, with reinstatement of COVID-19 or other access restrictions, partners may revert to remote or partially remote implementation modalities to maintain critical monitoring of site situation and support to communities. Partner capacity is sufficient to cover additional populations if future camp closures result in secondary displacement and families end up in informal sites.

Cost of the response

CCCM response will cost a total of \$15.2 million in 2022, a 34 per cent reduction compared with 2021. Of this, \$9.5M is required for response in camps, \$5.2M for response in informal sites, and \$0.5M for multisectoral assessments to inform humanitarian planning for both camps and informal sites.

The main cost drivers for CCCM remain the skilled personnel and infrastructure activities, while cost ranges encompass varied modalities of intervention, transportation, security, and human-resource costs depending on site location. Cost ranges and averages were determined through a detailed analysis of operational costs provided by cluster partners in 2019, with figures reviewed annually and adjusted for actual and projected partner costs. For 2022, the average cost for formal camp activities reduced due to the location and management setup for the remaining camps.

The variations within the ranges of unit costs are explained by the size of the sites and associated economies of scale, differing partner staffing costs, and site location/accessibility. The average cost per targeted individual is higher in informal sites (\$6.2 per person per month) than camps (\$4.4 per person per month) because in informal sites the mobile teams respond in multiple dispersed locations.

CCCM Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET	
	179,922	179,922	
Facilitate and improve the provision of safe and dignified living conditions, meeting minimum standards for IDPs living in camps.			
Contributes to Specific Objective SP1.1			
<p>Approach: All components of the core CCCM activities should be implemented. Formal camps require camp management/CCCM support for as long as they remain open. In some sites, AAP and CwC activities may be delivered by protection actors, when camp management will support implementation. The multisectoral assessment component provides data to inform the humanitarian response.</p>			
CLUSTER OBJECTIVE C02	NEED	TARGET	
	84,562	70,234	
Facilitate and improve the provision of safe and dignified living conditions, meeting minimum standards for IDPs living in informal sites.			
Contributes to Specific Objective SP1.2			
<p>Approach: All components of the core CCCM activities should be implemented. Informal site interventions should be designed to be temporary in smaller sites and multisectoral where possible. Interventions should align with the movement intentions of the population and support opportunities for resolving displacement where possible, aiming to support a future sustainable living situation for residents of the site. The multisectoral assessment component provides data to inform the humanitarian response.</p>			
ACTIVITIES, TARGETS AND COSTS (# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	IN-CAMP IDPS (SP1.1)	OUT-OF-CAMP IDPS (SP1.2)	TOTAL COST (US\$)
• CCCM support and management in formal camps	179,922	-	\$9.5M
• CCCM support in informal sites	-	70,234	\$5.2M
• Multisectoral assessments in camps and informal sites (# assessments)	-	-	\$456K



4.2 Education

PIN	TARGET	REQUIREMENTS	PARTNERS	ACTIVITIES
681K	354K	17.0M	26	13

FEMALE	MALE	CHILDREN	WITH DISABILITY
174K	181K	145K	53K

Cluster response objectives

In 2022, the Education Cluster plans to reach 354,000 school-aged children with education services and assistance, including 49,300 IDPs in-camp, 58,400 IDPs out-of-camp, and 246,700 returnees in 42 districts. Overall, the cluster will target all school-aged children in need in camps (99 per cent of in-camp IDP children), while for out-of-camp IDPs and returnees, the targets include all children with acute needs, reaching extreme or catastrophic levels, as well as more than 170,000 children in severe need, who are particularly vulnerable due to lack of civil documentation, unsafe learning environments and financial barriers. The cluster aims to increase conflict-affected children’s access to safe and protective learning environments in areas with limited public services, thereby contributing to the HRP’s second strategic objective to support vulnerable IDPs in camps, acutely vulnerable IDPs out-of-camps and returnees to access essential services.

The cluster will provide a range of education interventions to address increased rates of school dropout and civil documentation barriers preventing school enrolment. The cluster response to in-camp IDPs will focus on back-to-school campaigns as well as structured and school-based psychosocial support and explosive ordnance risk education.⁴² The response to out-of-

camp IDPs and returnees will focus on school-related civic documentation advocacy, emergency early childhood care development (ECCD) activities, as well as limited and emergency level school rehabilitation and teacher training.

All partners commit to reaching girls as per the cluster’s target of 49 per cent and improving access to learning for children living with disabilities. The cluster will prioritize cash for education, transportation costs and accelerated learning interventions to address the education needs of 173,950 girls and 53,250 children living with disabilities to increase access to education in priority districts.⁴³

Cluster response strategy

In response to disruptions to learning caused by displacement, conflict and further compounded by COVID-19, the cluster will focus on maintaining a protective learning environment for children and teachers through non-formal and informal education opportunities for conflict-affected children in camps, out-of-camps and in places of return. Distance learning will be improved using low-cost technology and other learning platforms to expand access to quality and inclusive learning opportunities using a gender- and disability-sensitive approach.



DUHOK, IRAQ

MHPSS project for children in Bersive 2 IDP camp. © SOSD, 2021

Lack of civil documentation continues to be a major barrier for IDPs and returnees to access formal education services. In the short term, the cluster will target in-camp, out-of-camp and returnee children with accelerated learning and non-formal education services. In parallel, the Education Cluster will be working with the Protection Cluster, Child Protection Sub-Cluster and Ministry of Education (MoE) to develop an advocacy plan to mitigate barriers to school attendance, including advocacy for access to civil documentation to facilitate equitable access to education services that meet minimum standards.

In-camp IDP children will also benefit from accelerated learning and non-formal education, as well as the distribution of teaching and learning materials. Out-of-camp IDPs will be supported with back to learning campaigns to increase school attendance rates. Cluster partners will provide learning materials, and, where possible, cash for education assistance to mitigate financial barriers for school attendance. Acutely vulnerable out-of-camp IDP children will also benefit from light rehabilitation of learning spaces and PSS.

Returnee parents with school-age children will be targeted with back to learning campaigns, education materials, transport support, and cash for education to increase school enrolment and attendance rates. In returnee areas, partners will prioritize back to school campaigns and distribution of learning resources; vulnerable families will also be linked with caseworkers for material and psychosocial support assistance.

All three groups will also benefit from Early Childhood Care and Development in Emergencies (ECCDiE), teacher training on Education in Emergencies (EiE), support to school-based management; transportation for teachers and students; back to school campaigns, and light rehabilitation of learning spaces. These services will be integrated with the Child Protection Sub-Cluster and the WASH Cluster to ensure an integrated response, prioritizing girls and children living with disabilities, to address barriers to equitable access to education. Based on lessons learned from the COVID-19 response, partners will implement a blended approach making use of accessible resources to complement in-person learning. The cluster will also collaborate with the Child Protection Sub-Cluster

on civil documentation efforts, as well as the WASH Cluster to ensure accessible WASH facilities in learning spaces.

Capacity to respond

More than 20 cluster partners, including national and international NGOs and UN agencies are engaged in the humanitarian education response to affected populations. The largest barrier for education partners is funding constraints and COVID-19 restrictions, which have severely impacted partner access and impacted implementation and monitoring efforts.

Overall, there is a 28 per cent reduction in districts targeted with education assistance, with 42 districts in 9 governorates targeted in 2022 compared to 58 districts in 15 governorates targeted in the previous year. Despite the narrowed geographic focus, there is no major change in priority locations, partners will continue to focus their response efforts in Ninewa, Al-Anbar, Salah Al-Din and Duhok governorates to improve access to formal and non-formal education. Furthermore, response will be prioritized in Falluja, Al-Hamdaniya and Sumail districts where education needs are most severe.

Partners will draw lessons from distance learning practices to strengthen their capacity to respond through blended formal and non-formal learning approaches that combine in-person and remote learning. The cluster also benefits from partners who are expanding services to include ECCDiE interventions, which enables strengthening of school readiness activities to prepare pre-school children.

Cost of the response

The education response will cost a total of \$17 million in 2022, a 59 per cent reduction compared with 2021. The funding requirement is based on the costing of partner response activities to address prioritized humanitarian needs. Education partners provided costing details for materials and equipment at district level for targeted beneficiaries. The cost for capacity-building for local and national partners was derived from the Education Cluster Localization Strategy. Average costs were then calculated for each activity,

with cost ranges established to allow for variation based on geographic location and exchange rates.

As a result of lower targets and exclusion of COVID-19-related activities and capacity-building to government personnel, overall, the cluster's per beneficiary cost has decreased from \$73 in 2021, to \$48 in 2022. The funding requirement includes costs for school-related civil documentation advocacy, which is a new activity included in the 2022 response plan to reduce barriers for school enrolment.

Education Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET		
	49,311	49,311		
Provide essential primary health care, WASH, and education services for vulnerable IDPs in camps meeting minimum humanitarian standards.				
Contributes to Specific Objective SP2.1				
Approach: Integrated with Child Protection Sub-Cluster and WASH Cluster				
CLUSTER OBJECTIVE C02	NEED	TARGET		
	120,671	58,438		
Support access to essential primary health care, WASH, and education services for acutely vulnerable out-of-camp IDPs meeting minimum humanitarian standards.				
Contributes to Specific Objective SP2.2				
Approach: Integrated with Child Protection and Mine Action Sub-Clusters				
CLUSTER OBJECTIVE C03	NEED	TARGET		
	510,810	246,684		
Support access to essential primary health care, WASH and education services for acutely vulnerable returnees in areas with limited public services. The durability of such services is supported through partnerships with relevant local actors and authorities.				
Contributes to Specific Objective SP2.3				
Approach: Integrated with Child Protection and Mine Action Sub-Clusters				
ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP2.1)	(SP2.2)	(SP2.3)	(US\$)
• Back-to-learning campaigns	2,540	10,862	64,328	\$37K
• Conduct needs assessments (# assessments)	-	3	11	\$45K
• Establish and train PTAs and SBMCs	4	146	484	\$1.4M
• Light rehabilitation of school or temporary learning spaces	49,311	28,499	80,610	\$1.9M
• National NGO capacity-building		172	1,200	\$82K
• Provision of accelerated learning programmes and non-formal education	17,415	14,486	35,222	\$6.1M
• Provision of emergency early childhood care development programmes	300	2,820	6,076	\$109K
• Provision of social safety net (cash for education)	-	255	560	\$29K
• Provision of structured school-based PSS, EORE and life skills activities	-	3,068	10,148	\$629K
• Provision of teaching and learning materials	49,311	58,438	246,681	\$5.9M
• Provision of transportation for students and teachers	-	970	369	\$84K
• School-related civil documentation advocacy (# interventions)	17	43	23	\$20K
• Teacher training	865	2,165	8,041	\$659K



4.3 Emergency Livelihoods

PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
632K	49K	10.6M	59%	35	2

FEMALE	MALE	CHILDREN	WITH DISABILITY
24K	24K	22K	7K

Cluster response objectives

In 2022, the Emergency Livelihoods Cluster (ELC) plans to reach 13,700 IDPs in-camp, 7,000 IDPs out-of-camp and 28,200 returnees with cash for work and job placement interventions. The cluster objective is to provide immediate income opportunities through temporary job opportunities for the most vulnerable conflict-affected populations to meet their basic needs, contributing to the HRP strategic objective 3.

By creating immediate income sources, the cluster will support the most vulnerable IDPs and returnees with a focus on those who live in critical shelter and rely on crisis and emergency level negative coping mechanisms, to meet their basic needs and reduce reliance on coping strategies such as child labour, children dropping out of school, or early and forced marriages, while promoting incentives for employment.

Given that female-headed households, women and people living with disabilities are socioeconomically more vulnerable and more frequently rely on negative coping mechanisms, the cluster will prioritize accessible support through inclusive outreach and adjustment of the activities to meet particular needs of vulnerable groups.

The cluster will target all IDPs found to be in acute need, including acutely vulnerable in-camp IDPs in 10 districts⁴⁴ and acutely vulnerable out-of-camp IDPs in

13 districts,⁴⁵ as well as the most vulnerable returnees in 22 districts,⁴⁶ who were found to be in acute needs, were affected by recent camp closures or whose needs were met in the 2021 response.

Cluster response strategy

Given the more prioritized focus on the most destitute IDPs and returnees, the Emergency Livelihoods Cluster will in 2022 focus on providing cash for work and job placements as short-term life-saving and life-sustaining interventions, while medium- to longer-term interventions, such as support for small and medium-size businesses, vocational training and economic recovery will be implemented under the development framework.

For IDPs in both camp and out-of-camp locations, the cluster will provide cash for work to those IDPs that have been found to live in critical shelter and rely on crisis and emergency-level negative coping mechanisms to meet their basic needs, due to high levels of unemployment within the household. For returnees, a mix of cash for work and job placement interventions will similarly target those who live in critical shelter and rely on negative coping mechanisms in the absence of income to meet their day-to-day needs.

Cash for work is a viable and widely used intervention in Iraq that provides immediate income to affected populations through community projects



SALAH AL-DIN, IRAQ

Protection and promotion of livelihoods like agriculture are one step in finding durable solutions for displaced persons in Iraq. © WFP, 2021

aimed at maintenance and light rehabilitation of key infrastructure, such as schools, power grids or marketplaces. Female-headed households, women and people living with disabilities, who often face more significant barriers to accessing income, will be prioritized through temporary job opportunities that are appropriate to their skills and abilities. Job placement will target returnees in urban settings, providing them with immediate income and building their competencies in a real work environment, while contributing to enhancement of the skills in demand by employers. The cluster will support returnees who have previously received MPCA, as part of a sequenced graduation from unconditional cash to short-term employment, while also promoting referrals to longer-term development interventions outside the humanitarian response.

The Emergency Livelihoods Cluster's priority locations in 2022 will be Al-Mosul, Sumail, Sinjar, Al-Hamdaniya, Zakho, Al-Falluja, Telafar, Al-Baaj, Al-Muqdadiya, Al-Ramadi, Al-Shikhan, Tooz Khurmato districts through cash for work (4,417 families) and job placement (2,263 families) in urban and semi-urban contexts.

Capacity to respond

The Emergency Livelihoods Cluster has around 35 partners working in 15 governorates, including the cluster's priority locations. Cluster partners are well experienced with cash-for-work and job placement activities, and many have been directly involved in developing the updated Standard Operating Procedures (SOPs) for cash for work and job placement interventions.

Cluster partners will continue to coordinate and register projects, including with administrative bodies as required. While no specific authorization is needed for job placement, partners will continue to coordinate with local authorities and actors, including municipalities and directorates, to agree and authorize community projects for cash-for-work interventions wherever required.

In 2021, cluster partners reached more than 90 per cent of its target despite limited funding. With a significantly reduced target for 2022, partners are confident that they will be able to reach the planned target, including in those districts that did see gaps in response in 2021, including Al-Mosul and Al-Ham-

daniya districts in Ninewa, Al-Falluja and Heet districts in Al-Anbar, and Al-Hawiga District in Kirkuk.

Cost of the response

The emergency livelihoods response will cost a total of \$10.6 million, a 56 per cent decrease from 2021. The main cost component of job placement and cash-for-work activities are the monthly cash transfers to the beneficiaries. The standardized cost of \$400 per month is based on the minimum wage of \$20 per day for 20 working days and will be distributed through money agencies that have transaction fees ranging from 1-2.5 per cent of the transfer value. In addition

to the cash transfer values, job placement activities also include mentoring and raw material cost of \$100 per month.

For each of the activities, cost ranges have been established, allowing for some variation as costs related to delivery of the intervention varies depending on location, target population and implementing partner, particularly related to costs of transportation, project administration and monitoring and human resources. Costs tend to be higher in areas with more scattered populations, than for example in camps densely populated areas.

Emergency Livelihoods Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET
	144,239	13,746
The most vulnerable in-camp IDPs are provided with temporary immediate income opportunities to meet basic needs and reduce reliance on negative coping mechanisms.		
Contributes to Specific Objective SP3.1		
Approach: Provide immediate temporary income to the most vulnerable households in camps, who have limited or no income and rely on harmful negative coping mechanisms to meet their survival needs. Targeted individuals will be paid cash for working on labour intensive projects prioritized by the community.		
CLUSTER OBJECTIVE C02	NEED	TARGET
	144,532	6,923
The most acutely vulnerable out-of-camp IDPs are provided with temporary immediate income opportunities meet basic needs and reduce reliance on negative coping mechanisms.		
Contributes to Specific Objective SP3.2		
Approach: Provide immediate temporary income to the most acutely vulnerable out-of-camp IDPs who have no or limited income and who rely on harmful negative coping mechanisms to meet their survival needs. Targeted individuals will be paid cash for working on labour intensive projects prioritized by the community.		
CLUSTER OBJECTIVE C03	NEED	TARGET
	343,038	28,171
The most acutely vulnerable returnees are supported to access immediate, temporary income to meet basic needs for survival and to reduce reliance on negative coping mechanisms.		
Contributes to Specific Objective SP3.3		
Approach: Provide the most acutely vulnerable returnees, who have no or limited income, and who rely on harmful negative coping mechanisms to meet their survival needs, with immediate access to temporary income sources. Targeted individuals will be paid cash for working on projects prioritized by the community and through short-term job placement. Labour market information will be made available and accessible for job seekers.		

ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP3.1)	(SP3.2)	(SP3.3)	(US\$)
• Cash for work	13,733	6,923	10,675	\$6.3M
• Job placements	-	-	17,496	\$4.4M



4.4 Food Security

PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
730K	336K	54.4M	79%	32	6

FEMALE	MALE	CHILDREN	WITH DISABILITY
161K	175K	171K	50K

Cluster response objectives

The Food Security Cluster (FSC) plans to reach 179,900 IDPs in camps, 26,000 IDPs out-of-camps and 130,400 returnees, thereby contributing the HRP's third strategic objective of supporting acutely vulnerable conflict-affected populations to meet their basic needs.

All in-camp IDPs will continue to receive cash-based emergency food assistance, ensuring continued access to food for the IDPs remaining in camps in 2022, in support of the HRP's specific objective 3.1.

For the most vulnerable out-of-camp IDPs and returnees, including female-headed households and those living in critical shelter, who have been found to be particularly vulnerable to food insecurity, the cluster will focus on improving food availability, access and stability. It will do so through provision of agriculture-based income-generating activities, agricultural and livestock inputs/assets and training on crop and/or livestock production, agricultural practices and food preservation. These activities will support the integration of poor vulnerable households into local agricultural value chains, increase their access to markets and services and reduce their reliance on negative coping mechanisms to meet basic food needs, in support of HRP specific objectives 3.2 and 3.3.

While the cluster targets all in-camp IDPs, out-of-camp IDPs will be targeted in 17 districts in Erbil, Duhok, Ninewa, Al-Anbar, Salah Al-Din and Diyala governorates, and returnees in 24 districts in Ninewa, Al-Anbar, Salah Al-Din, Kirkuk and Diyala governorates.

Cluster response strategy

Additionally, 26,000 out-of-camp IDPs and 130,400 returnees who face severe food insecurity and live in critical shelter will be targeted with agricultural and livestock inputs/assets (e.g., drought-tolerant seeds and animal feed) and agriculture-based income-generating activities to achieve self-reliance to meet their food needs. Income-generating activities will also include cash-for-work activities. Cash+ schemes will be employed to improve social protection for vulnerable smallholder farmers returnees by providing unconditional cash at a value of \$300 while simultaneously building resilience through agricultural inputs, assets and/or training. The cash component can help restore food security by supporting beneficiaries to meet their basic needs, while also protecting their assets from being sold out of distress, minimizing the use of negative coping strategies. The in-kind component will ensure that families not only have cash, but also the inputs, assets, training, and support needed to farm, herd, fish and diversify their livelihoods, to enhance their food security, nutrition, and income generation potential. This type of intervention supports adequate food consumption patterns in the



DIYALA, IRAQ

Humanitarian partners respond with distribution of essential items to newly displaced families in Diyala. © Mercy Hands, 2021

short term, while simultaneously improving asset ownership for longer-term dietary diversity and food security of vulnerable out-of-camp IDPs and returnees, thereby also contributing to promoting sustainable returns.

Capacity to respond

The FSC has 32 partners who can potentially contribute to the 2022 HRP cluster response. Of these, 18 partners actively worked towards implementation of the 2021 HRP, all of whom expected to remain operational in 2022. The partners continue to maintain good coordination with the local authorities and are thus expected to be able to maintain access to beneficiaries and project sites

In 2021, the cluster experienced significant response gaps, in large part due to funding shortages, in five districts: Al-Falluja and Heet in Al-Anbar Governorate, Beygee in Salah Al-Din, Al-Khalis in Diyala and Al-Hamdaniya in Ninewa. For 2022, the targets Al-Falluja, Al-Khalis and Al-Hamdaniyah have been reduced to prioritize the most vulnerable, while resource mobi-

lizing efforts are increasing for Heet and Beygee where needs remain significant.

Cluster partners will remain flexible should the operating environment change due to camp closures or drought impact on the affected populations and adjust assistance modalities and delivery mechanisms according to the needs of the people and operational realities. Camp closures may result in additional or new needs, as well as changes in the numbers of in-camp and out-of-camp population groups, which will require adjustment of targets or re-allocation of resources from camp to out-of-camp locations.

Cost of the response

The Food Security Cluster's response in 2022 will cost a total of \$54.4 million, a 28 per cent reduction compared to 2021. The unit costs for each activity have been calculated based on applicable guidelines related to the SMEB and food basket design, as well as cash for work (CfW) standard operating procedures (SOP) in the country⁴⁷ and analysis of activity costs submitted by partners.⁴⁸

For CfW interventions, the cost is aligned with the Emergency Livelihood Cluster, based on the Iraq CfW SOPs at the minimum wage of \$20 per day for 20 workdays. The cost for Cash+ interventions has been estimated based on a combination of the values of cash transfers and of agricultural inputs/training, where the cash component is equivalent to the revised SMEB of \$300 for one household for one month, and the cost of the agricultural inputs is estimated at \$200 per household for a one-off activity based on Food and Agriculture Organization (FAO) cost analysis. The cost of agriculture and livestock inputs, tools and equipment has been determined by FAO based on recent and ongoing projects in the country. To determine the unit cost per individual, the final cost

of \$500 was divided by the average household size of five and increased by 25 per cent to account for operational costs.

For emergency food assistance in camps, the cost has been determined to ensure that each in-camp IDP will be provided cash to cover 80 per cent of the required 2,100kcal (1,680kcal) on the assumption that most of the IDPs also have access to other transfers such as remittances, income from unskilled daily work, etc. to cover the remaining 20 per cent. Based on monthly monitoring of markets and food prices, the cost was established at \$17.14 per person per month (transfer value of \$12.76 and operational costs of \$4.38).

Food Security Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET
	179,922	179,922
Vulnerable in-camp IDPs are reached with emergency food assistance.		

Contributes to Specific Objective SP3.1

Approach: Integrated

CLUSTER OBJECTIVE C02	NEED	TARGET
	129,998	25,961

Vulnerable out-of-camp IDPs have access to cash for work activities and are reached with Cash+ interventions.

Contributes to Specific Objective SP3.2

Approach: Integrated

CLUSTER OBJECTIVE C03	NEED	TARGET
	420,284	130,377

Vulnerable returnees have access to agricultural and livestock inputs, tools and equipment, and are reached with Cash+ interventions.

Contributes to Specific Objective SP3.3

Approach: Integrated

ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP3.1)	(SP3.2)	(SP3.3)	(US\$)
• Cash for work activities	-	12,980	-	\$1.3M
• Provision of agricultural and livestock inputs, tools and equipment	-	-	45,632	\$5.9M
• Provision of agricultural tools and equipment	-	-	45,632	\$3.7M
• Provision of Cash+ (cash component)	-	12,980	39,113	\$3.9M
• Provision of Cash+ (in-kind component)	-	12,980	39,113	\$2.1M
• Provision of emergency food assistance	179,922	-	-	\$37.6M



4.5 Health

PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
1.7M	388K	46.8M	17%	29	9

FEMALE	MALE	CHILDREN	WITH DISABILITY
190K	198K	182K	58K

Cluster response objectives

In 2022, the Health Cluster plans to reach approximately 180,000 IDPs in-camp, 75,000 IDPs out-of-camp and 133,000 returnees with life-saving primary health-care services. The cluster objective is to provide primary health-care services meeting minimum humanitarian standards for the most vulnerable IDPs in camps and informal sites, and for IDPs and returnees in areas with limited public services. The cluster objective will contribute to the HRP’s second strategic objective to support access to essential services.

In camps, the cluster will support all IDPs with static primary health-care centres, ambulances, and community outreach/awareness campaigns to increase access to health-care services to reduce morbidity and mortality from communicable and non-communicable diseases, as well as alleviate mental health and physical rehabilitation needs. Cash for transport aims to address barriers to accessing health care for the more than 50 per cent of in-camp IDP households spending more than 25 per cent of their total household expenditure on health care.

In out-of-camp displacement and returns locations, the cluster will support IDPs and returnees who are in acute need of humanitarian health services, who

have multiple acute humanitarian needs and face specific barriers to meeting those needs, including those living in critical shelter or lacking civil documentation. Out-of-camp IDPs and returnees will be supported with mobile clinics and outreach services as well as cash for transport and chronic disease medication to increase access to essential health services in line with pre-ISIL conditions, particularly in underserved areas, to address life-threatening health needs. The cluster will also focus on providing access to community-based health services, while reconstruction and rehabilitation of damaged and destroyed health facilities fall outside the scope of the humanitarian response.

The cluster will include both in-kind and cash assistance to address the particular needs of people living in critical shelter, female-headed households, people living with disabilities and those with low socioeconomic status, for whom the costs have proven to be a key barrier for accessing health care.

Cluster response strategy

In 2022, the cluster will work in a similar, although reduced number of geographical areas with similar activities as in 2021, with the addition of cash assistance. In 2022, 43 districts are prioritized based on acute health needs that reach emergency



AL-SULAYMANIYAH, IRAQ

Mass vaccination campaign in IDP camps mobilized by WHO and government partners. © WHO, 2021

and catastrophic levels, with another 12 districts added because people with crisis-level health needs face particular barriers due to living in critical shelter or more than one hour away from primary health services.⁴⁹

In camps, primary health-care services will continue to be provided in kind, through static facilities to IDPs. Primary health-care services include outpatient consultations, referrals, reproductive health, nutrition screening and management, mental health and psychosocial support, physical rehabilitation, disease prevention through community outreach, as well as communicable disease surveillance and rapid response, including immunization and COVID-19 vaccination.

For out-of-camp IDPs and returnees in areas with inadequate infrastructure, mobile medical clinics will be deployed, where necessary, to ensure access to primary health-care services. Health workers will be trained on clinical and public health related areas, to support long-term sustainability of quality services, which is dependent on the government's commitment

to ensure these personnel provide services where needed. Cash and voucher assistance for health, including transport cost and provision of chronic disease medicines will be included to support those facing barriers to access health services due to financial constraints.

Addressing the particular needs of women, children, older people and people living with disabilities remains a key priority for the cluster. Partner services are tailored specifically to all population groups, such as outpatient consultations targeting all groups according to the incidence of disease; reproductive health services for women of childbearing age; newborn home visits, vaccination, and nutritional services for children; and physical rehabilitation services for people living with disabilities. In addition, a component of the cash-for-health services will support those with chronic, non-communicable diseases, mostly middle-aged and older people to access medications.

Capacity to respond

Approximately 30 UN agencies, INGOs and NNGOs are engaged in the Health Cluster response. Currently, cluster partners, as well as observer agencies, are either operational in or have access to most of the target locations. The largest barrier is lack of partners, largely due to funding constraints, which has limited the health response in some locations despite existing humanitarian need. Locations with significant response gaps in 2021 will be de-prioritized, with the exception of Al-Khalis District in Diyala Governorate, where there are newly displaced households and large health gaps. In 2022, the cluster will also increase its efforts to provide services in targeted hard-to-reach areas through outreach services by local NGOs.⁵⁰

Cash and voucher assistance will be delivered with the support of the Cash Working Group and Protection Cluster.

Cost of the response

The health response will cost a total of \$46.8 million in 2022, a 38 per cent reduction compared with 2021. The funding requirement was calculated based on the costing of partner response activities to address prioritized humanitarian needs. Health partners provided costing details at district level for targeted beneficiaries. In addition, cash and voucher assistance was calculated based on the experience of protection partners, who have a range of budget allotment based on location and distance of the transport required.

Average costs were then calculated for each activity, with cost ranges established to allow for variation, including due to varying costs associated with procurement and transportation of medicines and supplies from both within Iraq and abroad, as well as the health personnel remuneration as identified by the respective Directorates of Health.

Major cost drivers include the diversion of supplies and human resources to the COVID-19 response as it is becoming increasingly difficult to deploy health workers to support humanitarian response operations. Additional costing factors are the increased expense of delivering health services in hard-to-reach locations due to additional staff transportation and supply costs.

Health Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET
	179,922	179,922
The cluster plans to reach 179,922 in-camp IDPs with an uninterrupted package of essential, life-saving primary health-care services meeting minimum humanitarian standards.		
Contributes to Specific Objective SP2.1		
Approach: Integrated, sequenced and layered		
CLUSTER OBJECTIVE C02	NEED	TARGET
	308,657	75,080
The cluster plans to reach 75,080 out-of-camp IDPs with an uninterrupted package of essential, life-saving primary health-care services meeting minimum humanitarian standards.		
Contributes to Specific Objective SP2.2		
Approach: Integrated, sequenced and layered		
CLUSTER OBJECTIVE C03	NEED	TARGET
	1,252,887	132,996
The cluster plans to reach 132,996 returnees with an uninterrupted package of essential, life-saving primary health-care services meeting minimum humanitarian standards.		
Contributes to Specific Objective SP2.3		
Approach: Integrated, sequenced and layered		

ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP2.1)	(SP2.2)	(SP2.3)	(US\$)
• Cash and voucher assistance for health needs	8,636	3,604	6,384	\$8.1M
• Disease outbreak contingency and response	179,922	75,079	132,997	\$2.4M
• Mental health and psychosocial services	25,189	10,511	18,620	\$5.3M
• Nutrition/immunization	43,271	18,057	31,986	\$1.6M
• Physical rehabilitation	1,020	426	754	\$1M
• Reproductive health	44,981	18,770	33,249	\$4.8M
• Secondary health-care services	17,992	7,508	13,300	\$970K
• Support capacity building	-	-	-	\$200K
• Treatment of common diseases	179,922	75,079	132,997	\$22.4M



4.6 Protection

Cluster response objectives

In 2022, the National Protection Cluster (NPC) plans to reach 752,500 people,⁵¹ including 84,200 IDPs in camps, 185,800 out-of-camp IDPs and 482,500 returnees with protection services in 50 priority districts. NPC targets are people found to have acute humanitarian vulnerabilities due to lack of core civil documentation and who are therefore reaching extreme and catastrophic levels of need according to the 2022 Iraq HNO. The cluster’s objectives are to prevent and respond to protection threats by providing specialized protection interventions to ensure access to basic services and enjoyment of fundamental rights for vulnerable IDPs and returnees. The cluster activities will support the three specific objectives under the first strategic objective of the 2022 HRP aimed at supporting conflict-affected populations to live in safety and dignity.

Cluster response strategy

To strengthen the protection environment while addressing identified protection needs, the cluster response strategy will include: (i) delivery of specialized protection assistance to the most at-risk IDPs in- and out-of-camp settings and returnees; (ii) expansion of outreach and services in prioritized out-of-camp locations for IDPs and returnees; (iii) strengthening the capacity of communities and authorities to implement core protection activities, and of communities and existing protection systems to reduce use of negative coping mechanisms; (iv) the development of protection analysis to inform the evolving response and ensure the continuous prioritization of the most at-risk individuals. Links with the Durable Solutions ABC groups will be promoted to avoid overlaps in service provision and facilitate efforts towards a smooth transition; at the same time, the cluster will continue to ensure protection service delivery and coordination of protection actors through existing Protection Working Groups.

