

# 2014

## STRATEGIC RESPONSE PLAN

### Iraq

February 2014



Prepared by UNAMI-ICODHA on behalf of the Humanitarian Country Team

## PERIOD:

Feb 2014 – July 2014

100%

1.5 million

Total population of Anbar Province  
(4.7% of total population of Iraq)

18%

of total population

270,000 – 500,000

estimated number of people in  
need of humanitarian aid  
(as of 12 Feb)

16%

of total population

240,000

people targeted for humanitarian  
aid in this plan

### Key categories of people in need:

270,000

IDPs, host communities and  
people in communities under  
siege (45,000 families)

X.X

non-displaced (to be determined)

Source: Ministry of Displacement and  
Migration / UN estimate



US\$103.7 million  
requested

## SUMMARY

### Strategic objectives

1. Life-saving protection and humanitarian assistance (emergency shelter, NFI, water and hygiene kits, health, nutrition, and food) is provided to displaced persons, host communities and populations in conflict affected areas.
2. Protection needs of displaced persons and conflict-affected populations are identified through effective protection monitoring and assessment to ensure services and support are provided.
3. Displaced persons and conflict-affected populations, especially the most vulnerable, have access to legal services and psycho-social counselling.
4. Humanitarian access is improved and respect and protection for human rights.

### Priority actions

This Strategic Response Plan (SRP) is finalized at the time no comprehensive needs assessment was completed either by the Government of Iraq or by any humanitarian actors. As such, the Humanitarian Country Team (HCT) under the leadership of the Deputy Special Representative for Secretary General in Iraq who also is the Humanitarian and Resident Coordinator (DSRSG/HC/RC) has taken a strategic decision to use a figure of 40,000 IDPs family as the target beneficiaries for planning purpose. Albeit the IDPs figures provided on infrequent basis by the Ministry of Displacement and Migration (MoDM) stood at 62, 679, the general consensus among the HCT members is that: 1) the total IDPs families accessible to humanitarian actors is 16,123 IDPs, and they are mostly those IDPs outside Anbar Governorate; 2) Access to 46,556 IDPs families inside Anbar Governorate remains a major challenge despite the ongoing advocacy for humanitarian access to Anbar being led by DSRSG/HC/RC; 3) Due to ongoing multiple-displacement as a result of shifting armed conflict frontlines, some IDPs were double counted and this is believed to have impacted the total number of IDPs being reported.

Therefore and for practical reasons, the figure of 40,000 IDPs families will be used as the target figure for this SRP, which will be revised as soon as the humanitarian needs are changed, and the corresponding IDPs figure

have been verified accordingly.

The **SHELTER/NFI** Cluster intends to address the basic needs of displaced families. The majority of the internally displaced persons (IDPs) are currently staying in inadequate accommodations including school buildings, mosques, abandoned buildings and open fields. The cluster will procure and distribute 7,000 tents, rehabilitate 1,000 units of residential buildings, schools, and/or public buildings. The cluster will provide 40,000 displaced families with Non-Food Items (NFI.)

The **FOOD** Cluster will ensure the affected population's minimal nutritional needs are met through regular food distributions. This includes the provision of food assistance of 18,748 mt to affected populations for six months to cover 80% of the daily kcal requirements.

The **WASH** Cluster (MMPW, MoW, DoW, UNICEF, WHO, ISHO, AFKAR, IRW, RI...) will provide access to water supply, sanitation facilities, hygiene kits/hygiene promotion, and a cleaner and healthier environment to the affected population with focus on the most vulnerable IDPs. This will be carried out through appropriate interventions such as water trucking and emergency water distribution systems (when needed), water quality measures (chlorination, water quality surveillance, purification tablets...), provision of emergency toilets and rehabilitation/upgrading of existing facilities, distribution of WASH NFIs, promotion of hygiene practices and management of solid waste and wastewater when it is threatening health of children and weak people.

The **HEALTH** Cluster will assist IDPs as well as host communities to have access to essential health services. This includes the provision of: primary health care services; establishment of a referral system for severe cases; prevention and management of communicable diseases; immunization against polio and measles; provision of life-saving medicines and medical supplies, particularly items needed for injuries/trauma and chronic diseases; addressing nutrition needs and provision of reproductive health care packages for displaced pregnant women.

The **PROTECTION** Cluster will ensure the displaced and affected populations have access to legal assistance and protection services that promote the respect and protection of human rights. This includes enhancing protection monitoring mechanisms through: mobile teams providing legal assistance including issuance of documentation; provision of cash assistance to persons with specific needs; and psycho social counselling and legal services to affected populations in need, including survivors or those at risk of gender based violence (GBV). Grave violations against women, girls, men and boys will be monitored and psychosocial needs of children affected by the conflict will be met through referral and direct provision of services including legal assistance to juveniles. Dignity kits will be procured for women. The Protection Cluster will ensure protection mainstreaming in the overall humanitarian response.

The **LOGISTICS** Cluster will assist with coordination and an information management mechanism which will focus on identifying and maintaining supply chain corridors and strategic storage facilities. The Logistics Cluster will also provide transport and storage services to partners involved in the humanitarian response that do not have a presence on ground or have limited logistics capacity.

The **EDUCATION** Cluster will mitigate the psycho-social impact of the crisis and restore normalcy, stability and hope for the future. The Education cluster will strengthen the existing coordination mechanisms involving the Ministry of Education and the Directorates of Education in the provinces to ensure timely humanitarian response, in addition to existing partners of the cluster as well as any new members.

## PRIORITY HUMANITARIAN NEEDS

- 1 Over 270,000 IDPs require adequate shelter and basic life-sustaining items
- 2 Affected Population in areas due to armed hostilities require access to health and WASH services
- 3 Affected population in areas of hostilities require protection from violent conflict
- 4 Affected population in areas of violent conflict have been negatively impacted and access to food is required

## Parameters of the response

The Strategic Response Plan is designed to support the Government of Iraq in its efforts to meet the immediate humanitarian needs of the people affected by the crisis in Anbar Province and complement the assistance provided by the broader humanitarian community in a manner that promotes the respect and protection of human rights. It focuses on displaced and host communities and on people that are located in areas affected by armed violence. It does not include protracted displacement or displacement related to the crisis in Syria.

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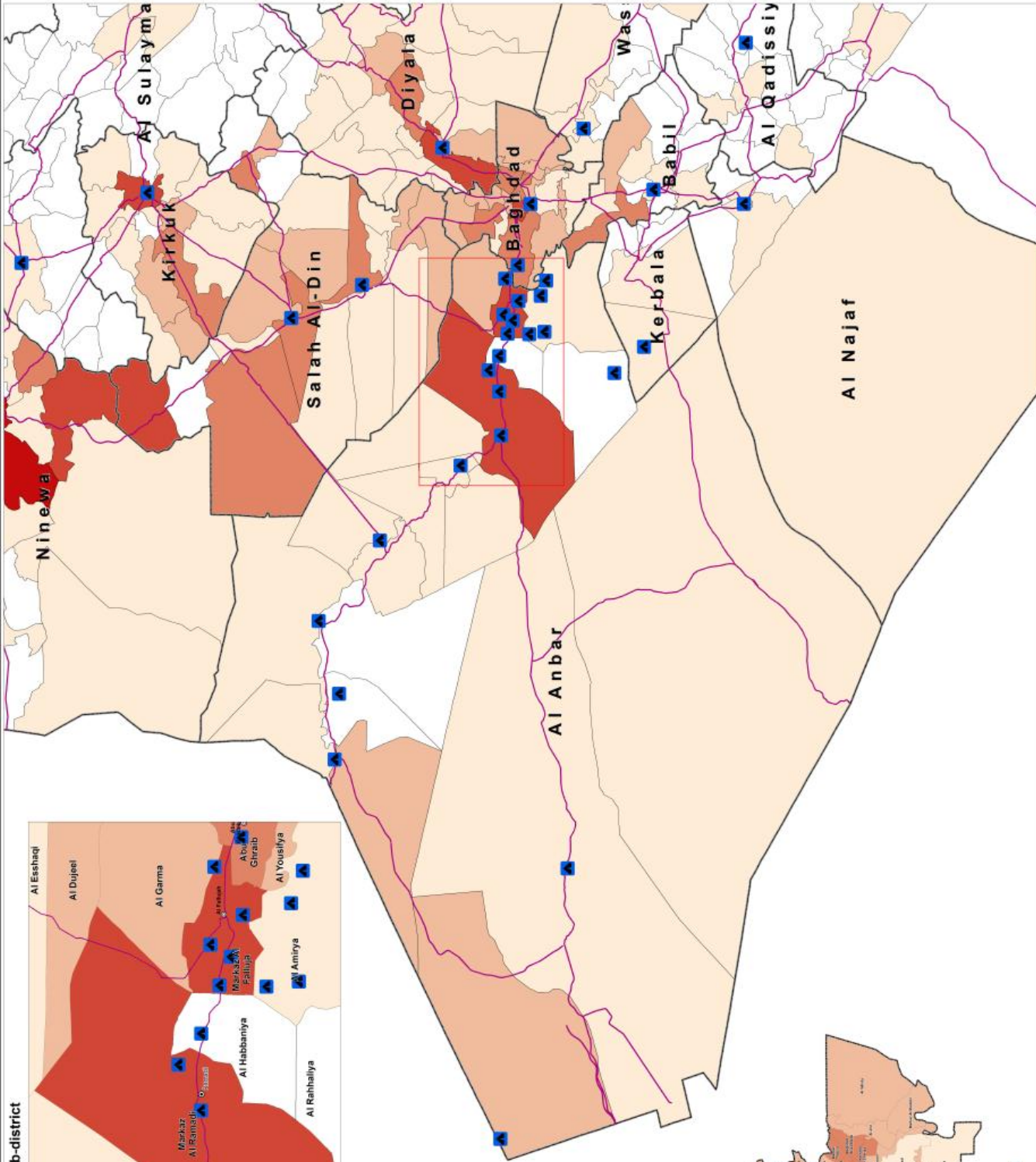
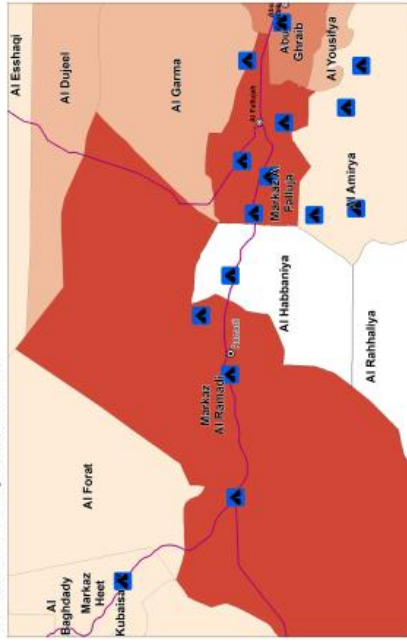
    EDUCATION ..... 38



# IRAQ - Security Incidents and IDPs Map

From 7 Jan To 7 Feb 2014

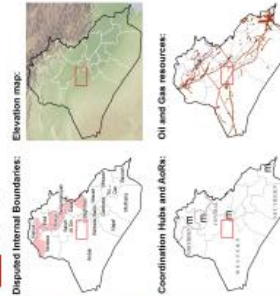
## Ramadi and Falluja Sub-district



## Legend

- Sites gathering displaced
- Primary Routes
- Sub-Districts Boundaries
- Governorates Boundaries
- Number of Incidents

- 1 - 9
- 10 - 27
- 28 - 58
- 59 - 107
- 108 - 199



Governorate and district boundaries in Iraq vary amongst sources. This map shows names, spellings and administrative boundaries according to the data developed by IOM and OCHA, August 2008.