General Protection and Mine Action

PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
1.5M	630K	65.3M	16%	44	19

FEMALE	MALE	CHILDREN	WITH DISABILITY
318K	312K	271K	94K

General Protection (GP)

partners will assist 549,500 people, including 37,100 IDPs in camps, 134,300 out-of-camp IDPs and 378,100 returnees in 36 priority districts in 10 governorates. GP partners will continue to provide specialized protection services, including case management, through community centres and mobile teams, to at-risk IDPs and returnees, including people living with disabilities, to mitigate and respond to protection needs. Cash

for protection will be delivered to individuals facing protection risks to prevent them from resorting to negative coping mechanisms. Partners will prioritize the provision of legal assistance and counselling on civil documentation, detention matters for IDPs in camps and out-of-camp locations, including those living in informal sites, and returnees to ensure proof of legal identity, promote freedom of movement, and facilitate access to basic services, including govern-

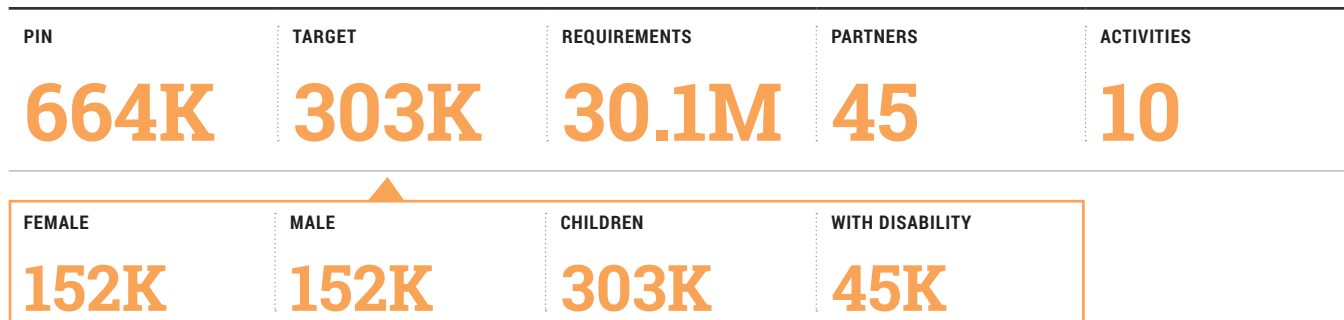
ment social protection mechanisms. This includes deployment of mobile missions for the issuance of core civil documentation to camps and out-of-camp locations. Four core humanitarian HLP activities including legal assistance, awareness raising, advocacy and training and capacity strengthening will be integrated into the general protection activities. Protection legal partners will provide legal assistance and counselling to vulnerable individuals, prioritizing female-headed households and minorities that are often unable to access HLP services. Such legal assistance and counselling will reinforce security of tenure, restore HLP documentation and resolve HLP disputes. Legal assistance for HLP rights, including to file for compensation claims for damaged/destroyed property, are necessary prerequisites for other interventions (e.g., shelter) and to avoid escalating tensions in areas of return. Partners will therefore also facilitate representation of the cases before compensation sub-committees and follow their cases until successful submission. To increase access to compensation schemes, partners will provide awareness-raising activities targeting IDPs and returnees, particularly women and other individuals with perceived affiliation to extremist groups. Partners will continue providing psychosocial support services to IDPs in- and out-of-camps, and returnees, to assist in overcoming pre-existing conflict-related trauma, and additional stress and anxiety due to premature departures from camps and informal sites, and situations of secondary and protracted displacement. To this end, the cluster will continue to promote joint interventions, including capacity strengthening activities on Psychological First Aid and Suicide Prevention, with mental health and psychosocial actors. Partners will implement community-based protection interventions in in-and out-of-camp locations and returns areas to strengthen community knowledge (including through awareness raising) and capacity for self-protection and to advance access to durable solutions in communities, with a focus on non-discrimination and inclusion of people with perceived affiliation to extremists. Protection monitoring at household and community level will be implemented in in- and out-of-camp locations to better inform the response and support evidence-based advocacy on the adherence to protection principles and rights-based provision of assistance. The cluster

response will be 3 per cent in cash and the rest in kind. Direct implementation of services and monitoring will be conducted in line with COVID-19 related regulations; and partners will remain agile for a flexible response based on context developments.

Mine Action

Mine Action Sub-Cluster (MASC) partners will assist 80,200 people, including about 5,500 IDPs in camps, 19,300 out-of-camp IDPs and 55,300 returnees in 36 priority districts in 10 governorates and continue their efforts to reduce the risks of explosive ordnance on the physical and mental well-being of the conflict affected population by conducting survey and clearance of 8,500,000 square metres of contaminated lands. The humanitarian part of the mine action response will focus on areas with highly vulnerable individuals, who have been severely impacted by EO through loss of lives and/or forced to adopt risky behaviours due to lack of alternative livelihoods or housing options. International and national humanitarian mine action actors will continue to cooperate to convey life-saving messages to people in hard-to-reach areas. Effective and sustainable explosive ordnance risk education activities will help reduce the risk of injury and death, particularly for children and returnees, in contaminated areas. Mine action partners will train community focal points as educators to raise awareness about improvised explosive devices (IED) and other explosive remnants of war. The design of EORE messages will be based on context analysis and needs assessments to ensure they are relevant to the specific contaminated areas, e.g., socioeconomic status, language, literacy, disability, displacement status and rural/ urban locations, access to digital devices and technology and Internet services. The MASC will continue advocating for improving data collection and referral of EO victims to specialized services. Recognizing the limited availability of these services in some conflict-affected locations, the collection of accurate information will support the referral of victims to other clusters e.g., health, education and emergency livelihoods, for intervention where feasible. Humanitarian partners will support mapping of relevant existing services in the targeted areas to contribute to the development of a directory of services to victims.

Child Protection



The Child Protection Sub-Cluster (CPSC) plans to reach 303,300 people, including 82,400 IDPs in camps, 50,600 out-of-camp IDPs and 170,300 returnees, of which 89 per cent are children and 11 per cent are adult caregivers, in 11 governorates with essential, life-saving child protection services. The child protection response will continue to address and respond to multiple protection risks faced by children and adolescents by applying a socio-ecological approach that reaches all levels where children interact – individual, family, community and societal levels. The aim of the interventions is to ensure that children affected by violence, abuse, neglect and exploitation have access to appropriate assistance through comprehensive case management and referral to specialized services; children and families will be assisted to secure missing key civil documents and legal assistance will be provided for children at risk; household and community level protective environments for children will be improved through awareness raising and psychosocial support interventions, targeting children and caregivers, and child protection system will be strengthened. The CPSC will continue to support static, COVID-19 adapted work modalities, mobile responses as well as face-to-face interventions to deliver quality child protection services and cross-sectoral approaches in order to expand the reach of services in hard-to-reach areas.

partners will work together on the development of a joint response framework, emphasizing mental health and psychosocial support (MHPSS) in schools, access to schools after the obtaining of key civil documents and capacity strengthening of teachers to create nurturing environments and safe identification and referral of children at risk. Girls and boys living in high-risk locations and informal settlements, will be prioritized to reduce the risk of recruitment into armed groups and strengthening community reintegration programming for children formerly associated with armed groups, ensuring family-based care, psychosocial support and access to medical and physical rehabilitation services; Awareness-raising and community-based activities will also reduce exclusion and barriers affecting children with perceived affiliation to extremist groups or in conditions of disability.

To better prevent and respond to violence against children, lack of access to basic services, child labour and different forms of GBV, child protection actors will continue collaborating with other sectors to deliver cross-sectoral services that meet the interconnected needs of children. Education and Child Protection

Gender-Based Violence

PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
919K	353K	36.2M	5%	39	11

FEMALE	MALE	CHILDREN	WITH DISABILITY
307K	46K	162K	53K

The GBV Sub-Cluster (GBVSC) response will target nearly 352,800 people, including 59,000 IDPs in camps, 111,000 out-of-camp IDPs and 182,800 returnees, of which 87 per cent are women/girls and 46 per cent are children, at risk of GBV with specialized services in 45 districts in 11 governorates. Special attention and focus will be given to people living with disabilities, people with perceived affiliation to extremist groups, female-headed households and children who have experienced GBV. The sub-cluster will (1) strengthen existing service delivery⁵² in underserved locations that will improve survivor access to specialized GBV and multisector services; (2) address the root causes of GBV; and (3) reinforce GBV prevention and risk mitigation measures⁵³ in collaboration with other relevant clusters.⁵⁴ The sub-cluster will also ensure that services are adapted to meet the special needs of people living with disabilities, older people and child survivors of GBV through an improved interagency referral and response mechanism which will improve survivors' access to multisectoral interventions. The GBVSC will promote service provision through static One Stop Centres as well as mobile service delivery points. In-house legal support to survivors wishing to seek justice against the perpetrators will be supported.

Capacity to respond

Approximately 44 protection actors are delivering general protection, including core humanitarian HLP activities and mine action services. Protection partners have been operating in the majority of the HRP priority districts and will continue to provide protection services through a combination of in-person and remote modalities due to the risk of COVID-19 and

Cash and voucher assistance will address immediate protection risks and exposure to GBV in view of acute survival needs. Livelihood interventions, including job placement, will be provided to survivors of GBV to enhance psychosocial resilience, economic well-being and security and aid in recovery efforts. In addition, the response will increase capacities of front-line service providers on GBV case management, including remote approaches for psychosocial support, GBV data collection through the Gender-Based Violence Information Management System (GBVIMS), and community mobilization, including a focus on engaging men and boys and relevant provision of support for them as potential survivors facing stigma in accessing care. Care and case management for child survivors and victims of intimate partner violence, including people living with disabilities and adolescent girls, will also be strengthened. Increased collaboration with the Health Cluster and the Sexual and Reproductive Health (SRH) Working Group and lead UN agencies will be reinforced to strengthen the existing capacities of health responders and systems for clinical management of rape cases and improve survivors' access to health-care services at the district level.

access restrictions in out-of-camp locations, primarily in some key districts in Al-Anbar, Ninewa and Diyala governorates. For in-person implementation, COVID-19 prevention measures will be applied. In case in-person implementation is not possible, remote modalities using mixed approaches, including use of phone and social media, will be explored with emphasis on the



SALAH AL-DIN, IRAQ

The Iraq Information Center hotline is one of the primary avenues for reporting GBV and SEA to humanitarian partners. Its contact details are regularly shared with beneficiaries. © OCHA, 2021

do-no-harm principle. Existing community centres in out-of-camp locations will remain a key entry point for service provision and outreach activities will be expanded. Links with the Durable Solutions ABC groups will be strengthened to avoid duplication in protection service provision and guarantee sustainable support and contribution to the achievement of durable solutions. Mobile services, including for the provision of legal assistance, will be deployed targeting vulnerable in-camp and out-of-camp IDPs and returnees. Support to national partners to identify and manage complex protection cases will also be strengthened to overcome access constraints and allow for the gradual handover of activities. Cash for protection will be implemented to cover immediate protection needs of at-risk individuals. Core humanitarian HLP activities will be integrated under GP activities and provided by GP actors.

For GBV, around 40 actors will be providing life-saving and life-sustaining GBV services to survivors as well as at-risk populations. Partners will continue to prioritize those most at-risk and recent GBV survivors among the most vulnerable humanitarian caseloads, while

strengthening referrals to development partners to facilitate the transition towards durable solutions and wider development and recovery.

More than 40 child protection partners will increase the child protection prevention risk mitigation and response intervention with a focus on case management services, facilitating civil documentation, referrals to specialized services, psychosocial support; rehabilitation and reintegration programming for children formerly associated with armed groups, and other children at risk of recruitment. Joint capacity strengthening initiatives within child protection and across other sectors will also be emphasized for improved, more sustainable interventions.

Cost of the response

The total cost of protection activities is \$131.5 million in 2022, of which \$65.3 million is for general protection and mine action; \$30 million is for child protection; and \$36.2 million is for the GBV response to provide life-saving specialized and integrated GBV services to survivors and at-risk population. This is a reduction of 18 per cent compared to 2021, due to a narrower focus

on core humanitarian protection needs for the most acutely vulnerable IDPs and returnees.

The main cost drivers for General Protection, Child Protection and GBV include legal assistance and case management as these are complex processes, that require a lengthy timeframe and are human resource heavy, including specialized case workers and professionals. However, the unit cost for case management has decreased from \$520 per beneficiary in 2021 to \$500 in 2022. For Mine Action, the core cost driver is related to survey and clearance activities.

Common activities among all areas of responsibility are costed with agreed average costs taking into

consideration indirect costs, including transportation, implementation in hard-to-reach areas and out-of-camp locations, procurement of security equipment, human resource-related costs and monitoring. All costs include 30 per cent support costs (both direct and indirect support costs). Considering access restrictions and COVID-19 preventative measures, variations in unit costs have also been considered in the final estimation of the average unit cost per activity, with ranges established to account for those variations in different locations and for different modalities. The cost per activity was validated in consultations with cluster partners and NPC's Strategic Advisory Group; some people are targeted with multiple activities and are costed and monitored accordingly.

General Protection and Mine Action Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET		
	153,650	42,634		
Vulnerable IDPs in camps have access to specialized protection services and community-based interventions to address risks to their physical safety and well-being.				
Contributes to Specific Objective SP1.1				
Approach: Integrated				
CLUSTER OBJECTIVE C02	NEED	TARGET		
	292,955	153,666		
Acutely vulnerable out-of-camp IDPs have access to specialized protection services and community-based interventions to address risks to their physical safety, well-being and social integration.				
Contributes to Specific Objective SP1.2				
Approach: Integrated				
CLUSTER OBJECTIVE C03	NEED	TARGET		
	1,007,875	433,401		
Acutely vulnerable returnees have access to specialized protection services and community-based interventions to address risks to their physical safety, well-being and social integration.				
Contributes to Specific Objective SP1.3				
Approach: Integrated				
ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP1.1)	(SP1.2)	(SP1.3)	(US\$)
• Advocacy GP and HLP (# interventions x 70)	-	-	-	\$140K
• Awareness raising for GP- and HLP-related issues	10,353	36,147	103,500	\$1.2M
• Case management	414	1,447	4,140	\$3M

ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
• Cash for protection (# households)	-	4,800	7,200	\$10.1M
• Community centres (# centres x 50)	-	-	-	\$150K
• Community-based protection activities	2,416	8,435	24,150	\$5.4M
• Emergency cash for protection	173	603	1,725	\$500K
• Explosive ordnance risk education	5,177	18,074	51,750	\$450K
• Legal assistance (GP documentation, family law matters, HLP)	6,212	21,688	62,100	\$18M
• Legal assistance (detention representation)	69	241	690	\$550K
• Protection monitoring at household level	13,804	48,196	138,000	\$4M
• Protection monitoring at community level	552	1,928	5,520	\$144K
• Psychosocial support	1,726	6,026	17,250	\$4M
• Referral of cases	1,380	4,821	13,800	\$2M
• Survey and clearance (# sq. m x 8.5 m)	-	-	-	\$14.9M
• Training and capacity strengthening for GP and HLP (# interventions x 2,600)	-	-	-	\$520K
• Training and capacity strengthening for Mine Action (# interventions x 100)	-	-	-	\$3K
• Training of trainers on explosive ordnance risk education	345	1,200	3,450	\$138K
• Victim assistance	14	60	126	\$20K

Child Protection Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET
	74,631	82,357
Vulnerable IDPs in camps have access to specialized protection services and community-based interventions to address risks to their physical safety and well-being.		
Contributes to Specific Objective SP1.1		
Approach: Integrated, sequenced and layered		
CLUSTER OBJECTIVE C02	NEED	TARGET
	160,481	50,649
Acutely vulnerable out-of-camp IDPs have access to specialized protection services and community-based interventions to address risks to their physical safety, well-being and social integration.		
Contributes to Specific Objective SP1.2		
Approach: Integrated, sequenced and layered		
CLUSTER OBJECTIVE C03	NEED	TARGET
	428,462	170,285
Acutely vulnerable returnees have access to specialized protection services and community-based interventions to address risks to their physical safety, well-being and social integration.		
Contributes to Specific Objective SP1.3		
Approach: Integrated, sequenced and layered		

ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP1.1)	(SP1.2)	(SP1.3)	(US\$)
• Assistance to access civil documentation	2,468	5,532	9,000	\$2.4M
• Awareness-raising	50,159	19,941	70,700	\$1.4M
• Capacity-building for local actors and community members	809	1,264	2,638	\$1.3M
• Case management	3,152	3,582	16,500	\$13.1M
• Coaching of child protection officials	59	61	230	\$2M
• Community-based child protection mechanism	987	2,013	3,000	\$851K
• Legal assistance	770	964	2,220	\$2.2M
• Parenting programme	6,912	7,088	14,000	\$1.4M
• Referral of cases	987	2,013	4,000	\$398K
• Structured psychosocial support	19,569	15,796	60,227	\$4.9M

Gender-Based Violence Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET		
	100,746	58,952		
Vulnerable IDPs in camps have access to specialized protection services and community-based interventions to address risks to their physical safety and well-being.				
Contributes to Specific Objective SP1.1				
Approach: Integrated				
CLUSTER OBJECTIVE C02	NEED	TARGET		
	270,822	110,972		
Acutely vulnerable out-of-camp IDPs have access to specialized protection services and community-based interventions to address risks to their physical safety, well-being and social integration.				
Contributes to Specific Objective SP1.2				
Approach: Integrated				
CLUSTER OBJECTIVE C03	NEED	TARGET		
	547,755	182,845		
Acutely vulnerable returnees have access to specialized protection services and community-based interventions to address risks to their physical safety, well-being and social integration.				
Contributes to Specific Objective SP1.3				
Approach: Integrated				
ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP1.1)	(SP1.2)	(SP1.3)	(US\$)
• Awareness-raising	58,952	110,972	182,845	\$2.5M
• Cash for protection (GBV survivors)	918	2,538	1,902	\$1.7M
• Community-based group activities	11,790	22,195	18,287	\$6.5M
• GBV assessments (# assessments x 20)	-	-	-	\$85K
• GBV case management	4,421	12,206	9,140	\$14.2M
• Legal assistance for GBV survivors	398	1,096	730	\$278K
• Mentoring and coaching (# interventions x 800)	-	-	-	\$560K
• Provision of dignity kits	58,952	11,101	18,287	\$2.2M
• Structured psychosocial support	17,687	33,295	31,084	\$3.7M
• Support for income-generation opportunities (job placement)	353	975	823	\$3.2M
• Training and capacity-building activities (# interventions x 5,000)	-	-	-	\$1.3M



4.7 Shelter and Non-Food Items

PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
1.0M	311K	47.4M	40%	19	6

FEMALE	MALE	CHILDREN	WITH DISABILITY
152K	158K	127K	47K

Cluster response objectives

In 2022, the Shelter Cluster plans to reach 42,800 IDPs in-camp, 81,100 IDPs out-of-camp and 186,800 returnees with critical shelter support and basic household items in 31 prioritized districts. The cluster's goal is to ensure that the most vulnerable conflict-affected people receive shelter support to live in safety and dignity, improving privacy and security of tenure while providing protection from harsh weather conditions. The interventions will contribute to the HRP strategic objective one of supporting vulnerable IDPs in-camps, and acutely vulnerable out-of-camp IDPs and returnees to live in safety and dignity, by contributing to a safe and secure physical living environment.

The significant reduction in shelter needs in 2022 HNO is not a reflection of an improved shelter situation for affected populations, but a recognition that many of the remaining obstacles to return including damaged shelters, will require sustainable engagement and investments by the government and development actors. The HNO also found that IDPs and returnees who live in critical shelter are particularly vulnerable to a wide range of other humanitarian needs, including lacking access to basic services, at increased risk of food insecurity and more likely to rely on emergency-level negative coping mechanisms.

To address the urgent shelter needs, and based on partner capacity, the Shelter Cluster will prioritize 58 per cent of the people in acute need, with a focus

on families living in critical shelter, including large families, female-headed households, people living with disabilities, those at greater risk of COVID-19⁵⁵ and marginalized groups.⁵⁶ Highly vulnerable people having left camps and without a house to return to, will also be targeted for humanitarian assistance.

Cluster response strategy

For in-camp IDPs, the Shelter Cluster will provide in-camp shelter maintenance for 29,200 IDPs to ensure shelter that meets minimum standards, including through replacement of damaged tents and regular shelter maintenance, while continuing to advocate for self-constructed shelter upgrades where feasible. Moreover, 13,600 in-camp IDPs will be supported with non-food items (NFIs), including through replenishment of missing or worn-out NFIs. Shelter and NFI support for people in quarantine and isolation areas will also continue in coordination with the CCCM and Health Cluster.

In out-of-camp settings, shelter partners will support 267,900 IDPs and returnees⁵⁷ who live in critical shelter, are unable to afford rent, at risk of (or in) secondary displacement, or in precarious hosting arrangements and at risk of eviction. Because of widespread damage caused by the conflict, accommodation options are limited, and many buildings used by IDPs and returnees as temporary accommodation are inadequate, providing little to no protection, security, safety, dignity or privacy.



SALAH AL-DIN, IRAQ

Destroyed buildings in Salah Al-Din hinder returns of IDP families to the area.
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As critical shelter has been found to be a core driver of humanitarian needs, the cluster will prioritize Critical Shelter Upgrades (CSU) in 2022. CSU interventions are short-term emergency upgrades that are slightly more sustainable than the Sealing-Off Kits (SOKs) and can provide vulnerable populations with more adequate, safe and dignified living conditions, with the potential for a more transformative impact on the households' humanitarian vulnerability; CSUs are therefore deployed as a targeted humanitarian intervention for families living in critical shelter in conditions that pose direct threats to their health, safety and dignity. While longer-term programming, including war-damage reconstruction interventions, are part of the UNSDCF, the humanitarian CSU interventions will also enable planning for a gradual and responsible exit strategy.

Capacity to respond

The Shelter Cluster currently has 13 active partners, who are well-resourced and have the necessary response capacity. An additional 6 partners may also contribute to the cluster response in 2022. SNFI partners have a solid knowledge of the field and shelter needs in Iraq and have also demonstrated great flexibility to adjust to unexpected situations (e.g.,

COVID-19, flood responses, sudden camp closures), demonstrating the ability to redeploy resources where most urgently needed. Local NGOs are key to delivering the SNFI response, proving especially effective in areas with significant access challenges.⁵⁸ Given the widespread availability of items on the local market, the use of cash-based interventions will be encouraged for activities that can be self-implemented by beneficiaries (e.g., purchase of NFI, rental support). The in-kind modality will be maintained for programmes that require technical supervision (e.g., critical shelter upgrade), for areas with limited access to markets, and for families expressing preference for in-kind support (e.g., female-headed households, older people, people living with disabilities).

Cost of the response

The Shelter Cluster response will cost \$47.4 million in 2022, an increase of 22 per cent compared to 2021 due to the shift in focus from SOKs to CSUs with higher quality and quantity of materials. The financial requirement has been estimated based on the unit costs for critical shelter upgrade, rental support, NFI, and in-camp shelter maintenance.⁵⁹

The average unit cost for each activity has been estimated based on the most frequent values provided by shelter partners. For shelter-related assistance, exact costs are dependent on the status of the structure to be upgraded/repared, proximity to specialized markets, and availability of skilled labour. The unit cost for cash for rent is an average of the rent values, reported by SNFI partners in 2021. These costs will vary significantly depending on the shelter type and assessed needs.

The cost of the NFI kit has been determined based on the cost of each item and the required items following partners' needs assessments and focus group discussion with the targeted population also including the average family size per location. The approach adopted⁶⁰ allows for tailoring of the NFI kit to different family size, specific needs identified through assessments, access constraints, market accessibility and affordability.

Shelter and Non-Food Items Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET
	179,922	42,817
The most vulnerable conflict-affected IDPs in camps benefit from improvement of emergency shelter to enhance safety, dignity and privacy, shield them from harsh weather conditions and help them overcome additional vulnerability caused by substandard dwellings.		
Contributes to Specific Objective SP1.1		
Approach: The cluster targets the most vulnerable IDPs in camps with critical shelter support and basic household items, in collaboration and complementarity with other humanitarian programmes, especially those of the CCCM, Protection, and WASH clusters.		
CLUSTER OBJECTIVE C02	NEED	TARGET
	197,167	81,059
The most acutely vulnerable conflict-affected out-of-camp IDPs benefit from improvement of critical shelter to enhance safety, dignity and privacy, shield them from harsh weather conditions and tenure insecurity, and help them overcome additional vulnerability caused by substandard dwellings.		
Contributes to Specific Objective SP1.2		
Approach: The cluster targets the most vulnerable out-of-camp IDPs with critical shelter support and basic household items in prioritized districts, in collaboration and complementarity with other humanitarian programmes, especially those of the CCCM and Protection clusters and MPCA actors.		
CLUSTER OBJECTIVE C03	NEED	TARGET
	661,328	186,797
The most acutely vulnerable conflict-affected returnees benefit from improvement of critical shelter to enhance safety, dignity and privacy, shield them from harsh weather conditions and tenure insecurity, and help them overcome the additional vulnerability caused by substandard dwellings.		
Contributes to Specific Objective SP1.3		
Approach: The cluster targets the most vulnerable returnees with critical shelter support and basic household items in prioritized districts, in collaboration and complementarity with other humanitarian programmes, especially those of the CCCM, Protection and Emergency Livelihoods clusters and MPCA actors.		

ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP1.1)	(SP1.2)	(SP1.3)	(US\$)
• Cash assistance for rent	-	9,517	17,919	\$4.3M
• Cash-based critical shelter upgrades	-	5,921	55,619	\$13.3M
• In-kind critical shelter upgrades	-	35,026	71,982	\$23.2M
• In-camp shelter maintenance	29,171	-	-	\$885K
• Cash-based NFI kit distribution	-	14,473	4,646	\$1.3M
• In-kind NFI kit distribution	13,645	16,123	36,631	\$4.5M



4.8 Water, Sanitation and Hygiene

PIN	TARGET	REQUIREMENTS	CASH OR VOUCHER	PARTNERS	ACTIVITIES
1.6M	730K	33.4M	4%	32	7

FEMALE	MALE	CHILDREN	WITH DISABILITY
372K	358K	325K	110K

Cluster response objectives

In 2022, the WASH Cluster plans to reach 180,000 IDPs in-camp, 137,000 IDPs out-of-camp and 413,000 returnees with water, sanitation, and hygiene interventions. These interventions will contribute to the cluster objectives to operate and sustain water and sanitation services and promote good hygiene for IDPs in camps and provide water and sanitation support for IDPs out-of-camp and returnees. The cluster objectives will contribute to the HRP’s second strategic objective of supporting vulnerable IDPs in camps, acutely vulnerable out-of-camp IDPs and returnees to access essential services.

In IDP camps, WASH Cluster partners will provide essential WASH services to all in-camp IDPs in compliance with cluster response standards, including basic repairs of damaged infrastructure. As camps close, the cluster will ensure decommissioning of water and sanitation facilities, in collaboration with the CCCM Cluster. For out-of-camp IDPs and returnees, the cluster is targeting those in most acute need, focusing on people living in critical shelter and in areas with insufficient recovery of services, and particularly those recently returned and in areas with recent access improvement, essential WASH services will be provided until limited repairs of WASH facilities are completed to restore basic functionality. Hygiene promotion and hygiene kit distribution, including kits

targeting women and infants, will be prioritized for the most vulnerable populations.

Given the particular protection concerns for vulnerable populations such as women, children, older people, and people living with disabilities, cluster partners will consult with affected populations and construct facilities that meet the needs of each group. Sufficient lighting around facilities, locks on doors, and modified designs for children, older people and people living with disabilities will be ensured.

Cluster response strategy

In camps, the cluster will ensure minimum WASH services to displaced populations through operation and maintenance of facilities, and support to local authorities and partners. Interventions will be through direct service provision, in collaboration with government partners. A specific focus in 2022 will be on the transition of service provision in camps to government authorities, while still ensuring minimum service provision. Limited cash for work interventions for activities such as hygiene promotion, pump operation, and latrine cleaning will be included, targeting the most vulnerable households. Interventions addressing vulnerability are prioritized, including provision of latrines that are fully accessible, including for people living with disabilities, and separated by gender, and distribution of hygiene kits to vulnerable populations,



ERBIL, IRAQ

WASH services for affected populations are increasingly facing service gaps due to funding shortfalls. © UNICEF 2021

including women and adolescent girls, people living with disabilities, and older people.

For out-of-camp IDPs residing in larger informal settlements and returnees in areas with insufficient infrastructure, WASH partners will provide direct service provision. All interventions in informal settlements will be conducted sensitively to avoid any perception that partners are contributing to making the settlements permanent due to issues with land tenancy. For other IDPs out-of-camp and returnees, the cluster will focus on light rehabilitations to water and sanitation facilities to pre-ISIL condition to meet minimum water and sanitation requirements. Emphasis will be placed on collaboration with local authorities and development partners to ensure ownership of interventions and sustainable transition to other actors following the humanitarian support. Partners will target the most vulnerable households, such as female-headed households and those with family members living with disabilities, with specific interventions that meet their needs.

In 2022, the cluster will work in similar geographic locations and with similar activities as in 2021.

Areas with significant infrastructure repair over the past years are de-prioritized,⁶¹ while areas with less previous investment are emphasized.⁶² The cluster will increase engagement with the Durable Solutions Technical Working Group and the durable solutions Area Based Coordination mechanisms to plan for effective transition of interventions to development and government actors.

Capacity to respond

Over 30 UN agencies, INGOs and NNGOs are engaged in the humanitarian WASH response to affected populations. These partners can reach most locations in Duhok, Al-Sulaymaniyah, Erbil, Ninewa, Salah Al-Din, Kirkuk, Diyala, Baghdad, Al-Anbar, and Al-Basrah, where cluster activities are primarily focused. The largest barrier for WASH partners is lack of resources, followed by occasional security and access constraints. Many partners maintain field offices in remote locations to maintain operational presence in case of access barriers, such as COVID-19 restrictions

or national access issues. Partners directly involve affected people, including local authorities, at all stages of interventions, including design, installation and maintenance of the facilities and trainings to strengthen local capacity to manage WASH services and promote community and government engagement in service provision, including operation and maintenance, so they can assume responsibility for management of community level services. Capacity-building will be integrated in interventions to facilitate handover of operation and maintenance of water and sanitation facilities to communities and authorities. Most interventions are direct service provision, with a limited cash component focusing on cash for work.

Cost of response

The WASH response will cost a total of \$33.4 million in 2022, a 55 per cent reduction compared with 2021. The WASH Cluster funding requirement was derived through a step-by-step process of analysing cluster activities for 2022 based on the prioritized humanitarian needs. Key partners were contacted to cost activities at district level against targeted beneficiaries. Key activity costs from existing projects were used as a secondary source for costing verification. Average costs were then calculated for each activity, with cost ranges established to allow for variation. The main factors that contribute to costing variations include distance to deliver supplies, type of intervention (borehole, water trucking, etc.), and accessibility. Since cluster activity unit cost varies by location and scale of intervention, cost per beneficiary is more accurate when costing by district than by overall activity component averages. Unit costs for most activities decreased from 2021 given the prioritization of the most essential, life-saving interventions and the removal of COVID-19 specific interventions. However, there is a need to closely monitor prices, such as the costs of water and NFIs, particularly if water scarcity issues result in significant increases in the cost of water interventions during the dry season.

WASH Objectives, Activities and Targets

CLUSTER OBJECTIVE C01	NEED	TARGET		
	179,922	179,922		
Operate and sustain water and sanitation services and promote good hygiene practices for acutely vulnerable IDPs in camps and, where appropriate, facilitate the handover of service provision to local authorities, while addressing protection risks to vulnerable populations.				
Contributes to Specific Objective SP2.1				
Approach: In unclosed or consolidated IDP camps, the WASH Cluster will ensure continued service provision of water, sanitation and hygiene for populations unable or unwilling to return to their area of origin. This will be undertaken in close collaboration with the CCCM and Shelter clusters, as well as with local authorities in the governorates where camps remain. Minimum protection measures for infrastructure, including latrine safety and water point locations, must be included and accountability to affected populations prioritized in all interventions.				
CLUSTER OBJECTIVE C02	NEED	TARGET		
	379,890	136,877		
Provide sustainable and durable water and sanitation support and promote good hygiene practices for acutely vulnerable out-of-camp IDPs, while continuing minimum service provision of water and sanitation to the most vulnerable out-of-camp IDP populations, and facilitate handover of care and maintenance of facilities to local authorities, while addressing protection risks to vulnerable populations.				
Contributes to Specific Objective SP2.2				
Approach: In informal settlements and other locations hosting out-of-camp IDPs, the WASH Cluster will ensure, where appropriate, minimum service provision of water, sanitation and hygiene for populations unable or unwilling to return to their area of origin. Cluster partners will prioritize minimal light rehabilitation to infrastructure to sustain populations. Minimum protection measures for infrastructure, including lighting, latrine locks and slab safety must be included and accountability to affected populations prioritized in all interventions.				
CLUSTER OBJECTIVE C03	NEED	TARGET		
	1,066,835	413,492		
Provide sustainable and durable water and sanitation support and promote good hygiene practices for acutely vulnerable returnees in areas of limited public services, and provide minimum service provision of water and sanitation to the most vulnerable recent returnee populations, and facilitate the handover of care and maintenance of facilities to local authorities, while addressing protection risks to vulnerable populations.				
Contributes to Specific Objective SP2.3				
Approach: Cluster partners will prioritize minimum maintenance and repairs of water and sanitation infrastructure in locations where there is minimum service delivery in place by the government. All activities will be coordinated with local authorities and development partners in preparation for a transition away from humanitarian response. Service provision will occur in areas with recent returnees or completely devastated infrastructure to encourage return of displaced populations until rehabilitation and development infrastructure projects are operational. Minimum protection measures for infrastructure must be included and accountability to affected populations prioritized in all interventions.				
ACTIVITIES, TARGETS AND COSTS	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES	TOTAL COST
(# INDIVIDUALS UNLESS OTHERWISE SPECIFIED)	(SP1.1)	(SP1.2)	(SP1.3)	(US\$)
• Cash and market-based activities	8,996	3,836	-	\$1.3M
• Light rehabilitations of WASH infrastructure	-	67,155	406,449	\$14.2M
• Minimum service provision of water and sanitation services	-	76,727	129,012	\$4.1M
• Operating and sustaining WASH services in camps	179,922	-	-	\$6.3M
• Hygiene promotion	-	98,852	192,891	\$7.3M
• Decommissioning of closed/consolidated camps (# camps)	5	-	-	\$177K



4.9 Coordination and Common Services

Response objectives

In 2022, the humanitarian response to IDPs in-camps, out-of-camps and returnees continues to require the support of strong coordination and common services. Strengthened coordination, advocacy, access, needs assessments and information management are necessary for coherent, efficient, principled, and safe delivery of humanitarian assistance to vulnerable populations. Coordination and Common Services (CCS) will support approximately 165 humanitarian actors to deliver a principled humanitarian response in a coordinated, accountable, inclusive, and effective manner.

CCS will continue to contribute to all three HRP strategic objectives with support for evidence-based and informed decision-making, strengthened coordination mechanisms, and facilitation of assessments, information management, and access analysis.

Response strategy

CCS will work within existing coordination structures at national and sub-national levels to support humanitarian actors with coordination, information management and coordinated needs assessments, community engagement and accountability, as well as advocacy for access and safety.

CCS will provide humanitarian actors with coordination support, including through the inter-agency and inter-cluster coordination mechanisms such as the HCT and the ICCG as well as other coordination mechanisms at the working group and sub-national levels. CCS will also continue to support NGO coordination efforts through support for the NGO Coordination Committee for Iraq.