Map Doc Name: JAU\_Security\_IDPs\_Ramadi\_2014.pdf  
Creation Date: 11 February 2014  
Projection/Date: Geographic WGS 1984  
Web Resources:  
Nominal Scale: 1:865,000

0 4.4 8.8 13.2 17.6 22 26.4 30.8 35.2 39.6 44 Miles  
0 7.2 14.4 21.6 28.8 36 43.2 50.4 57.6 64.8 72 Kms

Map data sources:  
Roads: OCHA, UNICEF, 2005; OCHA, 2008; UNAMI  
Boundaries: IOM, 2008; UNICEF, 2008; UNMAP, 2008; Admin  
Boundaries: IOM/OCHA, 2008; Imagery: NSA  
Disclaimers:  
The designations employed and the presentation of material on this map do not imply the endorsement of any particular view, nor does it constitute the position of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



# STRATEGY

## People in need and targeted

The number of displaced persons continues to increase rapidly. As of 12 February, the Ministry of Displacement and Migration (MoDM) confirmed there are currently ranges between 48,000 to 62,679 IDP families registered inside and outside Anbar Governorate, out of which 14,708 to 16,123 IDPs families are residing outside of Anbar Governorate and the remaining 35,402 to 46,55 IDPs families residing within Anbar Governorate. The actual number of displaced persons is unknown given absence of a comprehensive assessment; in addition, due to ongoing armed conflict and shifting frontlines there has been multiple-displacement, which is presumed to have resulted into a double counting of IDPs families registered. These challenges have set the ground to revise this Response Plan, as soon as the figures of IDPs are verified, because that is likely to affect the level of the humanitarian needs.

Those that have fled the major cities of Ramadi and Al Fallujah and their surrounding neighbourhoods are currently seeking refuge in government buildings including schools, open fields and even sleeping in cars. Their needs are multiple. Families fled their homes with few personal belongings and some even without any documentation. They require basic necessities, such as stoves, cooking materials and other life sustaining items for winter survival, i.e. blankets and clothing. Hospitals and health care clinics are running short of medical supplies and doctors are unable to reach the health facilities. Water infrastructure has been disrupted, markets are not functioning and food supplies have been significantly affected. Waste management is a growing concern as garbage collection has ceased. Many children are reportedly not going to school owing to several different reasons, including lack of capacity of schools and inability to transfer school documentation from their place of origin. The resources and capacity of the host communities are also depleting with the growing number of IDPs, and more support is required so that IDPs can remain with their relatives/communities and reduce the instances of multiple displacements.

The response plan intends to target initially 40,000 IDPs families that is 240,000 displaced persons that can be reached. Efforts to cover also the needs of the communities that are trapped in areas of active conflict will depend on either a cessation of hostilities or the establishment of humanitarian corridors which are currently being negotiated. Irrespective, of paramount importance, efforts shall be directed on promoting the obligations of all parties engaged in the violence to respect and protect civilians and to ensure their access to humanitarian assistance or to leave, in safety, areas directly affected by violence.

**Figure 1: Number of families displaced within or from Anbar Governorate**

Province	Female	Male	TOTAL
Anbar	0	0	46,556
Surrounding Governorates	0	0	16,123
<b>Kurdistan</b>	<b>0</b>	<b>0</b>	<b>5,615</b>

Source: Ministry of Displacement and Migration as of 17 February, 2014

## Planning assumptions

The security situation in Anbar remains volatile and unpredictable. Latest reports indicate a serious deterioration owing to increased military operations and active insurgency by insurgent and terrorist groups. This has resulted in an alarming increase in the number of displaced. Without a cessation of hostilities and an associated political settlement further displacements are anticipated.

Humanitarian access to population affected by the hostilities remains significantly limited. The Al-Toaz Bridge, linking Tikrit to Baghdad, has been destroyed disrupting the principal route for humanitarian goods into Anbar. Two more bridges were destroyed, disrupting the route between Anbar and Kerbala Provinces and between areas inside Ramadi. The route between Ramadi and Heet is also problematic due to the detonation of three landmines.

The roads between Baghdad, Ramadi and Al- Qaim are open but passage remains highly insecure due to daily clashes. The attached map on page 4, illustrates the intensity and frequency of security incidents and the locations of the concentration of displaced persons. Areas in Red are problematic to reach. Those in Tan can be reached but highly dependent on an assessment of risk at the time of delivery. The lighter shaded areas are considered accessible at this time. The estimation of intended beneficiaries in this Response Plan is premised on primarily targeting concentrations of IDPs in areas of reasonable access and negotiating humanitarian corridors to areas indicated as Red in the attached map.

### Scenarios

- **Working Scenario:** With ongoing military operations and no political agreement reached it is expected the number of the displaced will continue to rise and possibly reach 83,000 families equivalent to 500,000 individuals.
- **Medium Term Scenario:** Within a period of three - six months a large number of IDPs may return to their place of origin provided military operations cease, the armed opposition groups no longer have control of the main cities and do not continue strikes in the region of Anbar and the surrounding provinces. Support will be required to assist IDPs return to their places of origin in dignity and safety with durable solutions and livelihood opportunities being pursued to re-establish their livelihoods.
- **Long Term Scenario:** Beyond six months IDPs may return to their place of origin provided the prolonged cessation of conflict and good prospects for a political settlement. Support will be required to assist them to rebuild their homes and livelihoods and government service delivery will need to be strengthened.

### Explanation of the strategy

While the Government of Iraq is leading the emergency response in Anbar, their capacity to adequately and rapidly respond to the increased needs of the affected population has been quickly overwhelmed. The support and expertise in crisis management and relief operations of the United Nations and partners in Iraq is urgently required. The Government has formally requested UN support.

The strategy builds upon and complements the ongoing efforts of the Government of Iraq and will be implemented in collaboration with the MoDM, the Emergency Crisis Cell comprised of local authorities, and the broader humanitarian community. UN Agencies in collaboration with the MoDM and other international and national humanitarian actors will coordinate their efforts to ensure that basic needs of the displaced and other conflict affected populations are met and to international standards where possible. Fundamental to the strategy is the promotion and protection of human rights.

The Response Plan aims to mobilize sufficient resources to fill existing gaps accounting for the planned support to be provided by the Government and the Iraqi Red Crescent Society (IRCS) which are the two main non UN entities engaged in relief operations. The Global Cluster System has been activated to ensure effective coordination of relief operations and the activated clusters are Health, WASH, Food Security, Logistics, Protection and NFI/Shelter. The Integrated Coordination Office for Development and Humanitarian Affairs (ICODHA) under the leadership of the DSRSG/HC/RC will support the work of the activated clusters through planning, organizing and facilitating inter-cluster coordination meeting and information sharing, as well as provide secretariat support to the HCT. Support will also be provided to Government to assist with their inter-governmental planning and operations. The response is also premised on the Government providing in-kind and financial resources to implement the Plan and facilitation of humanitarian corridors where required.

### The Government Response

MoDM has distributed the following items to date:

- 2,700 Food rations in Kirkuk, Salah Al-Din, Ninewa, Anbar and KRG
- 450 NFI kits to Anbar IDPs in KRG
- 200 NFI kits to Anbar IDPs in Salah Al-Din
- 184 Food ration to Karbala Ein Tamour, 450 to KRG, 1,750 to Anbar and 250 to Babylon
- 9,018 blankets were dispatched to KRG, Anbar, Babylon and Karbala



MoDM also facilitated the distribution of 846 food baskets, 1,746 mattresses, 1,521 blankets and 250 kerosene stove heaters provided by the Iraqi Council of Representatives.

The Government's planned response will involve: an allocation of 10 Billion IQDs (equivalent to \$8,333,000 USD,) to MoDM to assist up to 15,000 families displaced in surrounding governorates; and an allocation of 20 Billion IQDs (equivalent to \$16,666,000 USD) to the Anbar Governorate to assist some 30,000 displaced families inside Anbar Governorate. 15,000 displaced families located in the surrounding Governorates, will receive a one off cash grant of 250,000 IQDs (equivalent to \$210 USD.)

## The IRCS Response

The IRCS has mobilized the national society's resources, both human and financial at the HQ level as well as the Al-Anbar branch, to ensure an effective response. The IRC has also established a fleet management cell to transport all humanitarian aid to Anbar governorate. As of 02 February 2014 the IRCS distributed food parcels, non-food items and hot meals to 18,014 affected families displaced within Anbar and surrounding governorates inclusive of various items such as 13,678 food parcels, 547 stoves, 547 kitchen sets, 8,810 blankets, 547 lanterns, 1,094 Jerry cans, 547 health kits, 2,600 hot meals, 3 tents, 250 large first aid kits, 150 kerosene heaters. The IRCS has provided medical care, first aid and transported injured individuals to the hospitals through the Al Anbar branch first aid team. Additionally the IRCS has also rented a warehouse in the Al Halabsah district approximately 2 km from Al Fallujah centre to be used as a storage facility for food parcels, to allow for quick distribution. They have reallocated 150 tents from their Babel branch to their Al Anbar branch as a standby arrangement and installed 10 tents in Ameriat, Al Fallujah district, and 5 tents in Salah El Din governorate.

On 04 February 2014 IRCS launched an Emergency Plan of Action through the International Federation of Red Cross and Red Crescent Society targeting 25,000 individuals affected by the conflict for a period of three months aiming to provide relief assistance to 5,000 families displaced from Fallujah, Al Saqlawiya, and Al-Ramadi. The response centres on providing food parcels (one distribution) to 5,000 families, and blankets (five per family) to 2,000 families out of the 5,000 families, and 5,000 jerry cans (one to each family.)

The IRCS has initiated their internal response clusters (WASH, Health, Food Security, NFIs/shelter, Protection and Logistics). The Logistics Cluster is currently working on increasing warehouse and transport capacity. Movement of relief supplies by air is also being considered. All clusters are facing difficulties in conducting their needs assessments due to the evolving security situation on the ground.

## UN Capacity

UN agencies will collectively marshal their expertise and logistics capacity to mount an integrated relief operation and utilize existing partnership arrangements with government, local and international humanitarian actors:

- IOM has established a warehouse/storage facility in the Alsger area, 15 kilometers east of Saqlawiyah that can stockpile the equivalent of 1,000 NFIs. The facility will receive supplies from outside Anbar and then reload onto smaller utility vehicles for onward distribution. This addresses problems encountered to date of non Anbar drivers being prevented from driving within the province or fearing to do so. The facility will be used by all UN agencies. IOM also has a fleet of contracted trucks to deliver UN supplies.
- WHO will utilize its existing network of national health professionals residing in Anbar who have the trust of local communities and have experience in working in emergency contexts. These health professionals will conduct health needs assessments and assist in delivering health services and/or monitor the delivery of these services. WHO will also partner with IRCS to access their established network of local staff.
- UNICEF will continue to provide lifesaving emergency supplies and technical support in the WASH, Health/Nutrition and Child Protection sectors. UNICEF will utilize local staff, national partners and an established network of facilitators who have worked on UNICEF projects previously.
- WFP initiated an immediate response emergency operation in January to distribute food to conflict affected populations. The WFP food ration provides 80% of the required need. Through its local partners, WFP has distributed a pre-distribution assessment form to collect initial data on the profile and needs of the displaced families. This form is filled out by every fifth family receiving assistance. Regular Food Security Cluster meetings will work towards ensuring the coordinated provision of food assistance.

- In addition to the facility in Alsgar, the Logistics Cluster will establish a humanitarian storage hub accessible by all actors. The storage facility will act as a strategic reserve for Food and NFIs and would act as an origin for dispatches to affected populations within Anbar and IDPs in other governorates. Logistics cluster meetings will take place regularly for information sharing and to promote efficiency of service provision. The Logistics Cluster will expand the fleet of trucks currently available and enter into additional transport contracts with transporters to ensure a delivery mechanism is available to all major actors.
- UNHCR has considerable operational and protection capacity in Iraq with the presence of its field teams in all Governorates. UNHCR will continue to distribute core relief items (CRIs) in coordination with the local authorities. UNHCR's Protection Assistance and Reintegration Centers (PARCs) run in partnership with the International Rescue Committee (IRC) and other NGOs who play a crucial role in identifying and assessing the needs of the affected populations and facilitate broader outreach to address needs.
- The UN continues to work with the Iraq National Operations Command (NOC) in order to facilitate clearance of humanitarian convoys.
- Support to the UN system to provide rapid deployable expert surge capacity for short duration is affected by the requirement for all new staff to undertake the SAIT Security training before deployment. Early cluster support needs are vital to ensure prompt deployments as well as priority for SAIT training being given to surge capacities to this crisis.

### Scope of the strategy

- **Temporal boundaries:** The strategic response plan covers a period of six months, from 1 February to 31 July 2014.
- **Demographic boundary:** The strategic response plan will focus on conflict-affected people, in particular displaced persons, host communities and people remaining in areas where armed hostilities are taking place. There are currently 62,679 IDP registered families or approximately 400,000 persons. Of these the response plan intends to cover the needs of 240,000 people.
- **Geographic boundaries:** The strategy is focusing on the response to the upsurge of violence in Anbar Governorate where a total of 1.5 million people live, and other Governorate hosting IDPs.
- **Sectoral boundaries:** The strategy includes the sectors of Food, Health, Shelter/NFI, Protection, WASH, and Logistics, which should complement the ongoing efforts of the Government.

### Priorities within the scope of the strategy

- Mobilizing resources for humanitarian aid to ensure an adequate and timely response to the needs of the affected population.
- Expanding access to reach the affected population: Maximize means of access, inclusive of using third party services to ensure all the affected population is reached.
- Maintaining neutrality when distributing aid: With respect to Government assistance, ensure aid reaches all those affected in the conflict in a neutral manner.
- Continuing to negotiate establishment of humanitarian corridors.



## Cross-cutting and context-specific issues

Mechanisms will continue to be strengthened to identify and access and respond to the needs of individuals in vulnerable situations.

Coordination with the Government and the wider Humanitarian Community is taken into account in order to avoid duplication and maximize provision of assistance.

## Constraints and how the Humanitarian Country Team (HCT) and clusters will address them

There are three primary constraints that will need to be addressed by the HCT and clusters: lack of a comprehensive assessment of needs to date; difficulties with access to all the conflict affected population; and government capacity to coordinate a large scale relief operation.

At this point it is unlikely, given the distribution of those displaced and the unknown number of people trapped in areas of active conflict that a comprehensive assessment can be undertaken. A standardized assessment form has been developed and has been distributed to all UN agencies, their local partners, government and to other humanitarian actors. These forms are being collated in a central data base managed by the UN's Joint Analysis Unit. Based on preliminary assessments, and experience with similar emergencies in Iraq, trends are being analyzed and estimates of needs are being extrapolated.

As indicated access is subject to the prevailing security condition. The UN will adopt a phased approach to the provision of assistance. It will initially target those areas that are readily accessible. It will provide relief to areas where security conditions are less certain but as conditions allow. It will negotiate humanitarian corridors to areas where populations are trapped as a result of ongoing conflict. Local partners will be used wherever possible in order to utilize established local networks and relationships.

While Government has established a Central Task Force and local humanitarian cells, overall coordination will need to be strengthened. The UN's Iraq Integrated Coordination Office for Development and Humanitarian Affairs with the support of OCHA will work with Government to review analysis of assessments, coordination mechanisms, and information management. The Clusters will also work with Government counterparts to harmonize UN efforts with government plans.

## Response monitoring

The monitoring will be conducted jointly by UN Agencies and implementing partners in collaboration with the Government of Iraq. Many IDPs from Anbar are now settling in the Kurdistan Region and in other Governorates where access for the United Nations and implementing partners remains possible. United Nations focal points and staff based in Erbil, Baghdad, and other governorates will be engaged in direct monitoring of protection and assistance response in close collaboration with local partners.

In areas where access is more problematic UN national staff will directly monitor wherever possible but will also utilize established arrangements with experienced implementing partners. Often, these partners are NGOs who do not fall under the restriction of movements imposed on the United Nations. In places where IDP families reside in community structures such as schools, mosques and compounds, a "group leader" will be identified and who will act as the main points of contact, coordinate the distribution of relief items and assist in the monitoring. A gender, age, and diversity balance will be taken into account when identifying these group leaders. The IRCS network will also be utilized to assist with distribution and monitoring as will local health professionals and education facilitators.

The established system of Protection, Assistance and Reintegration Centers (PARC) that have been supporting MoDM will be enhanced through additional mobile teams for protection monitoring. PARC is a product of the development of a protection network throughout the 18 governorates over several years. UN agencies also have



Distribution of WFP Food Assistance in Al-Qaim undertaken by IOM staff. Photo: IOM/Iraq

existing Rapid Assessment and response Teams that have operated over a number of years throughout Iraq. These will be utilized to support the delivery and monitoring of relief operations in provinces hosting the displaced from Anbar.

UN agencies have been working in Iraq for over 30 year and have built strong networks of international and national partners, government institutions, community based organizations. Significant baseline information exists through the conduct of national surveys and sectoral studies. The UN has possession of GPS coordinates and contact addresses of schools and hospitals where most of the IDPs are hosted and can both remotely and directly collect information and triangulate through trusted informants.



UNHCR core relief item kits distribution to IDPs in Tikrit on Salah El Din/  
Photo: UNHCR/Iraq

## STRATEGIC OBJECTIVES AND INDICATORS

**STRATEGIC OBJECTIVE 1: Life-saving humanitarian assistance (emergency shelter, NFI, water and hygiene kits, health, nutritional needs, and food) is provided to displaced persons, host communities and populations in conflict affected areas**

Indicator	Baseline and target	Monitoring responsibility & method
Food Consumption Score, disaggregated by sex of head of household	Target: Prevalence of poor food consumption of targeted households < 20 percent	Post-distribution monitoring carried out by partners as part of their contractual obligations
Coping Strategy Index	Coping strategy index of 80 percent of the targeted households reduced or stabilized	Post-distribution monitoring carried out by partners as part of their contractual obligations
Number of women, men, boys and girls receiving food assistance as percentage of planned.	240,000 individuals	Food Distribution Reports to be prepared and submitted by partners
Quantity of food distributed (mt) as percentage of planned	18,750mt	Food Distribution Reports to be prepared and submitted by partners
Percentage of Health facilities with stock of selected essential drugs	Baseline: 0 Target: 100% of accessible HF	Frequent monitoring visits by DOH, WHO and IRCS monitors Methods: Rapid assessment in PHCs, review the records of pharmacy departments
# for patients with chronic diseases that received their medications	Baseline: 0 Target: 10,000 (100%)	Health facilities and medical team records, field monitoring visits
Percentage of underweight among IDPs >5 children	Baseline: 7% Target: 7%	Anbar DOH: Nutrition Research Institute- NRI, Iraqi Red Crescent Society volunteers, Academia, UNICEF, WHO field monitors and NGO - Relief International Methods: - DOH/NRI Routine reporting. - Monitoring by the: Iraqi Red Crescent Society volunteers, Academia, Relief International and UNICEF/WHO. Field monitoring visit to all IDPs, returnees and host communities households on regular bases.
# % Emergency affected population provided with safe access to clean water with the purchase of water purification tablets which are not available in country to mitigate risks of water borne diseases, outbreaks at both municipal and household level.	3,000 individual receive WASH basic services, target 40,000 Families (55% female)	UNICEF operation section will process and monitor the offshore procurement through their supply division in Copenhagen, subsequently ship to the UNICEF WH in Baghdad, then onward to the final destination in Anbar and other governorates host IDPs through UNICEFs IP and/or facilitators in close coordination with DoH/, DoW & WHO.
# % Emergency affected population provided with safe access to adequate hygiene practices through distribution of hygiene kits, conducting hygiene promotion campaigns and hygiene education in schools targeting boys and girls, as well as schools administration staff.	3,000 individual received baby and adult hygiene kits, 40,000 Families (55% female.)	UNICEF facilitators on ground and/or IPs in cooperation with UNHCR, WHO and MoDM will monitor, report, and refer individual cases.
% of households living in adequate	1,000 units rehabilitated	UNHCR together with three partners