CCS will play a key role in the implementation of the 2022 HPC, including needs assessment and analysis, and strategic response planning and monitoring.

Recognizing the disproportionate impact of the crisis on vulnerable groups, including women, children and people living with disabilities, CCS will support the integration of protection, gender, disability and other considerations into response planning and monitoring. This will include ensuring the consideration of protection and other cross-cutting issues in overarching humanitarian coordination mechanisms as well as supporting the IIC and the AAP/CwC Working Group. Support for other thematic areas such as the use of CVA will be facilitated through engagement of the CWG.

Regular information management products and analysis including in the form of reports, datasets, online dashboards, snapshots, and humanitarian bulletins will inform decision-making across the response. CCS will also continue to support coordinated needs assessments through the AWG, REACH's MCNA and IOM-DTM. Gender, age and disability as well as cross-cutting issues such as AAP and cash are mainstreamed across core needs assessments (e.g., MCNA), data analysis and information management products to inform strategic and operational decision-making.

In a challenging and dynamic context, CCS will enhance operational access by facilitating access and promoting safety and security for humanitarian workers operating in Iraq. The mapping of access constraints for advocacy purposes will continue to be a focus. Through support for the HAWG and the International NGO Safety Organization, CCS will provide the evidence base to inform humanitarian leadership and organizations on access issues and the operating environment. The HAWG will also continue to provide targeted advocacy and operational support to maintain and expand humanitarian access.



SALAH AL-DIN, IRAQ

Focus group discussions with affected persons is a cornerstone of the humanitarian response in Iraq. © OCHA, 2021

While continuing to support a well-coordinated humanitarian response, CCS will also contribute to ensuring links with development and stabilization partners, particularly through the durable solutions architecture. This includes strengthened coordination with the DSTWG at national level and the durable solutions Area Based Coordination groups at local level, to ensure that coordination structures are fit for purpose to contribute to durable solutions and enable the transition from humanitarian to development.

Capacity to respond

An estimated 141 organizations, including national and international NGOs and UN agencies, implementing the joint humanitarian response will remain the primary beneficiaries of CCS. The work of the CCS members supports the humanitarian response of NGO and UN organizations active across Iraq. Through direct support to these organizations, CCS will indirectly benefit the 991,000 IDPs and returnees, who will be targeted in the 2022 HRP.

CCS will continue to facilitate a coordinated humanitarian response centred around IDPs in camps and

out-of-camps, and returnees. Greater coordination will also be required to promote complementarity and coherence between the humanitarian emergency response to people in acute need and durable solutions and development interventions, to ensure the longer-term well-being of these populations and the sustainability of their returns.

Cost of the response

The cost of CCS is estimated at \$15 million. Despite the projected scale down of the humanitarian response in 2022, core coordination activities are still needed, including to facilitate the transition, and coordination costs remain the same. Key outputs include operation-wide coordination, security and access analysis, information management services, assessments, common services for community engagement and accountability, and system-wide information on displacement. The cost of CCS is comprised of the humanitarian component of the activities of those entities involved in CCS, including key coordination, assessment, information management and AAP/ CwC partners.

CCS Objectives, Activities, Targets and Costs

OBJECTIVE*	ACTIVITY	INDICATOR	TARGET	TOTAL COST (US\$)
Coordination: Promote a coordinated, accountable, inclusive and effective humanitarian response	Provide humanitarian actors with coordination support, including through the inter-agency and inter-cluster coordination mechanisms	Number of meetings conducted by formalized multiagency coordination to facilitate a coordinated, accountable, inclusive, and effective humanitarian response	150	\$2.48M
	Promote the consideration of cross-cutting issues in general humanitarian coordination mechanisms and specific working groups	Number of calls/cases registered and referred by the IIC with referrals to relevant clusters	100,000	\$1.88M
IM/Assessments: Support evidence-based and informed decision-making, planning and action	Provide information management support, including data analysis and regular information products	Number of common information management products produced to inform strategic and operational decision-making	700	\$4.88M
	Support coordinated needs assessments	Number of coordinated assessments (inter-sectoral, inter-agency and access) conducted	25	\$2.12M
Access: Enhance operational access and impact of humanitarian organizations operating in Iraq	Provide evidence-base to inform humanitarian leadership and organizations on access and operating environment	Number of advisories and reports related to humanitarian access, safety and security produced	140	\$2.61M
	Provide targeted advocacy and operational support coordinated through the Humanitarian Access Working Group to ensure coherent and strategic operational approaches to expand humanitarian access	Percentage of districts identified as regularly accessible (Access Monitoring Framework)	80%	\$1.38M

* CCS contributes to all strategic objectives and specific objectives.

Part 5:

Annexes

DUHOK, IRAQ

IDP and refugee children continue their education with assistance from humanitarian partners. © UNICEF, 2021



5.1 Response Analysis

For 2022, amid a changing context, increasing focus on durable solutions and decreasing humanitarian capacities and funding, the humanitarian community in Iraq significantly revised its processes for determining humanitarian needs and ensuring stronger prioritization for programmatic interventions. These processes were strengthened to be strictly data driven using a common methodology, guided by strategic priorities, transparent, and inclusive of all key stakeholders.

The joint needs analysis conducted for the 2022 HNO provided the evidence base for decisions on the scope of the 2021 response, the needs to be prioritized for response, and the population groups to be targeted. Through a consultative process with all key stakeholders, including the HCT, the ICCG, assessment focal points and experts, as well as donors, humanitarian needs were identified at intersectoral and cluster level focusing on IDPs and returnees with multiple, severe humanitarian needs related to the impact of the ISIL crisis, and not on long-term structural needs, which would require longer-term interventions by the government and development partners. Analysis of the co-occurrence of needs was conducted, as a result of which partners agreed that particular attention should be directed toward those who lack civil documentation or live in critical shelter, as they were found to be at significantly higher risk of facing other humanitarian issues, such as lack of access to services, increased risk of protection violations, and greater reliance on emergency-level negative coping strategies to meet their basic needs.

Based on the needs analysis, a similarly consultative process took place for the response analysis. The response framework, including the boundaries, priorities and targeting parameters, as well as the strategic and specific objectives for this HRP, was established

through a joint strategic session with the HCT, ICCG and donors in October 2021.

It was agreed that the HRP would include life-saving and life-sustaining assistance for IDPs and acutely vulnerable returnees, including protection from rights violations, physical and mental harm and trauma related to the impact of the ISIL crisis, as well as support to access essential services and meet basic needs for particularly vulnerable IDPs and returnees, who face multiple needs and specific barriers to meeting those needs related to the impact of the ISIL crisis. Further, it was agreed that the HRP would not include longer-term recovery and rehabilitation in conflict-affected areas, nor would it substitute for government services in those areas. Other long-standing issues, such as poverty alleviation, employment generation, social cohesion, general impact of climate change and facilitated returns either included in the UNSDCF or under government responsibility would not be included in the HRP.

The agreed HRP priorities include IDPs and returnees who 1) have the most acute humanitarian needs (severity levels 4 and 5 on the JIAF scale), 2) have multiple needs and face specific barriers to meeting those needs, 3) live in critical shelter, 4) lack civil documentation, 5) engage in emergency-level negative coping mechanisms, 6) face acute protection risks; and 6) are unable to meet their basic needs or access essential emergency services, causing life-threatening conditions. In addition to basing cluster response plans on the needs analysis and these boundaries and priorities of the response, it was agreed that cluster response should be based on realistic planning assumptions, including previous reach, partner capacity and prior and expected funding levels, to ensure that the Iraq HRP for 2022 would be realistic and achievable.



DUHOK, IRAQ

Snowfall in Bajed Kandala IDP camp highlights need for winterization preparedness measures. © OCHA, 2021

It was agreed that the strategic objectives from the 2021 HRP remained relevant and should be continued with some minor adjustments, to ensure that the different types and levels of support for the different population groups would guide the specific objectives. Subsequently, clusters developed their response plans jointly for each of the specific objectives, considering opportunities for joint or collaborative interventions, including through integrated, layered or sequenced approaches; analysed and decided on the most appropriate response modalities for different types of interventions and how those would be coordinated to ensure the most effective delivery; agreed on priorities to strengthen the quality of programming, including through specific attention to meeting the needs of different population groups, people of different gender, age or ability, accountability to affected populations and do-no-harm approaches; and finally discussed locations of response that may require more concerted efforts to be able to fully serve in 2022.

The cluster response plans were presented to a Strategic Advisory Panel, led by the HC, and consisting of UN agencies, international and national NGOs, as well as donors, representing the HCT. The panel reviewed the cluster plans against the boundaries and priorities previously established and a slightly revised response plan was subsequently endorsed by the full HCT.

The response analysis resulted in a fully consulted and coordinated response framework, based on the strategic, specific and cluster objectives, including all cluster activities, targets, locations and costs, as well as response approaches and modalities, and disaggregated by sex, age and disability. The response framework will guide monitoring of the Iraq 2022 HRP.

5.2 Participating Organizations

The 2022 humanitarian response will be delivered through a network of 141 humanitarian partners spread across the 14 governorates hosting IDPs in formal camps or in out-of-camp locations, as well as

returns areas. The 141 partners include 58 national NGOs, 58 international NGOs, 9 UN agencies and 16 other organizations, including government directorates and Red Cross and Red Crescent Societies.

ACRONYM	FULL NAME	TYPE	CLUSTERS
AAF	Access Aid Foundation	NNGO	FS, HE, GP, GB
ACF	Action contre la Faim	INGO	FS, GP
ACTED	Agency for Technical Cooperation and Development	INGO	CC, FS, GP, SN, MP
AGO	Aid Gate Organization	NNGO	EL, SN
AHC	Ankawa Humanitarian Committee	NNGO	MP
Al-Aghsan	Al-Aghsan Foundation	NNGO	FS
Al-Masala	Al-Masala Organization	NNGO	EL, GP, GB
Arche Nova	Arche NoVa	NNGO	WA
ASB	Arbeiter-Samariter-Bund	INGO	EL, FS, GP, WA
AVSI	Association for Volunteers in International Service	INGO	FS
BCF	Barzani Charity Foundation	NNGO	CC, FS, SN, WA
BROB	Bent Al-Rafedain Organization	NNGO	CP, GB
BW	Better World Organization for Community Development	INGO	GB
BWA	Baghdad Women Association	NNGO	GB
CARE	Cooperative for Assistance and Relief Everywhere	INGO	FS, HE, WA
Caritas-Czech	Caritas Czech Republic	INGO	EL, FS, SN
Caritas-Iraq	Caritas Iraq	NNGO	ED, EL, FS, HE, GP, CP, GB, SN, MP
Cesvi	Cooperazione e Sviluppo	INGO	EL, FS, MP
COOPI	Cooperazione Internazionale	INGO	ED, CP, WA
Cordaid	Cordaid	INGO	HE, GB
CRS	Catholic Relief Services	INGO	ED, EL, SN, WA
DAA	Dijla Agricultural Association	NNGO	FS

ACRONYM	FULL NAME	TYPE	CLUSTERS
DAI	Dorcas Aid International	INGO	FS, GP
DAMA	Doctors Aid Medical Activities	NNGO	HE
DARY	DARY Organization	INGO	HE
DCVAW	Directorate for Combatting Violence Against Women	Other	GB
DMCR-Sulaymaniyah	Directorate of Migration and Crisis Response – Sulaymaniyah	Other	WA
DoE-Duhok	Directorate of Education – Duhok	Other	ED
DoE-Erbil	Directorate of Education – Erbil	Other	ED
DoE-Kirkuk	Directorate of Education – Kirkuk	Other	ED
DoE-Sulaymaniyah	Directorate of Education – Sulaymaniyah	Other	ED
DoH-Duhok	Directorate of Health – Duhok	Other	WA
DoH-Erbil	Directorate of Health – Erbil	Other	HE
DoH-Sulaymaniyah	Directorate of Health – Sulaymaniyah	Other	HE
DoLSA-Duhok	Directorate of Labour and Social Affairs – Duhok	Other	CP, GB
DoLSA-Garmyan	Directorate of Labour and Social Affairs – Garmyan	Other	CP
DoLSA-Sulaymaniyah	Directorate of Labour and Social Affairs – Sulaymaniyah	Other	CP, GB
DRC	Danish Refugee Council	INGO	CC, EL, GP, SN, WA, MP
EADE	The Engineering Association for Development and Environment	NNGO	GP, CP, SN
Emergency	Emergency Organization	INGO	HE

ACRONYM	FULL NAME	TYPE	CLUSTERS	ACRONYM	FULL NAME	TYPE	CLUSTERS
FAO	Food and Agricultural Organization	UN	FS	JCI	Justice Centre Iraq	NNGO	GP, CP, GB
FOCSIV	Italian Federation of Christian NGOs for the International Voluntary Service	INGO	EL	JGO	Justice Gate Organization	NNGO	CP
FSD	Swiss Foundation for Mine Action	INGO	GP	Jiyan	Jiyan Foundation	NNGO	HE
FUAD	Foundation of United for Relief and Sustainable Development	NNGO	CP	JRS	Jesuit Refugee Service	INGO	ED, HE, GP, CP
GDoLSA-Erbil	General Directorate of Labour and Social Affairs – Erbil	Other	CP	KEDO	Kurdistan Economic Development Organization	NNGO	EL
GW	Al-Ghad for Women and Child Care	NNGO	GP, GB, WA	KSC	Kurdistan Save the Children	NNGO	HE, CP
HA	Human Appeal Organization	INGO	CP	KURDS	Kurdistan Reconstruction and Development Society	NNGO	WA
HAI	Heartland Alliance International	INGO	GP, CP, GB	LCN	Legal Clinic Network	NNGO	GP, CP
HALO	HALO Trust	INGO	GP	LF	The Lotus Flower	INGO	GB
Harikar	Harikar Organization	NNGO	FS, HE, GP, GB, WA	LWF	Lutheran World Federation	INGO	WA
Hebaa	Hebaa Organization	NNGO	SN	MAHRD	Al-Miezan Association for Human Rights Development	NNGO	CP
Heevie	Heevie Kurdistan Development Organization	NNGO	HE	Malteser	Malteser International	INGO	EL, FS
HI	Humanity and Inclusion (formerly Handicap International)	INGO	HE, GP	ME	Mission East Organization	INGO	EL, GP, CP, GB, WA
HRF	Human Relief Foundation	INGO	SN	Mercy Corps	Mercy Corps	INGO	ED, EL, WA, MP
IAA	Iraqi Al-Amal Association	NNGO	GB	Mercy Hands	Mercy Hands	NNGO	ED, EL, FS, CP, SN, WA
IHAO	Iraq Health Access Organization	NNGO	HE	Mol-DMCR	Ministry of Interior, Directorate of Migration and Crisis Response	Other	CC
IHSC	Iraq Health Social Care Organization	NNGO	GP	MolSA	Ministry of Labour and Social Affairs	Other	CP
IMC	International Medical Corps	INGO	HE, GB	MoMD	Ministry of Migration and Displacement	Other	FS
iMMAP	iMMAP	INGO	CS	MWS	Al Mahaba Wes-Salam Forum for Student and Youth	NNGO	ED, EL
INSO	International NGO Security Organisation	INGO	CS	NCA	Norwegian Church Aid	INGO	GB
Intersos	Intersos	INGO	ED, HE, GP, CP, GB	NCCI	NGO Coordination Committee for Iraq	INGO	CS
IOM	International Organization for Migration	UN	CC, EL, HE, GP, CP, GB, SN, WA, CS	NEF	Near East Foundation	INGO	EL
IRC	International Rescue Committee	INGO	EL, GP, CP, GB, MP	NPA	Norwegian People's Aid	INGO	GP
IVY	International Volunteers of Yamagata	INGO	ED	NRC	Norwegian Refugee Council	INGO	ED, EL, FS, GP, MP
				Oxfam	Oxfam International	INGO	EL, GP, GB, SN, WA, MP
				PAH	Polish Humanitarian Organization	INGO	EL, FS, GP, WA, MP
				PAO	Public Aid Organization	NNGO	ED, GP, CP, GB
				PDO	People's Development Organization	NNGO	GB
				Pekawa	Pekawa Organization	NNGO	HE, WA