Indicator	Baseline and target	Monitoring responsibility & method
dwelling		implement and monitor the activities. UNHCR and IOM will implement and report the distribution of NFI kits based on agreed areas of responsibility UNHCR will monitor and report
% of households whose needs for basic and domestic items are met	40,000 IDP families received NFI kits	
% of conflict effected population provided with adequate sanitation facilities.	2,300 latrine units will be provided	

## STRATEGIC OBJECTIVE 2: Displaced persons, host communities and populations in conflict affected areas have access to basic services (health care, immunization, water and waste management)

Indicator	Baseline and target	Monitoring responsibility & method
# % Children provided with safe access to clean water, improved sanitation and hand washing facilities in schools; upgrade and rehabilitate WASH facilities in schools.	Targeting 25,000 primary school children (55% girls and 750 school Admin staff	Activities in schools within Anbar and host Governorates will be monitored by UNICEF facilitators and IPs on ground in close coordination with DoE.
# % Relocated population and their host communities provided with access to safe water and proper sanitation, and hygiene through health and hygiene campaigns and monitoring water quality.	Targeting 35,000 Families (55% female)	UNICEF facilitators on ground and/or IPs in cooperation with UNHCR and MoDM will monitor, report and refer individual cases
# % Emergency affected population reached with conservation materials processed in specific areas and close to the target populations, in coordination with the local authorities to ensure distribution of urgent humanitarian aid assistance.	Targeting 40,000 Families (55% female)	UNICEF communication section in cooperation with the WASH programme will conduct campaigns supervised by UNICEF staff at the centre zone and country office as well as facilitators in Anbar and neighbouring Governorates.
# of affected people, including pregnant and lactating women, under 5 girls and boys that have been provided with access to equitable quality PHC services	Baseline: 0 Target: 100,000	Anbar DOH; Iraqi Red Crescent Society volunteers, Academia, UNICEF, WHO and UNFPA field monitors and Iraq Society Humanitarian Organization - ISHO Methods: - DOH/MOH Routine reporting. - Independent monitoring by the IRCS volunteers, Academia, UNICEF/WHO/UNFPA. Field visit to IDPs, and host community households on a regular basis for monitoring
% of target population, among IDPs and host communities, receiving the needed vaccines	Baseline: 0% Target: 95%	Anbar DOH; Iraqi Red Crescent Society volunteers, Academia, UNICEF, WHO and UNFPA field monitors and Iraq Society Humanitarian Organization - ISHO Methods: - DOH/MOH Routine reporting. - Independent monitoring by the IRCS volunteers, Academia, UNICEF/WHO/UNFPA. Field visit to IDPs, and host community households on a regular basis for monitoring




### STRATEGIC OBJECTIVE 3: Displaced persons and conflict-affected populations, especially the most vulnerable, have access to legal services and psycho-social counselling.


Indicator	Baseline and target	Monitoring responsibility & method
# of displaced persons monitored and assessed on protection needs (disaggregated by age/sex)	6,250 families/37,500 persons monitored	UNHCR, IRC and Protection Cluster Members, and other Partner agencies through established structures and mechanisms
# of displaced persons registered through registration outreach methods	10 MODM mobile teams established and trained	UNHCR, IRC and Protection Cluster Members and other Partner agencies through established structures and mechanisms
# of displaced persons receiving legal assistance	4,375 cases receive legal assistance	UNHCR, IRC and Protection Cluster Members and other Partner agencies through established structures and mechanisms
# of local authorities receiving capacity development	10 local authority entities capacitated	UNHCR, IRC and Protection Cluster Members and other Partner agencies through established structures and mechanisms
Extent local NGOs/community organisations provide support to affected population	50 Quick Impact Projects implemented	UNHCR and Protection Cluster Members and other Partner agencies through established structures and mechanisms
# of persons of concern who receive services and assistance for their specific needs (disaggregated by age/sex)	6,000 families receive cash-assistance 2,400 individual receive psycho social support	UNHCR, IRC, Muslim Aid and other Protection Cluster Members and other Partner agencies through established structures and mechanisms
# % Emergency affected children population provided with appropriate psychosocial support, including access to child friendly spaces.	0 children received psychosocial support and targeting 42,000 children (80% of U5 children and 21% of remaining children; 55% female)	UNICEF partners in the affected locations (Anbar and governorates with IDPs) will establish Child Friendly Spaces, mobile teams, train social workers, and provide psychosocial support to extreme vulnerable children. UNICEF facilitators will coordinate and monitor delivery of services
# % emergency affected children with special life-saving needs identified and assisted	Targeting 900 children receiving life-saving assistance (55% female)	Services to children will be provided by UNICEF's local partner Afkar and monitored by UNICEF facilitators in the region
# % Emergency affected child population victims or witnesses of grave violations monitored and offered appropriate response	60 cases of grave violations against children affected by the conflict are monitored and targeting 600 children inclusive of provision on appropriate response to verified cases	UNICEF focal points on ground are monitoring grave violations against children, and UNICEF facilitators will monitor provision of adequate response
# % juveniles affected by the conflict are provided with urgent legal assistance and referral to court system	Targeting 150 juveniles detained in police stations	UNICEF partners trained lawyers will provide legal assistance and local NGO in partnership with UNICEF will monitor needs and provision of services
Extent that women receive support	5 functional spaces established  75 gender outreach volunteers trained  space managers hired and trained 15 support volunteers trained 50 courses conducted	UNFPA and other Protection Cluster Members and Partner agencies through established structures and mechanisms

**STRATEGIC OBJECTIVE 4: Humanitarian access improved**

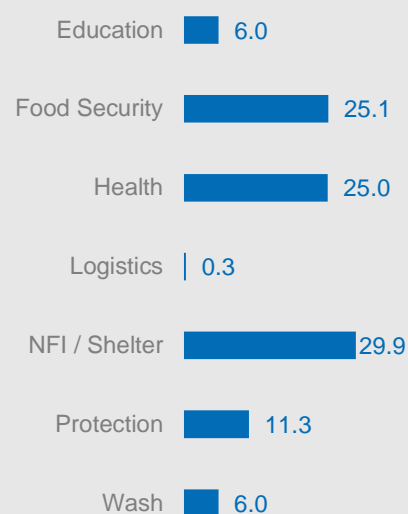
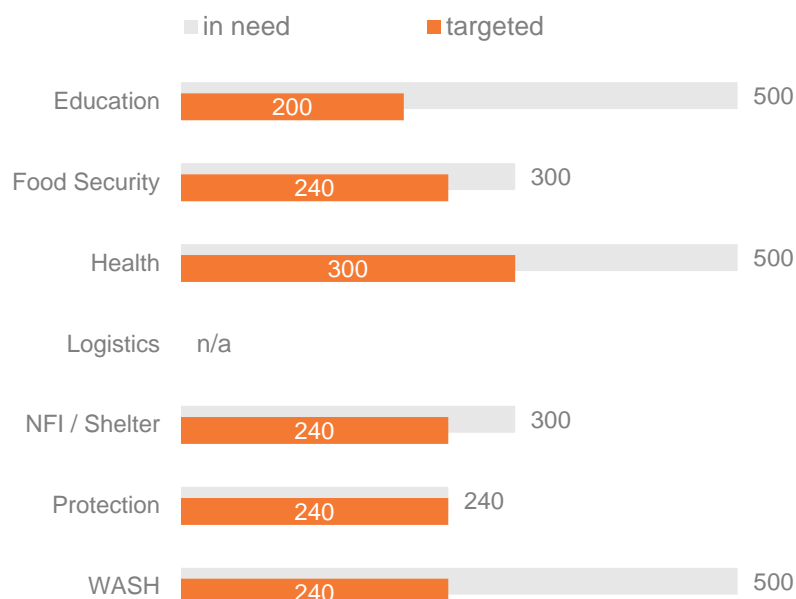
Indicator	Baseline and target	Monitoring responsibility & method
% of partners in need of Transportation	1000 cubic meter	Regular dispatch reports shared with agencies
% of partners in need of storage	600 square meter	Regular stock balance reports shared with agencies
% of partners in need of information on logistics infrastructure	8 partners	Logistics cluster through regular updates of data








## CLUSTER PLANS


**PEOPLE IN NEED**  
**270,000-500,000**

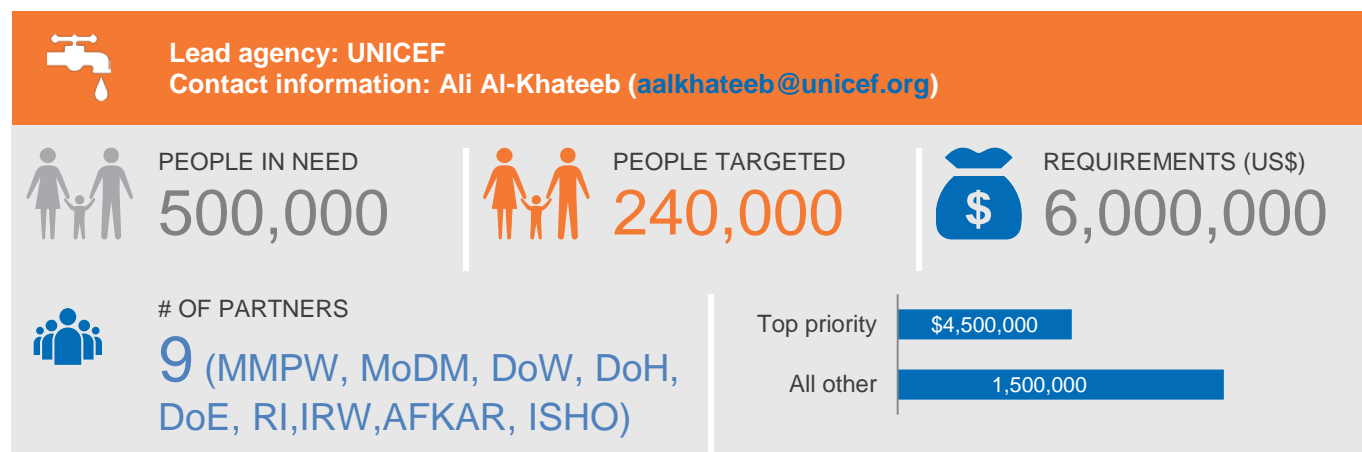

**PEOPLE TARGETED**  
**240,000**


**REQUIREMENTS (US\$)**  
**103.7 million**



	Clusters	People in need (in thousands)	People targeted (in thousands)	Requirements (in millions of US\$)
	Education	500,000	200,000	6,000,000
	Shelter and Non-Food Items	300,000	240,000	29,936,377
	Food	300,000	240,000	25,160,000
	Health	500,000	300,000	25,000,000
	Logistics	N/A	N/A	321,000
	Protection	240,000	240,000	11,325,000
	WASH	500,000	240,000	6,000,000
	<b>TOTAL</b>			<b>103,742,377</b>

## WATER, SANITATION, AND HYGIENE (WASH)



**STRATEGIC OBJECTIVE 1: Life-saving humanitarian assistance (emergency shelter, NFI, water and hygiene kits, health, nutritional needs, and food) is provided to displaced persons, host communities and populations in conflict affected areas**

### Cluster objectives:

#### Provide access for safe water and sanitation to the emergency affected population

- Emergency affected population have access to sufficient safe water supply to mitigate risks of water borne disease outbreaks within host and affected communities;
- Emergency affected populations have access to appropriately designed toilets, sewerage disposal and sanitation services;
- Emergency affected population has access to solid waste management within host and affected communities.