ACRONYM	FULL NAME	TYPE	CLUSTERS	ACRONYM	FULL NAME	TYPE	CLUSTERS
PIN	People In Need Organization	INGO	ED, EL, FS	TGH	Triangle GH	INGO	FS, GP, CP
Point	Point Organization	NNGO	MP	UADF	UM Al-Yateem for Development Foundation	NNGO	CP
PUI	Première Urgence Internationale	INGO	HE, GP	UIMS	The United Iraqi Medical Society	NNGO	HE, GB
PWJ	Peace Winds Japan	INGO	HE, SN, WA	UNFPA	United Nations Population Fund	UN	HE
REACH	Rehabilitation, Education and Community Health	NNGO	EL, GP, CP, WA	UNHCR	United Nations High Commissioner for Refugees	UN	CC, GP, CP, GB, SN
REACH Initiative	REACH Initiative	INGO	CC, CS	UNICEF	United Nations Children's Fund	UN	ED, HE, CP, WA
Sama	Sama Al Iraq for Relief and Development	NNGO	GP	UNMAS	United Nations Mine Action Service	UN	GP
SCI	Save the Children International	INGO	ED, CP, WA	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs	UN	CS
SED	Sahara for Economic and Development Organization	NNGO	EL, CP, WA	UNOPS-IIC	Iraq Information Centre	UN	CS
SEED	SEED Foundation	NNGO	GP, GB	UPP	Un Ponte Per	INGO	HE, GB
SHO	Shareteah Organization	NNGO	GP	VIYAN	Viyan Organization for Medical Relief and Development	NNGO	HE
SI	Solidarités International	INGO	EL, WA	VOP	Voice of Older People	NNGO	CP
SIF	Secours Islamique Français	INGO	ED, EL, FS, GP, CP	WC-UK	War Child UK	INGO	ED, EL, GP, CP
SIWF	Skilled Iraqi Woman Foundation	NNGO	CP	WE	Women's Empowerment	INGO	FS
SOSD	Shingal Organization for Social Development	NNGO	CP	WEO	Women's Empowerment Organization	NNGO	EL, FS, GB, MP
SP	Samaritan's Purse	INGO	EL, FS, GP, CP, SN, WA	WFP	World Food Programme	UN	ED, EL, FS
SSDF	Sorouh for Sustainable Development Foundation	NNGO	ED, EL, FS, CP, GB	WHH	Welt Hunger Hilfe	INGO	EL, FS, GP, WA
SSORD	Sabea Sanabul Organization for Relief and Development	NNGO	CP, GB, SN, WA	WRO	Women Rehabilitation Organization	NNGO	CP, GB
STEP	Social Transformation and Educational Prosperity	NNGO	CP	WVI	World Vision International	INGO	ED, EL, FS, HE, WA
SWEDO	The Swedish Development Aid Organization	INGO	FS, GP, GB, SN	YAO	Youth Activity Organization	NNGO	EL
TAD	Al-Tahreer Association for Development	NNGO	CP	Yazda	Global Yazidi Organization	NNGO	GP, CP, GB
Tajdid	Tajdid Organization	NNGO	GB	YSO	Youth Save Organization	NNGO	ED
TDH-Italy	Terre Des Hommes – Italia	INGO	ED, GP, CP, GB	Zhian	Zhian Health Organization	NNGO	HE
TDH-Lausanne	Terre Des Hommes – Lausanne	INGO	ED, GP, CP, WA	ZOA	ZOA International	INGO	EL, FS, SN

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

5.3

Planning Figures by Cluster and by Geography




































PEOPLE IN NEED	ACUTE PIN	TARGET	REQUIREMENTS	OPERATIONAL PARTNERS	# ACTIVITIES
2.5M	961K	991K	400M	141	93

Planning figures by cluster

Of the 2.5 million people in need of humanitarian assistance, and 961,000 in acute need, humanitarian partners have identified 991,000 people who will be targeted with assistance in 2022. This includes all in-camp IDPs and the most acutely vulnerable out-of-camp IDPs and returnees, including those who live in critical shelter and face a multitude of acute humanitarian needs. The 991,000 people, including 277,000 women, 219,000 girls, 273,000 men and 222,000 boys,

as well as 149,000 people with disabilities, will be targeted with life-saving and life-sustaining assistance and services to address their most critical vulnerabilities. Humanitarian interventions will be coordinated through eight humanitarian clusters, the Cash Working Group for MPCA and with support of Coordination and Common Services. The total financial requirement for this joint response to the acute needs of 991,000 people is estimated at \$400 million.

Planning figures by cluster

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	REQUIREMENTS (US\$)	# PARTNERS	# ACTIVITIES
 CCCM	264K	250K		15.2M 	7	3
 Education	681K	354K		17.0M 	26	13
 Emergency Livelihoods	632K	49K		10.6M 	35	2
 Food Security	730K	336K		54.4M 	32	6
 Health	1.7M	388K		46.8M 	29	9
 General Protection	1.5M	630K		65.3M 	44	19
 Child Protection	664K	303K		30.1M 	45	10
 Gender-Based Violence	919K	353K		36.2M 	39	11
 Shelter and NFIs	1.0M	311K		47.4M 	19	6
 WASH	1.6M	730K		33.4M 	32	7
 MPCA	-	135K		28.6M 	12	1
 CCS	-	-		15.0M 		-

Planning figures by geography

The 991,000 acutely vulnerable people who will be the focused target of this HRP, are located across 14 of the 18 governorates of Iraq. The six governorates with the highest target populations are Ninewa (356,000 people), Al-Anbar (166,000), Duhok (155,000), Salah Al-Din (92,000), Kirkuk (66,000) and Diyala (55,000). The largest numbers of in-camp IDPs targeted through the HRP are in Duhok (110,000), Ninewa (45,000), Erbil (14,000) and Al-Sulaymaniyah (11,000), while the

governorates hosting the most out-of-camp IDPs are Ninewa (60,000), Duhok (46,000), Erbil (34,000) and Al-Anbar (24,000). For returnees, the largest number is also in Ninewa (249,000), followed by Al-Anbar (141,000), Salah Al-Din (73,000), Kirkuk (54,000) and Diyala (45,000).

Planning Figures by Governorate

GOVERNORATE	PEOPLE TARGETED BY POPULATION GROUP				TARGETS BY STRATEGIC OBJECTIVE			
	IN-CAMP IDPS	OUT-OF-CAMP IDPS	RETURNEES		S01	S02	S03	
Al-Anbar	-	24K	141K		138K	126K	42K	
Al-Basrah	-	1K	-		<1K	1K	-	
Al-Najaf	-	<1K	-		<1K	-	-	
Al-Sulaymaniyah	11K	12K	-		20K	20K	12K	
Babil	-	5K	-		5K	1K	-	
Baghdad	-	9K	10K		20K	6K	<1K	
Diyala	1K	10K	45K		51K	44K	11K	
Duhok	110K	46K	-		144K	154K	129K	
Erbil	14K	34K	5K		52K	27K	24K	
Kerbala	-	<1K	-		<1K	-	-	
Kirkuk	-	13K	54K		60K	66K	14K	
Ninewa	45K	60K	249K		295K	324K	148K	
Salah Al-Din	-	19K	73K		91K	72K	42K	
Wassit	-	<1K	-		<1K	-	-	
Total	180K	234K	577K		876K	841K	422K	

5.4 List of Cluster Monitoring Indicators

CCCM INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

Activity CC101 – CCCM support and management in formal camps

IDPs living in formal camps where the coordination and monitoring of services is facilitated through a camp management or CCCM support structure

formal camps with improved or maintained site common infrastructure

formal camps with community participation/governance structures that participate in camp coordination and camp management

formal camps where CwC or community engagement activities are implemented by CCCM actors

Activity CC102 – CCCM support in informal sites

IDPs living in informal sites where service mapping, assessment and information management activities are conducted by CCCM teams

informal sites with site risk reduction/infrastructure activities implemented

informal sites where CwC or community engagement activities are implemented by CCCM actors

Activity CC103 – Multisectoral assessments in camps and informal sites

multisectoral assessment outputs

EDUCATION INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

Activity ED201 – Conduct back-to-school campaigns

back-to-learning campaigns conducted

out-of-school children identified in back-to-learning campaigns

out-of-school children enrolled in formal/non-formal education because of back-to-learning campaigns

Activity ED202 – Provide transportation for students and teachers

children supported with transportation to and from school through cash assistance or renting transportation

teachers supported with transportation to and from school through cash assistance or renting transportation

Activity ED203 - Provide cash for education

children receiving cash assistance for education

Activity ED204 – Conduct needs assessments

needs assessments conducted

Activity ED205 – Provide emergency early childhood care and development (ECCD)

children enrolled in ECCD/early childhood education (ECE) programme

caregivers/facilitators trained on ECCD/ECE

children benefiting from ECCD/ECE kits

Activity ED206 – Provide accelerated learning and non-formal education

children enrolled in accelerated learning centres

children who took the midterm exam

children who passed the midterm exam

children who took end of school year exams

children who passed end of school year exams

children enrolled in catch-up classes

teachers receiving incentives for catch-up classes (non-formal education only)

children enrolled in remedial classes who have at least 80 per cent attendance

teachers receiving incentives for remedial classes (non-formal education only)

Activity ED207 – Provide teaching and learning materials

children receiving individual student learning materials

teachers receiving teaching materials

schools/temporary learning spaces receiving school furniture or supplies

children benefiting from school furniture or supplies

EDUCATION INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

children receiving individual student learning materials

Activity ED208 – Rehabilitate schools or temporary learning spaces

WASH facilities rehabilitated

newly established WASH facilities

temporary learning spaces established

children benefiting from established temporary learning spaces

schools rehabilitated (light rehabilitation)

children benefiting from rehabilitated schools

classrooms rehabilitated

children benefiting from rehabilitated classrooms

classrooms and other school facilities rehabilitated

children benefiting from rehabilitated classrooms and other school facilities

Activity ED209 -Train teachers on education in emergencies

teachers trained on Teachers in Crisis Context

teachers trained on classroom management, positive discipline and code of conduct training

teachers trained on PSS

teachers trained on subject specific training

teachers trained on pedagogy

teachers trained on PSEA

teachers trained on GBV

teachers trained on life skills

non-teaching personnel trained on child safeguarding

schools that have included life skills education in their school plans

Activity ED210 – Provide structured school-based psychosocial support and explosive ordnance risk education

children receiving structured PSS at school

children referred to child protection partners for individual case management

children receiving explosive ordnance risk education

children who benefit from life skills outreach activities

Activity ED211 – Establish and train parent teacher associations and school-based management committees on education in emergencies

Parent teacher associations (PTA)/school-based management committees (SBMC) reactivated or established

PTA/SBMC trained

schools with girls' clubs or empowerment groups

Activity ED212 – Support capacity-building of national NGOs to deliver education in emergencies

trainings provided to national NGOs on policy, planning, sector coordination and reporting

National NGOs trained on policy, planning, sector coordination, reporting, PSEA, prevention of GBV and child safeguarding

Activity ED213 – Support school-related civil documentation advocacy

advocacy efforts supporting school related civil documentation

EMERGENCY LIVELIHOODS INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

Activity EL301 – Cash for work

female youth (16-25) benefiting from temporary employment activities (cash for work)

male youth (16-25) benefiting from temporary employment activities (cash for work)

women benefiting from temporary employment activities (cash for work)

men benefiting from temporary employment activities (cash for work)

Activity EL304 - Job placement

female youth (16-25) benefiting from sustainable employment opportunities (job placement)

male youth (16-25) benefiting from sustainable employment opportunities (job placement)

women benefiting from sustainable employment opportunities (job placement)

men benefiting from sustainable employment opportunities (job placement)

FOOD SECURITY INDICATORS FOR MONITORING OF OBJECTIVE TARGETS**Activity FS301 – Provision of emergency food assistance to in-camp IDPs**

individuals who received monthly cash or voucher transfer to cover 85 per cent (1,800 Kcals) of daily recommended caloric intake

Activity FS302 – Cash for work

individuals employed through agriculture-based cash-for-work or income-generating activities

Activity FS303 – Provision of Cash+ for out-of-camp IDPs

individuals who received cash transfers

individuals who received inputs/training

Activity FS304 – Provision of Cash+ for returnees

individuals who received cash transfers

individuals who received inputs/training

Activity FS305 – Provision of agricultural tools and equipment

individuals who received agricultural tools and equipment

Activity FS306 – Provision of agricultural and livestock inputs, tools and equipment

individuals who received agricultural inputs

individuals who received animal health inputs

HEALTH INDICATORS FOR MONITORING OF OBJECTIVE TARGETS**Activity HE201 – Mental health and psychosocial services**

MHPSS/GBV individual sessions provided

MHPSS group sessions provided

Activity HE202 – Physical rehabilitation

patients supported with assistive devices

below-knee prosthetics provided for amputees

above-knee prosthetics provided for amputees

upper-limb prosthetics provided for amputees

physical and functional rehabilitation sessions provided

Activity HE203 – Reproductive health

people who received gynaecological consultations

antenatal care consultations

postnatal care consultations

family planning consultations

normal vaginal deliveries

births assisted by a skilled attendant

Caesarean sections conducted

Activity HE204 – Treatment of common diseases

health facilities provided with medical waste management services

water samples collected from health facility/water treatment unit

water samples from health facility or water treatment unit that passed chemical and biological test

under 5 years male consultations

under 5 years female consultations

laboratory investigations conducted

above 5 years male consultations

above 5 years female consultations

health facilities (primary health-care centres and/or hospitals) that are provided with essential medicines and disposables per month

health facilities (primary health-care centres and/or hospitals) that are provided with emergency medical kits and disposables per month

Activity HE205 – Secondary health-care services

referred cases admitted to hospitals

emergency cases referred to secondary or tertiary care

cold cases referred to secondary health-care facilities

Activity HE206 – Nutrition/immunization

children under age 5 identified and treated for uncomplicated and complicated severe acute malnutrition

pregnant and lactating women/caregivers of children aged 0-23 months in crisis-affected areas who received counselling on infant and young child feeding for optimal feeding

children under age 5 in crisis-affected areas screened for malnutrition by mid-upper arm circumference or anthropometric measures

newborn babies benefiting from newborn home services

children age 9-59 months in crisis-affected areas vaccinated against measles through routine immunization

HEALTH INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

children aged 9–59 months receiving Vitamin A supplements

children aged 0-59 months in crisis-affected areas vaccinated against polio through routine immunization

Activity HE207 – Disease outbreak contingency and response

alerts investigated and responded to within 72 hours

agency focal points trained on activities related to the Early Warning Alert and Response Network-

individuals investigated and treated for epidemic-prone diseases

health education/awareness sessions conducted

Activity HE208 – Cash and voucher assistance for health care

individuals who received a monthly dose of non-communicable disease medicine

individuals who received transport costs to access health services when in need of such service

Activity HE209 – Support capacity-building

health-care workers trained (all services)

GENERAL PROTECTION AND MINE ACTION INDICATORS FOR MONITORING OF OBJECTIVE TARGETS**Activity GP101 - Case management**

women who received case management services (excluding specialized CP or GBV services)

men who received case management services (excluding specialized CP or GBV services)

girls who received case management services (excluding specialized CP or GBV services)

boys who received case management services (excluding specialized CP or GBV services)

Activity GP102 – Referral of cases

women with specific needs referred to specialized services and assistance

men with specific needs referred to specialized services and assistance

girls with specific needs referred to specialized services and assistance

boys with specific needs referred to specialized services and assistance

Activity GP103 – Community-based protection activities

women who participated in community-based activities (including peaceful co-existence activities)

men who participated in community-based activities (including peaceful co-existence activities)

girls who participated in community-based activities (including peaceful co-existence activities)

boys who participated in community-based activities (including peaceful co-existence activities)

women community members trained on protection approaches or issues (excluding GBV or CP)

men community members trained on protection approaches or issues (excluding GBV or CP)

girls community members trained on protection approaches or issues (excluding GBV or CP)

boys community members trained on protection approaches or issues (excluding GBV or CP)

Activity GP104 – Emergency cash for protection

women with specific needs who received emergency cash assistance to prevent, mitigate or respond to protection needs

men with specific needs who received emergency cash assistance to prevent, mitigate or respond to protection needs

Activity GP105 – Community centres

community centres established or maintained

Activity GP106 – Psychosocial support

women receiving individual or group-based PSS

men receiving individual or group-based PSS

Activity GP107 – Legal assistance – GP, documentation, family law matters, HLP

women who received legal assistance or counselling (e.g., documentation, family law matters)

men who received legal assistance or counselling (e.g., documentation, family law matters)

girls who received legal assistance or counselling (e.g., documentation, family law matters)

boys who received legal assistance or counselling (e.g., documentation, family law matters)

women who successfully secured civil documentation

men who successfully secured civil documentation

GENERAL PROTECTION AND MINE ACTION INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

- # girls who successfully secured civil documentation
- # boys who successfully secured civil documentation
- # women who received legal assistance on HLP issues
- # men who received legal assistance on HLP issues
- # IDP/returnee households registered with authorities (e.g., MoMD)

Activity GP108 – Legal assistance – detention representation

- # women who received legal assistance or counselling (detention)
- # men who received legal assistance or counselling (detention)

Activity GP109 – Explosive ordnance risk education

- # women who attended explosive ordnance risk education sessions
- # men who attended explosive ordnance risk education sessions
- # girls who attended explosive ordnance risk education sessions
- # boys who attended explosive ordnance risk education sessions

Activity GP110 – Awareness raising (for GP- and HLP-related issues)

- # women who participated in awareness-raising activities
- # men who participated in awareness-raising activities
- # girls who participated in awareness-raising activities
- # boys who participated in awareness-raising activities
- # women who participated in awareness-raising sessions on HLP
- # men who participated in awareness-raising sessions on HLP

Activity GP111 – Protection monitoring at household level

- # women reached through protection monitoring
- # men reached through protection monitoring
- # girls reached through protection monitoring
- # boys reached through protection monitoring

Activity GP112 – Protection monitoring at community level

- # women key informants reached through community-level protection monitoring
- # men key informants reached through community-level protection monitoring

girls key informants reached through community-level protection monitoring

boys key informants reached through community-level protection monitoring

Activity GP113 – Training and capacity strengthening activities – GP and HLP

- # women humanitarian staff trained on protection approaches or issues
- # men humanitarian staff trained on protection approaches or issues
- # women government staff trained on protection approaches or issues
- # men government staff trained on protection approaches or issues
- # women trained on HLP
- # men trained on HLP

Activity GP114 – Training and capacity strengthening activities – Mine Action

- # female public service personnel trained on aspects related to mine action
- # male public service personnel trained on aspects related to mine action
- # female national NGO staff trained on aspects related to mine action
- # male national NGO staff trained on aspects related to mine action

Activity GP115 – Training of Trainers (ToT) on explosive ordnance risk education

- # female service providers trained on risk education (ToT)
- # male service providers trained on risk education (ToT)

Activity GP116 – Advocacy GP and HLP

- # advocacy interventions undertaken on protection issues
- # advocacy efforts/activities conducted on HLP issues

Activity GP117 – Victim Assistance (VA)

- # women reached with victim assistance programming (or referred to a VA service)
- # men reached with victim assistance programming (or referred to a VA service)
- # girls reached with victim assistance programming (or referred to a VA service)

GENERAL PROTECTION AND MINE ACTION INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

boys reached with victim assistance programming (or referred to a VA service)

Activity GP118 – Survey and clearance

Square metres where technical surveys were conducted

Square metres cleared of explosive ordnance

explosive ordnance cleared

Non-technical surveys conducted

Activity GP119 – Cash for protection

Female-headed households (FHH) with protection concerns receiving cash for protection (one line* of assistance)

Male-headed households (MHH) with protection concerns receiving cash for protection (one line* of assistance)

FHH with protection concerns receiving cash for protection (two lines* of assistance)

MHH with protection concerns receiving cash for protection (two lines* of assistance)

FHH with protection concerns receiving cash for protection (three lines* of assistance)

MHH with protection concerns receiving cash for protection (three lines* of assistance)

** A "line" of assistance refers to a round of payment.*

CHILD PROTECTION INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

Activity CP101 – Case management

girls (0-13 years) at risk who received case management services

boys (0-13 years) at risk who received case management services

girls (14-17 years) at risk who received case management services

boys (14-17 years) at risk who received case management services

Activity CP102 – Referral of cases

girls at risk identified and referred to specialized services

boys at risk identified and referred to specialized services

Activity CP103 – Legal assistance

girls (0-13 years) at risk who received child protection legal assistance

boys (0-13 years) at risk who received child protection legal assistance

girls (14-17 years) at risk who received child protection legal assistance

boys (14-17 years) at risk who received child protection legal assistance

Activity CP104 – Assistance to access civil documentation

girls (0-13 years) assisted to secure civil documentation

boys (0-13 years) assisted to secure civil documentation

girls (14-17 years) assisted to secure civil documentation

boys (14-17 years) assisted to secure civil documentation

girls (0-13 years) who successfully secured civil documentation

boys (0-13 years) who successfully secured civil documentation

girls (14-17 years) who successfully secured civil documentation

boys (14-17 years) who successfully secured civil documentation

Activity CP105 – Community-based child protection mechanism

girls in community-based child protection structures trained on CP

boys in community-based child protection structures trained on CP

women in community-based child protection structures trained on CP

men in community-based child protection structures trained on CP

Activity CP106 – Capacity-building for local actors and community members

women teachers/social workers in schools trained on CP approaches

men teachers/ social workers in schools trained on CP approaches

women child protection workers trained on CP approaches

men child protection workers trained on CP approaches

women non-child protection staff trained on CP approaches

men non-child protection staff trained on CP approaches

women government staff trained on CP approaches

men government staff trained on CP approaches

CHILD PROTECTION INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

Activity CP107 – Structured psychosocial support

girls (0-13 years) participating in structured and sustained PSS programmes

boys (0-13 years) participating in structured and sustained PSS programmes

girls (14-17 years) participating in structured and sustained PSS programmes

boys (14-17 years) participating in structured and sustained PSS programmes

Activity CP108 – Parenting programme

women caregivers participating in parenting programmes

men caregivers participating in parenting programmes

Activity CP109 – Awareness raising

girls participating in awareness-raising activities on CP issues

boys participating in awareness-raising activities on CP issues

women participating in awareness-raising activities on CP issues

men participating in awareness-raising activities on CP issues

Activity CP110 – Coaching of child protection officials

women government and NGO staff coached on CP approaches

men government and NGO staff coached on CP approaches

GENDER-BASED VIOLENCE INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

Activity GB101 – Legal assistance for GBV survivors

girls who received legal information and counselling support

women who received legal information and counselling support

boys who received legal information and counselling support

men who received legal information and counselling support

Activity GB102 – GBV case management

girls who received GBV case management services

boys who received GBV case management services

women who received GBV case management services

men who received GBV case management services

cases referred to livelihoods/cash services

cases referred to legal services

cases referred to health services

cases referred to specialized mental health services

cases referred to shelter support services

cases referred to PSS services

cases referred to food assistance services

cases referred to livelihood services

functional static centres

mobile teams operating

Activity GB103 – Provision of dignity kits

girls who received dignity kits

women who received dignity kits

Activity GB104 – Community-based group activities

girls who participated in life skills, recreational or vocational activities

boys who participated in life skills, recreational or vocational activities

women who participated in life skills, recreational or vocational activities

men who participated in life skills, recreational or vocational activities

Activity GB105 – Cash for protection - GBV survivors (support referrals and immediate survivors' needs)

girls who received cash assistance

women who received cash assistance

boys who received cash assistance

men who received cash assistance

Activity GB106 – Support for income-generating opportunities (job placement)

girls who received support for income-generating opportunities

women who received support for income-generating opportunities

boys who received support for income-generating opportunities

men who received support for income-generating opportunities

GENDER-BASED VIOLENCE INDICATORS FOR MONITORING OF OBJECTIVE TARGETS**Activity GB107 – Training and capacity-building activities**

women specialized GBV service providers trained on GBV prevention and/or risk mitigation and/or response

men specialized GBV service providers trained on GBV prevention and/or risk mitigation and/or response

women non-specialized GBV service providers trained on GBV prevention and/or risk mitigation and/or response

men non-specialized GBV service providers trained on GBV prevention and/or risk mitigation and/or response

women community members trained on GBV prevention and/or risk mitigation and/or response

men community members trained on GBV prevention and/or risk mitigation and/or response

Activity GB108 – Mentoring and coaching

women specialized GBV service providers receiving mentoring sessions after training

men specialized GBV service providers receiving mentoring sessions after training

women non-specialized GBV service providers receiving mentoring sessions after training

men non-specialized GBV service providers receiving mentoring sessions after training

Activity GB109 – GBV Assessments

GBV assessments conducted

Activity GB110 – Structured PSS

girls who received individual or group structured PSS

boys who received individual or group structured PSS

women who received individual or group structured PSS

men who received individual or group structured psychosocial support

Activity GB111 – Awareness raising

girls reached with awareness-raising activities on GBV prevention, risk mitigation and response

boys reached with awareness-raising activities on GBV prevention, risk mitigation and response

women reached with awareness-raising activities on GBV prevention, risk mitigation and response

men reached with awareness-raising activities on GBV prevention, risk mitigation and response

awareness-raising initiatives (events) on GBV prevention, risk mitigation or response

SNFI INDICATORS FOR MONITORING OF OBJECTIVE TARGETS**Activity SN101 – NFI kit distribution – cash**

individuals who received NFI kits partial or full – cash

households that received NFI kits partial or full – cash

Activity SN102 - NFI kit distribution – in kind

individuals who received NFI kits partial or full – in kind

households that received NFI kits partial or full – in kind

Activity SN103 – Critical shelter upgrades – cash

individuals who received critical shelter upgrades (UAB, collective centres, and other substandard buildings) – cash

households that received critical shelter upgrades (UAB, collective centres, and other substandard buildings) – cash

Activity SN104 – Critical shelter upgrades – in kind

individuals who received critical shelter upgrades (UAB, collective centres, and other substandard buildings) – in kind

households that received critical shelter upgrades (UAB, collective centres, and other substandard buildings) – in kind

Activity SN105 – Cash for rent

individuals who received shelter rental subsidies – cash

households that received shelter rental subsidies – cash

Activity SN106 – In-camp shelter maintenance

IDP individuals provided with tent replacement or maintenance – in kind

IDP households provided with tent replacement or maintenance – in kind

WASH INDICATORS FOR MONITORING OF OBJECTIVE TARGETS**Activity WA201 – Operate and sustain WASH services in camps**

Average potable water (in litres) per person per day provided through a water network

individuals accessing potable water through a water network

Average potable water (in litres) per person per day provided through water trucking

individuals accessing potable water through water trucking

% water quality tests at chlorinated collection locations with free residual chlorine in the range 0.2-2mg/L and turbidity <5 NTU (Nephelometric Turbidity Unit)

individuals benefiting from septic tanks/cesspits emptied

individuals benefiting from latrines maintained or cleaned for boys and men

individuals benefiting from latrines maintained or cleaned for girls and women

individuals benefiting from latrines maintained or cleaned for users living with disability

individuals benefiting from household latrines maintained (cleaned)

individuals benefiting from showers maintained or cleaned for boys and men

individuals benefiting from showers maintained or cleaned for girls and women

individuals benefiting from showers maintained or cleaned for users living with disability

individuals benefiting from household showers maintained or cleaned

individuals served by garbage/debris collection/removal

individuals reached through hygiene promotion/awareness-raising sessions in camps

female individuals benefiting from menstrual hygiene management (MHM) sessions

children reached with hygiene promotion awareness-raising sessions at child friendly spaces and schools

individuals reached with basic/consumable hygiene kits

individuals reached with baby kits

individuals reached with water kits

girls and women reached with MHM kits

individuals reached with other types of WASH NFI kits

Activity WA202 – Decommissioning of closed/consolidated camps

camps fully decommissioned to WASH Cluster technical standards

Activity WA203 – Cash and market-based activities for IDPs in camp

individuals reached through cash-for-work activities without duplication

Activity WA204 – Minimum service provision of water and sanitation services for highly vulnerable out-of-camp IDPs and returnees

Average potable water (in litres) per person per day provided through water trucking

individuals accessing potable water through emergency water trucking

Average potable water (in litres) per person per day provided through a water network

individuals accessing potable water through a water network

individuals benefiting from latrines constructed or maintained (cleaned) for boys and men

individuals benefiting from latrines constructed or maintained (cleaned) for girls and women

individuals benefiting from latrines constructed or maintained (cleaned) for users living with disabilities

individuals benefiting from constructed or household latrines maintained (cleaned)

individuals benefiting from showers constructed or maintained (cleaned) for boys and men

individuals benefiting from showers constructed or maintained (cleaned) for girls and women

individuals benefiting from showers constructed or maintained (cleaned) for users living with disabilities

individuals benefiting from household showers constructed or maintained (cleaned)

individuals benefiting from septic tanks/cesspits emptied

individuals served by garbage/debris collection/removal

Activity WA205 – Light rehabilitation of WASH infrastructure to sustain out-of-camp IDPs and returnees emergency response

individuals with access to sufficient quantity of potable water through rehabilitation of existing water supply system/network

WASH INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

- # individuals with access to sufficient quantity of potable water through construction of new water supply system/network
- # water treatment plants rehabilitated
- # compact unit rehabilitated
- # reverse osmosis units distributed
- # boreholes rehabilitated
- # boreholes drilled
- # individuals benefiting from rehabilitating/maintaining new sanitation facilities (e.g., latrines, showers)
- # individuals reached with rehabilitation of sewerage systems/network
- # health-care facilities with sufficient quantity of potable water for patients and staff
- # health-care facilities with adequate and gender-segregated sanitation facilities for patients and staff
- # health facilities with proper medical waste disposal and management (solid and liquid)
- # school children reached with sufficient quantity of potable water
- # school children who benefited from adequate and gender-segregated sanitation facilities

Activity WA206 – Promote good hygiene practices for out-of-camp IDPs and returnees

- # individuals reached with basic/consumable hygiene kits
- # individuals reached with baby kits
- # individuals reached with water kits
- # female individuals reached with MHM kits
- # individuals reached with other types of WASH NFI kits

Activity WA207 – Cash and market-based activities for out-of-camp IDPs

- # individuals reached through cash for work activities for out-of-camp IDPs
- # individuals reached with WASH NFI kits and hygiene kits through cash/voucher for out-of-camp IDPs

MPCA INDICATORS FOR MONITORING OF OBJECTIVE TARGETS

Activity MP301 – Provision of multipurpose cash assistance

- # households receiving MPCA under R2 category (2 rounds of transfers provided in one lump sum)
- # households receiving MPCA under R4 category (4 rounds of transfers for more vulnerable households)
- % households unable to access basic needs due to financial constraints
- % households reporting that MPCA has helped them meeting basic needs

5.5

What if We Fail to Respond

Nearly 1 million highly vulnerable IDPs and returnees with acute humanitarian needs will not receive life-saving and life-sustaining assistance, and use of harmful negative coping mechanisms may increase

Despite progress towards recovery following the ISIL crisis, 1 million current and former IDPs continue to have deep and acute humanitarian needs, requiring life-saving and life-sustaining humanitarian assistance. Without this assistance, these deeply vulnerable populations risk being left behind; their humanitarian needs may deepen even further and reliance on harmful negative coping mechanisms may further increase, which would in turn expose those most vulnerable to even further risks.

Acutely vulnerable IDPs and returnees who live in critical shelter or lack civil documentation will remain exposed to increased levels of vulnerability and protection risks, with limited options for durable solutions

Without assistance, more than 310,000 highly vulnerable IDPs and returnees living in critical shelter will remain in unsafe and undignified living conditions with negative consequences for their ability to access essential services, including life-saving health care, and to generate sufficient income to meet their basic needs for daily survival. They would also remain exposed to heightened protection risks including gender-based violence, child protection concerns, and evictions, which could lead to secondary displacement.

Further, more than 50,000 IDPs and returnees will not receive support to obtain core civil documentation that they need to be able to access basic needs, including government services, get formal employment, own

land or property, and their freedom of movement would remain restricted. They will continue to be exposed to protection risks and violations, and reliance on negative coping mechanisms will further increase. Lack of core civil documentation significantly hampers people's ability to find durable solutions and reintegrate into Iraqi society on equal footing with non-displaced Iraqis.

Essential services in IDP camps will be reduced, with life-threatening consequences for in-camp IDPs

Without access to services in camps, IDPs living in camps will continue to face humanitarian needs related to their physical living environment, access to essential services and their ability to meet basic day-to-day needs. Nearly 180,000 vulnerable displaced Iraqis in camps will be exposed to increased protection risks due to lack of access to shelter and protection assistance. IDPs in camps will not receive immediate life-saving assistance such as access to clean water and sanitation services or health care, which could result in secondary displacement and major protection and health issues. Furthermore, increased use of negative coping mechanisms such as using unsafe sources of water for drinking and cooking could also exacerbate existing health risks.

Acutely vulnerable IDPs and returnees will not have access to clean drinking water, sanitation or health care, increasing the risk of disease outbreaks

The provision of basic health, water and sanitation services to the most acutely vulnerable IDP and returnee populations will be negatively affected. As a result, more people may resort to using unsafe water sources, with potential negative health impacts,

while the preparedness, surveillance, and response to disease outbreaks, including COVID-19, also will be negatively affected. Access to primary health services would be severely constrained, with a risk of life-threatening communicable disease outbreaks. As many as 69,000 children under the age of five will not be reached with life-saving preventive child health services, such as vaccinations against polio and measles. Nearly 100,000 women of child-bearing age will be at increased risk of maternal-health-related complications. More than 18,000 individuals will risk not receiving their regular dose of medicine to treat chronic disease.

More than 350,000 IDP and returnee children will not be able to attend school next year, further jeopardizing their education, while also increasing the risks of child protection violations

Without humanitarian support for the most vulnerable IDP and returnee children to access learning, their education, which has already been negatively impacted by conflict and displacement, as well as school closures during the pandemic, will be further compromised. Not attending school also increases their exposure to child labour, early marriage and forced recruitment. Moreover, without focused child protection prevention, risk mitigation, and response interventions, more than 300,000 vulnerable children will face continued and increasing violence, exploitation, abuse, recruitment, and family separation.

Food insecurity and exhaustion of already limited coping mechanisms may increase, leading to a rise in use of deeply harmful strategies for coping with daily needs and further deepening humanitarian vulnerabilities

Without adequate support, acutely vulnerable IDPs and returnees will struggle to meet their most basic needs for daily survival. Food security would deteriorate, leading to increased reliance on negative coping strategies. More than 180,000 IDPs residing in camps will have no access to timely, consistent food sources, while an estimated 500,000 out-of-camp IDPs and returnees may fall into acute food insecurity and require life-saving food assistance. Reliance on negative coping mechanisms, including those that result in severe protection concerns, has already been increasing among the most vulnerable, and may rise further as alternative, less harmful, coping mechanisms are exhausted.