UNICEF supplies the Anbar PHCs with water purification tablets to be distributed to the vulnerable families in areas where malfunctioning water system/ projects have been reported. UNICEF through implementing partners commenced work with respect to upgrading of WASH facilities in IDP collective centers (schools, Mosques... etc) through increasing water storage capacity, latrines and baths. UNICEF through facilitators on the ground and partnership with the local NGOs and in coordination with other actors are carrying out needs assessments and addressing the immediate needs. UNICEF has initiated partnerships with four NGOs to carry out the needs assessments and address the needs of vulnerable families. The Response Plan is designed and categorized to support the vulnerable through the following stages addressing the immediate and short term requirements:

- IDPs in accessible areas (host governorates outside Anbar)
- IDPs with their host communities (inside Anbar) with a reasonable rate of accessibility
- IDPs with their host communities in hot spot areas (i.e. Fallujah, Ramadi and surrounding villages)

UNICEF takes the lead in WASH intervention and coordinates with partners to ensure support reaches the affected population. The cluster organizes regular sector coordination meetings with participation of the counterparts Ministry of Displacement and Migration (MoDM), Municipality of Public Works (MMPW), UN agencies and NGOs to plan and design responses, however; inaccessibility remain the main challenge hampering activities of the local authorities at both at both national and sub national level, who mainly rely on delivery.



## Outcome-level indicators and targets

### Top-priority activities:

Activity	Locations	Indicator	Target	IP
Distribution of safe water (trucking & bottled water), water bladders and tap stands to the most vulnerable population within host and affected communities.	Anbar affected and host communities and other hosting governorates	# % Emergency affected population with access to sufficient safe water supply to mitigate risks of water borne disease outbreaks within host and affected communities.	40,000 Families	MMPW ISHO MoDM AFKAR DoW IRW UNICEF
Assessment of water infrastructure and damages and emergency repairs and rehabilitate community-based water systems through carrying out quick basic repairs/rehabilitation of water infrastructure (water pipes, tanks, sewage networks).	Anbar affected communities	# % Emergency affected population with access to sufficient safe water supply to mitigate risks of water borne disease outbreaks within host and affected communities;	35,000 Families	MMPW ISHO MoDM AFKAR DoW IRW UNICEF
Enhance water quality surveillance at both household and community levels through provision of water purification tablets, storage containers with safe handling and support delivering of purification chemical and/or spare parts for municipal level treatment products to mitigate risks of water borne diseases outbreaks at both municipal and household level	Anbar affected and host communities and other hosting governorates	# % Emergency affected population with access to sufficient safe water supply to mitigate risks of water borne disease outbreaks within host and affected communities	40,000 Families	MMPW WHO DoW RI DoH AFKAR UNICEF
Enhance the capacity of collective centers to support IDPs through installation, upgrading and /or construction of sanitation units, water points and support the disposal of waste water and garbage collection facilities and services.	Anbar host communities and other hosting governorates	# % Emergency affected population with access to appropriately designed toilets, sewerage disposal solid waste management and sanitation services.	40,000 Families	MMPW ISHO DoW AFKAR DoH IRW UNICEF

## STRATEGIC OBJECTIVE 2: Displaced persons, host communities and populations in conflict affected areas have access to basic services (health care, immunization, water and waste management)

### Cluster objectives:

#### Provide access to hygiene kits and hygiene promotion campaigns for emergency affected population

- Emergency affected population provided with access to soap and other hygiene items including sanitary materials.
- Emergency affected population has access to hygiene promotion messages and is aware of key public health risks and is mobilized to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the provided facilities.

UNICEF in coordination with partner's commenced distribution of bottled water and delivering lifesaving emergency WASH supplies, water tanks, purification tablets, jerry cans, hygiene kits for both babies' and adults, garbage bags and containers. UNICEF Implementing Partners are carrying out the following activities in their area of operation:

- Lifesaving phase which inclusive of needs assessments, facilitating delivering and distribution of supplies to the vulnerable families. The activities include but are not limited to water distribution, Garbage collection campaigns, upgrading WASH facilities in collective centers and hygiene promotion.

2. Short term phase will focus on rehabilitation of water projects, rehabilitation of WASH facilities in schools and continue providing services as required.

### Outcome-level indicators and targets

#### Top-priority activities:

Activity	Locations	Indicator	Target	IP
Provide access to soap and other core hygiene items for the emergency affected populations	Anbar affected and host communities and other hosting governorates	# % of IDP receiving hygiene kits and sensitized to safe hygiene practice	40,000 Families	MoDM UNICEF AFKAR RI
Promote good hygiene promotion through public awareness campaigns, educational tools and messages	Anbar affected and host communities and other hosting governorates	# % of IDP reaching with hygiene promotion campaigns	40,000 Families	MMPW UNICEF AFKAR RI

**STRATEGIC OBJECTIVE 3: Displaced persons, host communities and populations in conflict affected areas have access to basic services (health care, immunization, water and waste management)**

### Cluster objectives:

#### Sustainable provision of water and sanitation services in primary schools

- Children have access to safe water, sanitation and hygiene facilities in their learning environment and in child friendly spaces.
- Children in in their learning environment and in child friendly spaces have access to hygiene promotion messages.

### Outcome-level indicators and targets

#### Top-priority activities:

Activity	Locations	Indicator	Target	IP
Provide children with safe access to clean water, upgrade sanitation and hand washing facilities in 50 primary schools;	Anbar affected and host communities	# % of school children benefiting from a clean and sanitary learning environment for improved health and education outcomes	25,000 Children in 50 schools and 750 Admin	MoDM UNICEF AFKAR RI IRW
Promote hygiene practises through awareness campaigns and messages	Anbar affected and host communities	# % of school children benefiting from a clean and sanitary learning environment for improved health and education outcomes	25,000 Children in 50 schools	MoDM IRW UNICEF AFKAR RI

## HEALTH



Lead agency: WHO

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PEOPLE IN NEED

500,000



PEOPLE TARGETED

300,000

Immediate Target



REQUIREMENTS (US\$)

25 million



# OF PARTNERS

10 MOH, DOH, WHO,  
UNICEF, UNFPA, IR, ISHO,  
IRCS, IMC, Academia

Top priority

10,000,000

All other

15,000,000

**STRATEGIC OBJECTIVE 1: Life-saving humanitarian assistance (emergency shelter, NFI, water and hygiene kits, health, nutritional needs, and food) is provided to displaced persons, host communities and populations in conflict affected areas**

**Rationale:**

The current conflict has severely and adversely affected the health care delivery system in Anbar Governorate affecting magnanimously the availability and access of the people to both preventive and curative health services. In addition to damaging the physical infrastructure to health facilities (hospitals, Public Health Clinics, etc) the displacement of health workers (doctors, nurses, paramedics, etc) manifests a very complex scenario. Anbar had already some of the worst health indicators in the country even prior to the current crisis. MICS4-UNICEF (2012) illustrates the mortality and morbidity indicators are among the worse in the country; i.e over one third of the children are stunted (33%). WHO estimates demonstrate that maternal and infant mortalities are the highest in the governorate, coupled with the current conflict, the health of the people will be affected even more (for those who are held up in the conflict zones and for those who are displaced). With the recent outbreak of the wild-polio virus in Der El Zor in Syria (bordering Anbar), the likelihood of virus importation to Anbar is very high due to population movement to the detriment of Iraq, which has been polio free since a decade. With the on-going conflict, the immunization campaigns jointly run by MOH/WHO/UNICEF has been greatly affected increasing the risks to children for contracting this disease. The likelihood of maternal deaths and complications in all stages of pregnancy is very high because of the non-availability or limited access for pregnant women to essential and emergency obstetric care

Although information collection and flow is limited, the initial assessment conducted by the health cluster reveals that:

1. Out of the 153 PHC centres, only 40 are currently functional.
2. The two secondary hospitals (Fallujah and Ramadi) are functional however with a lesser capacity and are frequently targeted by rocket attacks damaging the infrastructure. Similarly the district hospitals of Al-Obaidi and Heet are overwhelmed with patients
3. Over 150 deaths have been reported since the start of the conflict to MOH. Additionally, over 500 injuries with varying degree of severity were reported.
4. The immunization coverage has shown a marked decline, in January the coverage percentage was less than 50%

5. Access to obstetric care has markedly decreased and three deliveries have been reported to be conducted outside the health centres by untrained attendants
6. Stock outs in functional PHC centres and Secondary hospitals have been reported on regular basis
7. Access of patient's suffering from chronic diseases (e.g. diabetes, hypertension, cardiovascular diseases, etc) has been greatly compromised both in terms of non-availability of trained health care providers and limited amount of medicines available to manage these diseases
8. Childhood illnesses (e.g. Pneumonias, Measles, enteric fever, etc) has also shown marked increase in incidence because of limited healthcare services availability, and harsh conditions the population (mostly IDPs) live in increasing the vulnerability to illnesses
9. Scant health human resources are available both at PHC and hospital level as most of the doctors working in Anbar are residing in Baghdad and have been traveling to Anbar on a daily basis, which is no longer possible due to security restrictions

In a challenging security environment faced, access to health services by the population is a daunting challenge. This entails not only to access the population held up in a conflict zone but also the IDPs who are scattered in more than 21 geographical locations. This in turn entails employing innovative approaches by engaging not only governmental partners but also relying mostly on NGOs and healthcare volunteers to provide access to life-saving healthcare (please see below)

#### ***Current and future approach of the Health Cluster***

The Health Cluster has embarked upon innovative approaches and improvisation in order to reach the unreached and ensure the availability of optimal health services to the population of Anbar wherever they are housed. These include:

1. Provision of medicines, vaccines and medical supplies through Iraq Red Crescent Society (IRCS), NGOs (IMC, OSHI, IATA), MOD and some charity organizations
2. Entering into agreement with IRCS for providing health services to the displaced population through provision of incentives to the local doctors/nurses displaced with the population and by supplying means (drugs, supplies) to these doctors
3. Training of volunteers in vaccination and immunizing children for the preventable diseases
4. Contractual agreement with NGOs (e.g. IMC, ISHO, Islamic Relief) for provision of services to the displaced population
5. Hiring local transport to transport patients to hospitals and PHC centres
6. Provide incentives to the MOH staff to be able to deliver services 24/7 to the displaced population
7. Provide training to the local women volunteers in conducting safe deliveries and providing them with delivery kits
8. Establish hubs for medicines, vaccines and supplies at strategic locations from where transportation of medicines is relatively easy
9. Facilitate the government (MOH) procedure to accelerate procurements of life-saving medicines because the government procedures are too bureaucratic and time consuming
10. Identify national staff from the same geographical area to provide technical support and monitoring the implementation

#### ***Current response of the MOH***

The MOH continues to face tremendous challenges in ensuring provision of healthcare to the IDPs and people held up in the conflict zones. In one instance, while transporting the ambulances from other governorates to Anbar, the convoy was attacked and three ambulances were resultantly damaged. These challenges abound, the MOH has put tremendous efforts on itself and through support from health cluster partners for provision of healthcare service delivery. These include:

1. Provision of 40 ambulances to the governorate
2. Posting doctors/nurses from other governorates in major hospitals



3. Supplying three truckloads of medicines through Ministry of Defense
4. Ensuring optimum health services delivery to IDPs displaced to settled governorates
5. Conducting polio immunization rounds among the displaced population (with support from health cluster)
6. Coordinating with Ministry of Defense and IRCS for facilitating access to partners for health service provision

### **Enhancing the role of NGOs in service provision**

Increasing reliance will be made on NGOs for provision of health services (both preventive and curative) because of their relatively easy access to the population, knowledge of the local culture and customs and having staff from the local areas. Some of the major activities which NGOs will implement under supervision from the health cluster will include:

1. Immunization of children
2. Ante-natal and post-natal services to pregnant women and ensuring that deliveries are conducted by trained birth attendants
3. Ensuring the care is provided to patients with chronic diseases
4. Conducting health promotion activities
5. Collecting information on health and disease trends
6. Serving as a bridge between the community and service delivery and Health cluster partners

### **Cluster objective 1:**

**All IDPs and host communities affected by Crisis have access to quality lifesaving public health and nutrition inside and outside IDP settlements, focusing on most vulnerable.**

The health needs emerging from the Anbar crisis are immense, ranging from the availability of qualified practitioners to restoring the mechanisms to ensure a functional health system is put back in place to allow for responding to the growing needs of the affected population.

### **Top-priority activities:**

Activity	Locations	Indicator	Target
Ensure access to essential health services, including delivery of a minimum package of primary health care interventions, inclusive of Non Communicable Diseases (NCD) and Mental Health and Psycho-social Support (MHPSS)	Anbar and other governorates with concentration of IDPs from Anbar.	# of people that receive PHC services  # of patients that receive MHPSS care	All targeted population (300,000 individuals)
Strengthening disease surveillance and outbreak control, inclusive of strengthening the health information system for preventable diseases.	Anbar and other governorates with concentration of IDPs from Anbar	Functional EWARN system in place  % of outbreak alerts verified and responded to within 72 h	A functional EWARN system serving all targeted population (300,000 individuals)  Monthly
Vaccinating all eligible children in the governorate against polio and measles i.e. 180,000 children under-five with polio vaccine and 370,000 children 6 months to 23 years with measles vaccine.	Anbar and other governorates with concentration of IDPs from Anbar.	# of target population immunized against polio  # of target population immunized against measles	54000 children under-five immediate target measles vaccine and 120,000 target population (6 months to 23 years) with measles vaccine.

Activity	Locations	Indicator	Target
Supporting DOHs in run the mobile clinics in locations with high concentration of IDPs, that have no functioning health facilities	Anbar and other governorates with concentration of IDPs from Anbar.	# of mobile clinics supported	Target: 5 mobile clinics serving about 120,000 individuals
Procurement of lifesaving medicines and hospital supplies to cover the needs of the health facilities (PHCs and secondary and tertiary hospitals serving the affected population in Anbar and other governorates hosting the affected population	Anbar and other governorates with concentration of IDPs from Anbar	# of facilities supplied with required medicines and hospital supplies	All eligible facilities (about 200)
Ensuring availability of life saving/basic health and nutrition supplies inclusive of therapeutic foods.	Health facilities in Anbar and other governorates with a concentration of IDPs from Anbar.	# of under 5 children received food assistance including therapeutic food	15,000 affected population
Conducting health education and health promotion campaigns for all IDPs and host communities, targeting the most vulnerable	All major IDPs concentration points in Anbar and other governorates	# of health promotion education materials packages disseminated	4 brochures produced in six months
		# of IDPs that benefited from health education sessions	IDPs in major concentration points (about 100,000)
IEC materials developed, produced and printed to address RH issues including the danger signs within pregnancy	Anbar and other governorates with concentration of IDPs from Anbar.	# of IEC developed, printed and distributed among IDP	4 IEC targeting 60,000 women of reproductive age
Ensuring availability of antenatal care services through the PHC in areas of IDPs concentration	Anbar and other governorates with a concentration of IDPs from Anbar	# of PHC equipped and staffed to provide antenatal care	20 PHCs serving 60,000 women of reproductive age
Promoting infant and young child feeding practices with special attention to breast feeding. UNICEF will also assure breast feeding counseling for all lactating mothers.	Anbar and other governorates with concentration of IDPs from Anbar.	% of women that breastfed their babies	2,000 lactating women
Conducting rapid nutrition assessment for all under 5 children and establish regular growth monitoring /screening of all children under 5 and timely referral to the Nutrition Rehabilitation Centers whenever required.	Anbar and other governorates with concentration of IDPs from Anbar.	# of rapid nutrition assessments conducted for IDPs under 5	48,000 under five children
Support MOH's efforts (through the existing health facilities network and the mobile health teams/facilities within the IDPs communities) to provide daily basic Maternal, Newborn and Child Health Care	Anbar and other governorates with a concentration of IDPs from Anbar.	# of pregnant women and under 5 children who have access to basic PHC services	50,000 individuals (48,000 U5 and 2,000 lactating women)
Rolling out social mobilization activities/campaigns on vaccination, cleanliness, safe delivery, control of disease outbreak, micronutrient deficiencies and prevention of pneumonia.	Anbar and other governorates with a concentration of IDPs from Anbar.	# of IDPs families attended health promotion sessions and or visited by health promotion mobile teams	All IDPs families (40,000)

## STRATEGIC OBJECTIVE 2: Prevent excess morbidity and mortality among affected population

### Cluster objective 2:

Respond timely to life threatening health needs of the target population and prevent excess morbidity and mortality among IDPs from Anbar and affected host communities inside and outside Anbar Governorate

### Top-priority activities:

Activities	Locations	Indicator	Target
Prevent excess morbidity and mortality among the newly displaced population in Iraq by supporting the Ministry of Health, other line ministries and NGOs active in Health in responding to the health needs of the affected population.	Anbar and other governorates with a concentration of IDPs from Anbar	(CMR and U5MR)	Maintaining or lowering the mortality rate among the affected population/ communities)
Establish and improve referral systems and mechanisms aimed at ensuring access to quality secondary and tertiary health care services to the displaced population from Anbar and Iraqis. Minimizing the impact/burden on local health system.	Districts where PHCs, Secondary and Tertiary Hospitals serving the affected population in Anbar and other governorates are located	# of patients transferred from PHC to secondary or tertiary health care	Patients having health conditions requiring to be referred to specialized health care (10,000)
Strengthening referral health systems through capacity building and training of health personnel in key lifesaving activities, including mass casualty management and life support	Secondary and tertiary health care facilities in Anbar and other governorates with a concentration of IDPs from Anbar	# of staff trained	About 200 staff specialized in emergency medicines
Ensuring the availability of RH equipment & supplies including Basic & Comprehensive Emergency Obstetric Care at centers, district & General Hospitals.	Anbar and other governorates with a concentration of IDPs from Anbar	# of health facilities are equipped with RH kits	Pregnant women in their third trimester
Conducting four trainings relating to minimum essential service packages	Anbar and other governorates with a concentration of IDPs from Anbar	# of health staff and managers trained on MISP	60 MoH and NGOs staff working on providing service for the IDPs

### Table of planned coverage per location

Location	Governorates	Organization	# of orgs per governorate
IRAQ	All districts in Anbar and other districts from other governorates affected by high influx of IDPs)	MOH, DOH, WHO, UNICEF, UNFPA, , IR, ISHO, IRCS, IMC, Academia	10

## FOOD



Lead agency: WFP, FAO

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PEOPLE IN NEED

300,000



PEOPLE TARGETED

240,000



REQUIREMENTS (US\$)

25.16 million



# OF PARTNERS:

8 WFP, FAO, IOM, DRC,  
Islamic Relief Worldwide (IRW),  
IRCS, MODM

Top priority

17,360,000

All other

7,800,000

**STRATEGIC OBJECTIVE 1: Life-saving humanitarian assistance (emergency shelter, NFI, water and hygiene kits, health, nutritional needs, and food) is provided to displaced persons, host communities and populations in conflict affected areas**

## Cluster objective 1:

**Ensure adequate household food consumption among displaced and affected families as a life-saving, time critical response**

The objective of the Food Security Cluster activities is to ensure adequate household food consumption among the affected families and prevent them from applying negative coping strategies.

At the onset of this emergency, Food Security Cluster members provided life-saving food rations to displaced families (blanket distribution approach, while assessing vulnerability when possible) as at this stage it was of utmost importance to establish supply lines and organize the logistics of food distributions. Considering the food security of residents in Al Anbar governorate before the crisis, their reliance on the Public Distribution System (PDS), as well as the sudden onset of the displacement, it is expected that the displaced will require food assistance throughout this initial period of their displacement. In a subsequent stage and when assessments will become available, a targeting mechanism will be introduced and subsequently refined as needed/relevant. Household data are being collected during the initial distributions to assess household needs.

To date, WFP, IRCS and MODM have distributed food assistance to affected populations in Al-Anbar and area hosting IDPs. Food baskets vary by partner, and most distributions have occurred in Al-Anbar governorate. WFP, thorough IOM as the cooperating partner carrying out the distributions on ground, distributed 4,350 family food parcels in Amriat Al-Fallujah, Al Madina Al Siyahiya Complex, Al Karma, Al Saqlawiya, Al Habaniya Area, al N'emiyah, Al Qaim, Heet, and Ramadi. Each food parcel contains 25kgs wheat flour, 15kgs rice, and a 25kg box with pasta, bulgur, lentils, canned beans, vegetable oil, sugar and salt to provide five persons with about 1,705 kcal per person per day for 30 days (about 81% of daily requirements based on a 2,100 kcal diet).