5.6

How to Contribute

Contribute to the 2022 Iraq Humanitarian Response Plan (HRP)

To access Iraq's HNO, HRP and monitoring reports, and to donate directly to organizations participating in the HRP, please visit the following link:

<https://www.unocha.org/iraq>

Contribute through the Iraq Humanitarian Fund (IHF)

The Iraq Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator.

Find out more about CBPFs and how to contribute through the following link:

<https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf>

Information about the Iraq Humanitarian Fund and how to contribute is available through the following link:

<https://www.humanitarianresponse.info/en/operations/iraq/ihf>

Contribute through the Central Emergency Response Fund (CERF)

The CERF provides rapid initial funding for life-saving actions at the onset of an emergency and for underfunded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities, and individuals – which are combined into a single fund. This is used for crisis anywhere in the world. To find out more about the CERF and how to donate, visit the CERF website.

<https://cerf.un.org/donate>

Report contributions through the Financial Tracking Service (FTS)

OCHA manages FTS, which records all reported humanitarian contributions (cash, in kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, to show the total amount of funding for the response, and to expose gaps in humanitarian plans. Donors are encouraged to report contributions to FTS, either by email to fts@un.org or through the online contribution report form available on the FTS website:

<https://fts.unocha.org>

5.7 Acronyms

ABC	Area-Based Coordination	FHH	Female-Headed Household
AAP	Accountability to Affected Populations	FSC	Food Security Cluster
AoR	Area of Responsibility	FTS	Financial Tracking Service
AWG	Assessment Working Group	GAM	Gender and Age Marker
CCCM	Camp Coordination and Camp Management	GBV	Gender-based Violence
CCS	Coordination and Common Services	GBVSC	Gender-based Violence Sub-Cluster
CFM	Complaint	GBVIMS	Gender-based Violence Information Management System
CfW	Cash for Work	GoI	Government of Iraq
COVID-19	Coronavirus caused by SARS-CoV-2	GP	General Protection
CP	Child Protection	HAWG	Humanitarian Access Working Group
CPSC	Child Protection Sub-Cluster	HC	Humanitarian Coordinator
CSU	Critical Shelter Upgrades	HCT	Humanitarian Country Team
CwC	Communication with Communities	HH	Household
CVA	Cash and Voucher Assistance	HLP	Housing, Land and Property
CWG	Cash Working Group	HNO	Humanitarian Needs Overview
D	Durable Solutions Task Force	HPC	Humanitarian Programme Cycle
DSTWG	Durable Solutions Technical Working Group	HRP	Humanitarian Response Plan
DTM	Displacement Tracking Matrix	IASC	Inter-Agency Standing Committee
ECCD	Early Childhood Care and Development	ICCG	Inter-Cluster Coordination Group
ECCDiE	Early Childhood Care and Development in Emergencies	IDP	Internally Displaced Person/s
EH	Explosive Hazard	IED	Improvised Explosive Device
ELC	Emergency Livelihoods Cluster	IHF	Iraq Humanitarian Fund
EO	Explosive Ordnance	IIC	Iraq Information Centre
EORE	Explosive Ordnance Risk Education	ILA	Integrated Location Assessment
ERW	Explosive Remnants of War	IM	Information Management
FAO	Food and Agriculture Organization	IMWG	Information Management Working Group

INGO	International Non-Governmental Organization	PSS	Psychosocial Support
IOM	International Organization for Migration	PTA	Parent-Teacher Association
IQD	Iraqi Dinar	RCCE	Risk Communications and Community Engagement
ISF	Iraqi Security Forces	SBMC	School-
ISIL	Islamic State of Iraq and the Levant	SEA	Sexual Exploitation and Abuse
JIAF	Joint Intersectoral Analysis Framework	SC	Sub-Cluster
KRG	Kurdistan Regional Government	SO	Strategic Objective
KRI	Kurdistan Region of Iraq	SOP	Standard Operating Procedure
MA	Mine Action	SP	Specific Objective
MASC	Mine Action Sub-Cluster	SMEB	Survival Minimum Expenditure Basket
MCNA	Multi-Cluster Needs Assessment	SNFI	Shelter and Non-Food Items
MFI	Market Functionality Index	ToR	Terms of Reference
MHH	Male-Headed Household	UAB	Unfinished or Abandoned Buildings
MHM	Menstrual Hygiene Management	UN	United Nations
MHPSS	Mental Health and Psychosocial Support	UNCT	United Nations Country Team
MICS	Multi-Indicators Cluster Survey	UNFPA	United Nations Population Fund
MoE	Ministry of Education	UNHCR	United Nations High Commissioner for Refugees
MoH	Ministry of Health	UNICEF	United Nations Children's Fund
MoMD	Ministry of Migration and Displacement	UNSCDF	United Nations Sustainable Development Cooperation Framework
MPCA	Multipurpose Cash Assistance	US\$	United States Dollar
NFI	Non-Food Item	UXO	Unexploded Ordnance
NHC	National Health Cluster	VA	Victim Assistance
NGO	Non-Governmental Organization	WASH	Water, Sanitation and Hygiene
NNGO	National Non-Governmental Organization	WFP	World Food Programme
NPC	National Protection Cluster	WHO	World Health Organization
OCHA	Office for the Coordination of Humanitarian Affairs		
PDM	Post-Distribution Monitoring		
PIN	People in Need		
PMF	Popular Mobilization Forces		
PSEA	Prevention of Sexual Exp		

5.8

End Notes

- 1 To measure the severity of humanitarian conditions (the degree of harm brought by all combined humanitarian consequences of the conflict, displacement and COVID-19) and to estimate PIN, the 2022 HNO analysed and categorized needs along a five-point severity scale: none or minimal (1), stress (2), severe (3), extreme (4), and catastrophic (5). Households evaluated as having needs falling in severity categories 4 and 5 are considered to be households in acute need.
- 2 2022 Iraq Humanitarian Needs Overview (HNO).
- 3 IASC Policy on Protection in Humanitarian Action, 2016.
- 4 For example, instances of attempted suicides are recorded, often among female-headed households, both in and out of camps.
- 5 REACH Initiative, Multi-Cluster Needs Assessment (MCNA) Round IX, August 2021. On average, 26 per cent of idps and returnees have at least one family member unemployed and seeking work compared to 20 per cent in 2020. The levels of debt to afford health care, food, education, or basic household expenses increased among all population groups over the year as follows: 90 per cent of in-camp idps, 87 per cent of out-of-camp idps and 74 per cent of returnees reported taking on debt to afford to meet their basic needs in 2021, compared to 68 per cent of in-camp idps, 68 per cent of out-of-camp idps, and 56 per cent of returnees in 2020.
- 6 REACH Initiative, MCNA IX. High costs are the second most cited barrier to accessing civil documentation, while lack of funds to pay the rent is the second most reported reason for fearing eviction. At the same time, financial constraints are the top barrier to accessing health care and education.
- 7 MCNA IX.
- 8 Ibid.
- 9 Ibid.
- 10 Crisis strategies were used by 35 per cent of out-of-camp idps in 2021, compared to only 23 per cent one year prior, while emergency strategies were reported by 21 per cent in 2021 compared to only 13 per cent in 2020.
- 11 Among the conflict-affected population, food insecurity is highest among out-of-camp idps, with 15 per cent of households reporting moderate or severe hunger compared to only 4 per cent among in-camp IDP households and 5 per cent among returnee households. See 2022 Iraq HNO.
- 12 See co-occurrence of needs analysis included in the 2022 Iraq HNO.
- 13 MCNA IX.
- 14 MCNA IX.
- 15 See co-occurrence of needs analysis included in the 2022 Iraq HNO.
- 16 MCNA IX.
- 17 Humanitarian access improved in 11 districts, including Al-Falluja, Heet (Al-Anbar), Al Khalis, Baquba (Diyala), Al-Hamdaniya, Al-Hatra, Telafar, Tilkaef (Ninewa), Daquq (Kirkuk) and Tooz Khurmato (Salah Al-Din). However, this was offset by increased access difficulties in five districts: Al-Adhamiya, Al-Karkh, Al-Mada'in, Al-Mahmoudiya (Baghdad) and Beygee (Salah Al-Din).
- 18 "Reached" means that a person has been assisted with at least one form of humanitarian assistance. It does not mean that all humanitarian needs have been covered.
- 19 The districts with access restrictions where partners have been able to achieve full humanitarian reach (i.e., have met inter-cluster targets) are Ana and Al-Kaim (Al-Anbar), Al-Risafa, Al-Karkh, and Al-Mada'in (Baghdad), Al-Muqyadiya (Diyala), Zakho and Al-Amadiya (Duhok), Makhmour, Al-Hawiga and Sinjar (Ninewa) and Balad (Salah Al-Din).
- 20 The 13 districts are Al-Ramadi, Haditha, Al-Rutba (Al-Anbar), Panjwin (Al-Sulaymaniyah), Al-Mahmoudiya, Al-Adhamiya, Al-Thawra (Baghdad), Al-Khalis (Diyala), Al-Hamdaniya, Tilkaef, Telafar, Al-Mosul (Ninewa), and Al-Daur (Salah Al-Din); with Al-Daur, Al-Mahmoudiya, Al-Thawra, Al-Adhamiya, Al-Rutba and Haditha having moderate to high access constraints.
- 21 In the first seven months of 2021, 22 per cent of beneficiaries reached with humanitarian aid were assisted with funding carried over from 2020 (Iraq ICCG, 2021 HRP Mid-Year Review, September 2021).
- 22 Other partners include government directorates and Red Cross/Red Crescent Societies.
- 23 CFM Mapping Exercise, AAP/cwc Working Group, May 2021.
- 24 MCNA IX findings are indicative of overall satisfaction and reflect perceptions of the quality, quantity and timeliness of assistance. More specific and detailed findings are available through agency and cluster specific assessments.
- 25 MCNA IX.
- 26 Ibid.
- 27 Ibid.
- 28 IIC Dashboard, November 2021.
- 29 MCNA IX.
- 30 Based on assessments, post-distribution monitoring reports and other research.

- 31 Iraq Cash Working Group: Survival Minimum Expenditure Basket and Multi-Purpose Cash Assistance Transfer Value for Iraq – 2022, Technical Guidance Note [here](#).
- 32 A linkage between consumption support and longer-term solutions to increase self-reliance of the beneficiary. In Iraq, the model will be linking MPCA to income-generating activities (livelihoods). The graduation model can include the graduation approach, a programme that empowers people to escape extreme poverty with a holistic set of interventions designed to address their complex and long-term needs.
- 33 As well as in other areas administered by the Kurdistan Regional Government.
- 34 IOM-DTM, Displacement and Returns to Sinjar and Al-Baaj Districts, 31 January 2021.
- 35 Figures provided by the Directorate of Migration and Crisis Response (Duhok), December 2021.
- 36 Information taken from the [CCCM Cluster Informal Sites Mapping Dashboard](#), June 2021; of the 210 informal sites recorded by humanitarian partners in KRI, 202 were in Duhok.
- 37 Data taken from IOM-DTM (accessed January 2022).
- 38 Information taken from the [CCCM Cluster Informal Sites Mapping Dashboard](#), June 2021.
- 39 The 2022 Iraq Humanitarian Response Plan (HRP) targets populations in acute need of humanitarian assistance, but does not cover the refugee response in Iraq, which is led by the United Nations High Commissioner for Refugees (UNHCR) and is covered by the 2021-2022 Regional Refugee and Resilience Plan (3RP).
- 40 According to the December 2021 Humanitarian Response Dashboard, there are 48 partners active in Duhok, 39 active in Erbil and 26 active in Al-Sulaymaniyah.
- 41 IOM-DTM Iraq Displacement Dashboard, accessed January 2022; 93 per cent in Erbil, 88 per cent in Al-Sulaymaniyah
- 42 Explosive ordnance risk education for idps is integrated with the Mine Action Sub-Cluster.
- 43 Al-Falluja, Al-Ramadi, Al-Mosul, Al-Hamdaniya, Sumail, Al-Hawiga, Telafar, Erbil, Sinjar, Zakho, Al-Baaj, Al-Hatra, Kirkuk, Al-Sulaymaniyah, Beygee, Tilkaef, Al-Shikhan, Heet, Tikrit, Al-Kaim, Samarra, Tooz Khurmato, Balad, Al-Shirqat, Makhmour, Al-Rutba, Kalar, Al-Mahmoudiya, Daquq and Al-Daur.
- 44 Al-Sulaymaniyah District (Al-Sulaymaniyah Governorate); Sumail and Zakho districts (Duhok Governorate); Khanaqin District (Diyala Governorate); Erbil and Makhmour districts (Erbil Governorate); and Aqra, Al-Hamdaniya, Al-Mosul and Al-Shikhan districts (Ninewa Governorate).
- 45 Al-Falluja, Al-Ramadi and Al-Rutba districts (Al-Anbar Governorate); Al-Adhamiya and Al-Karkh districts (Baghdad Governorate); Duhok and Sumail districts (Duhok Governorate); Daquq District (Kirkuk Governorate); Al-Hatra, Al-Mosul and Sinjar districts (Ninewa Governorate); and Balad and Tooz Khurmato districts (Salah Al-Din Governorate).
- 46 Al-Falluja, Al-Kaim, Al-Ramadi and Heet districts (Al-Anbar Governorate); Al-Mahmoudiya District (Bagdad Governorate); Al-Khalis and Al-Muqdadaya districts (Diyala Governorate); Makhmour District (Erbil Governorate); Al-Hawiga and Kirkuk districts (Kirkuk Governorate); Al-Baaj, Al-Hamdaniya, Al-Mosul, Sinjar and Telafar districts (Ninewa Governorate); and Beygee, Balad, Samarra, Tikrit and Tooz Khurmato districts (Salah Al-Din Governorate).
- 47 FSC Food Basket Design, SMEB, Cash for Work SOP (ELC).
- 48 Activity costs agreed on and submitted by partners through the latest IHF allocation and HRP.
- 49 In-camp target districts: Al-Sulaymaniyah, Kalar, Al-Amadiya, Sumail, Zakho, Khanaqin, Erbil, Makhmour, Aqra, Al-Hamdaniya, Al-Mosul, Al-Shikhan. Out-of-camp target districts: Al-Falluja, Al-Ramadi, Al-Rutba, Ana, Heet, Al-Sulaymaniyah, Chamchamal, Derbendikhan, Dokan, Halabcha, Kalar, Al-Hilla, Al-Mussyab, Al-Adhamiya, Al-Karkh, Al-Amadiya, Duhok, Sumail, Zakho, Al-Khalis, Baquba, Koysinjaq, Daquq, Kirkuk, Al-Baaj, Al-Hatra, Al-Mosul, Al-Shikhan, Sinjar, Balad, Samarra, Tooz Khurmato.
- Returnee target districts: Al-Kaim, Al-Rutba, Ana, Heet, Al-Khalis, Al-Muqdadaya, Daquq, Dibis, Kirkuk, Al-Baaj, Al-Hamdaniya, Al-Hatra, Al-Shikhan, Sinjar, Al-Shirqat, Beygee, Balad, Samarra, Tooz Khurmato.
- 50 Including, but not limited to Al-Khalis District in Diyala Governorate, Kirkuk District in Kirkuk Governorate and Al-Shirqat District in Salah Al-Din Governorate.
- 51 The total sum of the target for Protection Cluster interventions under the General Protection, Mine Action, Child Protection and Gender-Based Violence Areas of Responsibility, may be as high as 1.2 million. However, the aggregated maximum of sub-cluster targets at the district level suggests an overall estimate of around 750,000 individuals combined.
- 52 This will include an online database for the GBV Sub-Cluster inter-agency referral pathway, and service mapping.
- 53 The GBV Sub-Cluster will mainstream and integrate GBV intervention as per IASC Guidelines in the CWG, Emergency Livelihoods Cluster and Food Security Cluster.
- 54 CWG, FSC, ELC, CCCM and Shelter clusters.
- 55 Older people, those with chronic, cardiovascular and lung diseases, cancer, etc.
- 56 For technical guidance see [Vulnerability Criteria of the Shelter and NFI Cluster 2021-2022](#).
- 57 81,059 out-of-camp idps and 186,797 returnees.
- 58 Tooz Khurmato in Kirkuk; Al-Rutba and Al-Kaim in Al-Anbar; Al-Khalis in Diyala.
- 59 The activities are listed from the highest value to the lowest one. More guidance is provided in the SNFI Cluster's Activity-Based Costing Model for the HRP 2022.
- 60 SNFI Cluster, [NFI Technical Guidelines](#), December 2021.
- 61 Including Al-Ramadi and Al-Falluja districts in Al-Anbar Governorate, Al-Mosul District in Ninewa Governorate.
- 62 Including Sinjar, Al-Baaj and Al-Hatra districts in Ninewa Governorate.

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