Food ration distributed by MODM provided 639 kcal and contains rice, wheat flour, lentils, pasta, vegetable oil, sugar and tea. As of 26 January 2014, MoDM distributed about 2,635 food parcels to IDPs in Anbar (Rahaliyah and other locations), Karbala (A'ain Al Tamer), Babel and Kurdistan Regions.

Under the response plan, the Food Security Cluster will target 240,000 individuals with lifesaving, time critical food rations for a period of six months. This includes those displaced by the fighting as well as households under siege and communities affected by the displacement. This target is in line with the UNCT planning figures of those in need of life-saving, time-critical humanitarian assistance. If assessments confirm that more than the planned



240,000 people need assistance, the Food Security Cluster will evaluate the food needs and revise the plans accordingly. In addition, the Cluster will review recovery and livelihood activities as the crisis evolves.

In order to ensure maximum possible coverage and avoid duplication, the Cluster members, coordinated by the Food Security Cluster leads, are mapping their areas of intervention and identifying gaps through the assistance of JAU (Joint Analysis Unit) – UNAMI. Regular food security cluster meetings have been organized with participations from different UN agencies, international organizations and NGOs. During the meetings, food distribution information has been shared and planning information has discussed among cluster members. NGOs have been encouraged to partner in food distribution whenever possible. To date, Islamic Relief Worldwide (IRW) and Danish Refugee Council (DRC) submitted requests to their head offices for funding, and also expressed their interest for partnership with WFP for future food distribution.

Food rations distributed under the appeal will be harmonized to the extent possible. Rations under the appeal will aim to meet at least 80 percent of daily food requirements for an average person (approximately 1,700 kcals out of an average 2,100 kcals). Typical rations consist of wheat flour, rice, bulgur, pasta, lentils, canned beans, vegetable oil, salt and sugar or other canned commodities packaged in parcels for household distributions for one month requirements. While most of the commodities are purchased on the international market, partners will explore local purchase possibilities, while ensuring quality and competitive pricing. In addition, if security and local markets allow, partners will determine if cash or voucher food assistance modalities can be used.

Food supplies will be transported to the final locations by food security cluster partners and distributed to the IDP population, those under siege, and vulnerable people affected by the crisis. Agencies who do not have presence on the ground will work through implementing partners.

Food distributions reports will be completed by the partners and provide a snapshot on progress made with respect to the amount of food distributed. To the extent possible, information will be disaggregated by age and sex of affected population receiving assistance. Information will be shared amongst cluster members and JAU on a regular basis.

While realizing that those most affected by the crisis and in most need of food assistance might be households trapped in the conflict areas of Fallujah and Ramadi, those households are the hardest to reach due to inability to access the areas due to the insecurity. While some NGOs have the ability to reach these especially vulnerable groups, the assistance may be done on a smaller scale rather than larger scale assistance (i.e., supporting a few households at a time as trucks cannot enter those zones). For the immediate response, the cluster will aim to meet the needs of those vulnerable households affected in Al-Anbar west of Ramadi, and in Salah Al-Din, Baghdad, Kerbala (accessible areas where needs are high). At the same time, the cluster members will work with international and national NGOs as well as community groups to negotiate access to the most vulnerable, food insecure populations affected by the crisis. NGOs will play a key role in updating the partners on the actual situation on ground and supporting distribution of food commodities to the most affected population.

In parallel, pre-assistance baseline forms will be filled to allow for an indication on the food security status of the population receiving food assistance at the onset of the emergency. Through post-distribution monitoring, further data will be collected to verify the extent to which the stated objectives have been met. In addition, larger food security assessments and market assessments are anticipated under the appeal.

### Top-priority activities:

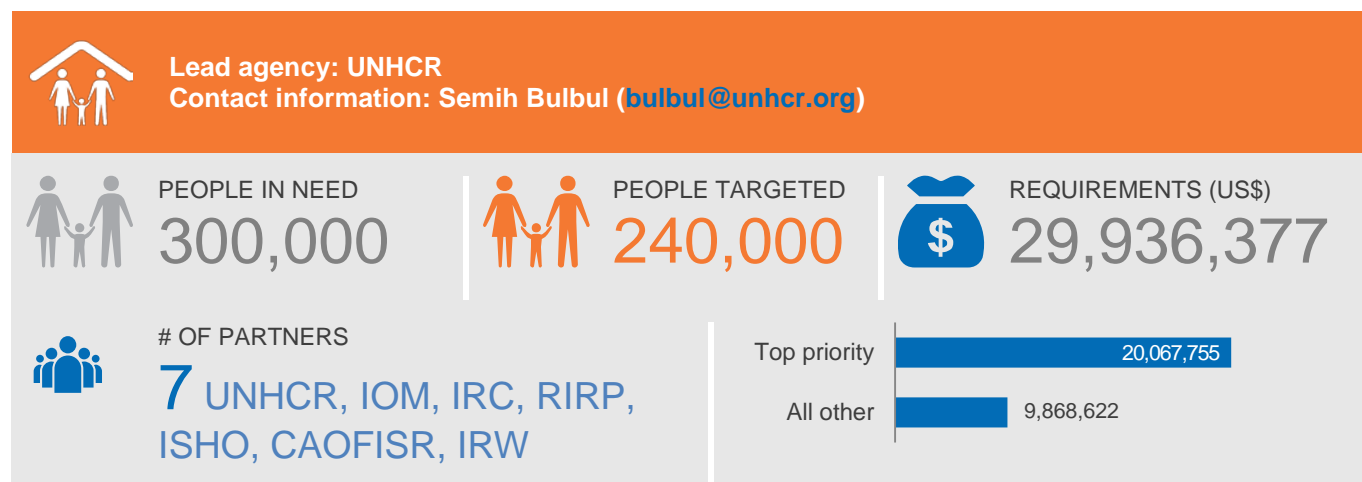
Activity	Locations	Indicator	Target
Provide life-saving food assistance to those affected by the crisis.	Al Anbar governorate and areas receiving IDPs from Al Anbar	Food Consumption Score, disaggregated by sex of household head	Prevalence of poor food consumption of targeted households < 20 percent
	Al Anbar governorate and areas receiving IDPs from Al Anbar	Coping Strategy Index	Coping strategy index of 80 percent of the targeted households reduced or stabilized
	Al Anbar governorate and areas receiving IDPs from Al Anbar	Number of vulnerable people planned for food assistance receive assistance	Overall, 240,000 people affected by the crisis receive food assistance

Activity	Locations	Indicator	Target
Coordinate food assistance activities to ensure those populations in need are receiving assistance and all partners are informed of food security activities	Baghdad, Erbil	Mapping completed, coordination meetings held	Coordination meetings held minimum twice per month

### Table of planned coverage per location

Location	Governorate	Cluster Members	# of orgs per governorate
IRAQ	Anbar and those receiving Anbar IDPs	WFP, FAO, IOM, IRCS, MODM, DRC, IRW	8

## SHELTER/ NFI



**STRATEGIC OBJECTIVE 1: life-saving humanitarian assistance (emergency shelter, NFI, water and hygiene kits, health, nutritional needs, and food) is provided to displaced persons, host communities and populations in conflict affected areas**

## Cluster objective 1:

**Population has sufficient basic and domestic items**

Over the last six weeks some 62,000 Iraqi families have been displaced due to the insecurity in Fallujah and Ramadi. While 46,000 families have fled to outlying communities in Anbar Governorate another 16,000 families fled to more distant provinces.

Since the early stages of the displacement crisis, UNHCR and IOM through their field teams have been monitoring the situation of displacement and living conditions of the IDPs in and outside of Anbar Governorate. As a result of these field trips and therefore the initial needs assessment findings, UNHCR and IOM agreed to distribute non-food items to the vulnerable IDP families.

Moreover, in order to enhance the needs assessment capacity, IOM commenced conducting a displacement and needs assessment using a well refined IOM concept called a Displacement Tracking Matrix (DTM). The DTM tool will provide continual tracking of all displacement and migration throughout Iraq resulting from the Anbar crisis; assess the vulnerability and needs of the IDP population; and regularly compile and shares information through reports.

The data collection will be implemented through a network of IOM operational teams - Rapid Assessment and Response Teams (RARTs) - deployed in the affected governorates within Iraq. The data collected will be analyzed to identify the needs of displaced persons in Iraq, and to prioritize these needs to help in the design of efficient and dynamic interventions.

UNHCR and IOM are collaborating closely with local authorities and other UN partners and have engaged in a coordination process with various humanitarian actors/stakeholders, including the Humanitarian Country Team (HCT) consisting of UN sister agencies and NGOs, to ensure necessary support to the Government's efforts to respond to the immediate needs of the IDPs and the affected population. To strengthen cooperation and form synergies in view of avoiding duplications, UNHCR, IOM and other cluster partners will participate in inter-agency meetings and exchange. Through UNHCT meetings, as well as constant communication between management and field-based staff, IOM and UNHCR will develop plans to ensure maximum effectiveness and efficiency of the intervention. Furthermore, UNHCR, IOM and other cluster partners will procure, transport and distribute NFI kits in accordance with the evolving security situation in Iraq.

UNHCR and IOM developed an action plan defining the areas of responsibility between two agencies in order to avoid duplications. The distribution of non-food items will be planned and implemented according to this jointly agreed action plan based on the accessibility.

Up to date, UNHCR distributed a total of 2,387 core relief item kits as emergency response at the main IDP locations such as, Al-Saqlawia, Albo Shijil, Al-Falahat, Albo Alwan, Al-Halabsa, Hay Al-Shuhada, Al-Nasaf, Heet, Al-Habaniyah in Anbar Governorate and outside of Anbar Abu Ghraib (Khan Dhari), Diyala-Al-Kalis-Al Bubali, Babil-Al-Mahaweel, Al-Bo Alwan, Salah Al-Din (Samara and Tikrit) and Kirkuk.

As of 13 February 2014, IOM has distributed 2,240 NFIs in the most affected displacement areas in Anbar, Kerbala, Baghdad and Salah Al-Din Governorates. Furthermore, IOM has positioned 750 additional NFI kits in Erbil that are ready for immediate delivery.

Through coordination of efforts between UNHCR and IOM, the following assistance will be provided under this Objective:

- Provision of 20,000 NFI kits – UNHCR
- Provision of 20,000 NFI kits – IOM
- Provision of 2,300 mobile latrines/showers - UNHCR
- Provision of 20,000 hygiene kits and sanitary napkins – UNHCR

IRC and IRW NGOs together with UNHCR and IOM will be actively involved in the distribution of Non-Food items as well as undertaking regular monitoring and providing reports

#### Top-priority activities:

Activity	Locations	Indicator	Target
40,000 Non-Food Item kits, 2,300 latrines and 20,000 hygienic kits procured and distributed in 6 governorates and KRG.	Anbar, Baghdad, Babylon, Kerbala, Wasit, Salah Al-din governorates and KRG.	% of households whose needs for basic and domestic items are met.	40,000 IDP households receiving non-food items

## STRATEGIC OBJECTIVE 2: Life-saving humanitarian assistance (emergency shelter, NFI, water and hygiene kits, health, nutritional needs, and food) is provided to displaced persons, host communities and populations in conflict affected areas

### Cluster objective 2:

#### Shelter infrastructure established, improved and maintained

While the displaced families as much as the situation allows, prefer to stay with their relatives, friends or other host families, most of the displaced families are residing in schools, mosques as well as any abandoned buildings and farms in Anbar and other governorates...

In Erbil an estimated 5,000 families are mainly residing in hotels or renting summer houses particularly in Shaqlawa which is a popular summer resort town. IDP families are asked to pay high amounts of monthly rent and hotel bills that are exhausting their resources faster than they expected.

The number of IDPs who require immediate emergency housing has grown with the spread of violence across Anbar Governorate. Currently, space in temporary housing units, such as mosques and schools, has been exhausted with the exponential growth in IDPs. To meet this growing need, UNHCR and IOM will procure and distribute 7,000 tents for IDP families in need of emergency shelter.

UNHCR as the shelter cluster lead will implement a shelter rehabilitation project in order to improve the basic living conditions particularly of those common accommodation locations, residential buildings, schools or other public building which need repairs. UNHCR will coordinate this effort with 3 partners namely ISHO, RIRP and CAOFSR to ensure activities are implemented.

**Top-priority activities:**

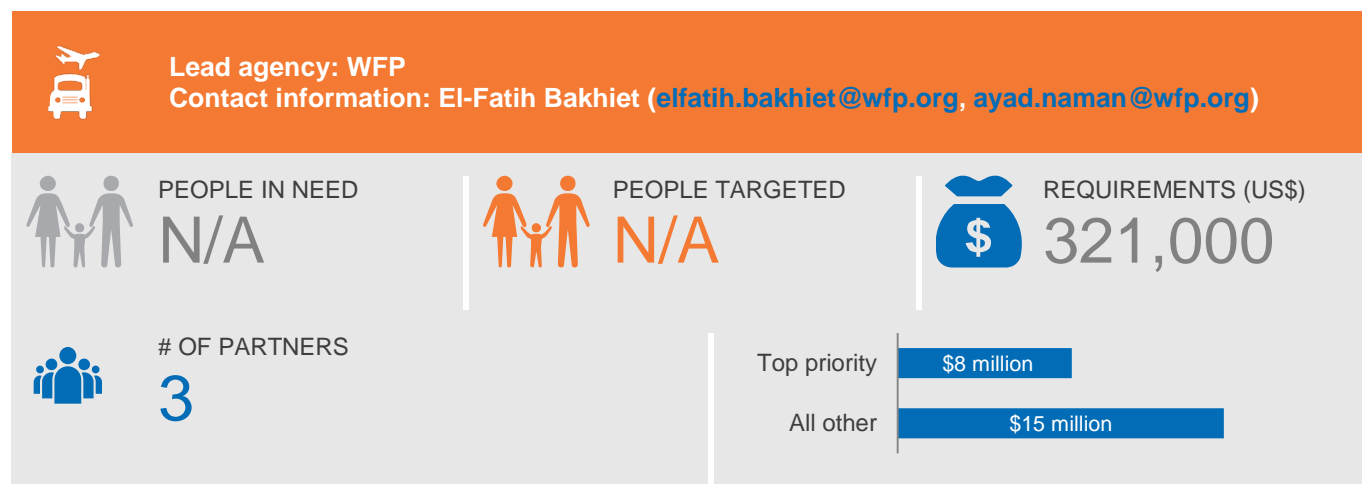
Activities	Locations	Indicator	Target
1,000 shelter units are rehabilitated	Anbar, Baghdad, Babylon, Kerbala, Wasit, Salah Al-din governorates and KRG.	# of shelter units improved	1,000
7,000 households living in open receive emergency shelter support	Anbar, Baghdad, Babylon, Kerbala, Wasit, Salah Al-din governorates and KRG.	# of families living in adequate shelter	7,000
# of household receive support to live with hos families, renting or in hotels as a temporary measures until a more sustainable solutions is found	Baharka Collective Center in KRG	# of families living in collective shelters	1,000

**Table of planned coverage per location**

Location	Governorate	Organization	# of orgs per governorate
IRAQ	Anbar	UNHCR, IOM, IRC, RIRP, ISHO, CAOFSR, IRW	7



## LOGISTICS



## STRATEGIC OBJECTIVE 1: Humanitarian access to the affected population is improved

### Cluster objective 1:

#### Provide coordination of humanitarian response and information management to all actors

With the ambiguity looming over the situation in Anbar, the largest governorate in Iraq, access to the affected areas has been challenging. Flow of information with respect to transport needs required to support the humanitarian response has been limited. As a result, the necessity to establish a logistics service provider within the UN system to address transport, storage and information management is becoming a high priority.

The Logistics Cluster aims to coordinate with national and international actors in order to optimize efforts. In doing so they will ensure adequate and reliable information sharing platforms are available to all stakeholders. Moreover, if security permits, the Logistics Cluster would seek government counterpart support to conduct mapping services of Al-Anbar governorate in order to provide information for humanitarian actors.

Currently the Logistics cluster is conducting regular meeting to address gaps associated with the supply chain to final destinations. Various UN agencies and NGOs participated in the meetings and were provided with the latest information on Logistics Capacity Assessments related to storage facilities, potential transporters, and Baghdad International Airport. Customs clearance procedures for humanitarian goods were discussed.

The objective will be achieved through several mechanisms as follows:

1. Regular cluster meetings will take place where discussion will focus on response efforts of humanitarian actors. In this forum, partners will have the opportunity to share information on bottlenecks, constraints and ways to address gaps.
2. WFP will provide technical support and expertise through their experienced logistics staff in areas of establishing logistics setups, chain supply management, and alternate routes.
3. The cluster will monitor the situation on ground and provide updates on Logistics Capacity Assessments. These assessments will be regularly shared with the humanitarian actors to ensure efficient delivery objectives.

## Outcome-level indicators and targets

### Top-priority activities:

Activity	Locations	Indicator	Target
Coordination- adequate information sharing with respect to supply chain and transport routes	Baghdad, Al-Anbar, Erbil and areas affected by the crises	Number of organizations attending log-cluster meeting	8 organizations
Information management – provide up-to-date operational data of potential congestion of entry points, as well as the publication of situation reports, snapshots and briefings.	Baghdad, Al-Anbar, Erbil and areas affected by the crises	5 Logistics Capacity Assessment on transporters, warehouses, airports.	15 various reports
Develop GIS/Mapping tools and products, inclusive of specific maps related to logistics infrastructure, with the support of the GIS Cell in HQ.	Baghdad, Al-Anbar, Erbil and areas affected by the crises	5 maps on supply routes, storage locations Weekly Update	10 various reports

## STRATEGIC OBJECTIVE 2: Humanitarian access improved

### Cluster objective 2

#### Improve humanitarian accesses to affected population

Subject accessibility, the Logistics Cluster will play a critical role with respect to providing transport services to NGOs and Agencies with no permanent presence on ground, as well as technical capacity and financial means to transport humanitarian supplies. It will also establish a humanitarian hub as a strategic storage location accessible to all actors.

The Logistics Cluster would enter into partnership with IOM to make use of its facility in Saqlawiyah as a humanitarian hub for NFIs. Having a permanent presence on the ground in Al-Anbar and transport contracts, IOM will support the Logistics Cluster on cost sharing basis, to offer storage and transport services to humanitarian actors.

As a back-up strategy, the Logistics Cluster would establish a second humanitarian hub in Al-Qaim. The hub would furnish agencies with a storage facility for NFIs as a prepositioning measure, prior to dispatching to beneficiaries concentrations. The Logistics Cluster shall explore possible partnership with IFRC and IRCS for implementation of transportation services for humanitarian actors.

## Outcome-level indicators and targets

### Top-priority activities:

Activities	Locations	Indicator	Target
Transport services	Al-Anbar	Volume of cargo transported	1,000 cu.m.
Common Warehousing	Al-Anbar	Volume of cargo stored	900 sq.m.

### Table of planned coverage per location

Location	Governorate	Organization	# of orgs per governorate
Baghdad, Al-Anbar, Erbil and affected areas	Al-Anbar	WFP, IOM, IFRC, IRC, UNICEF, UNHCR, MoDM, Local NGOs	3

## PROTECTION



Lead agency: UNHCR

Contact information: Ms. Leila Nassif ([NASSIF@unhcr.org](mailto:NASSIF@unhcr.org))

PEOPLE IN NEED

240,000



PEOPLE TARGETED

240,000



REQUIREMENTS (US\$)

11,325,000



# OF PARTNERS

18

UNAMI, OHCHR, UNHCR, UNICEF, MODM, IRC, UNFPA, IOM, Muslim Aid, Afkar, Nasim Foundation for Relief and Services, Al Tathamun for Youth and Sports, Riyada for Development, the Charity for widows and orphans, Al Nourain orphans care, Islamic Association, Al-Massala for Human Rights, Al-Hanan Charity Association, International Medical Corps, Danish Refugee Council, NCCI

Top priority

7,440,000

All other

3,885,000

**STRATEGIC OBJECTIVE 1: The protection needs and gaps of displaced persons and conflict-affected populations are identified through effective protection monitoring, assessment and government registration**

## Cluster objective 1:

**Conflict affected and displaced persons are effectively protected from violence and exploitation and human rights violations are prevented.**

The strategy and approach of the protection cluster is to:

- **Reinforce existing mechanisms:** Adopting a coordinated and collaborative approach the members of the Protection Cluster will reinforce the existing mechanisms of protection monitoring in the areas impacted by the situation in Anbar governorate that has led to major displacement within Anbar and surrounding governorate. Through existing partnerships and new networks of local actors, protection monitoring will be reinforced and mobile teams deployed to engage in needs assessments to identify Priority Protection Needs that require legal and other response. Monitoring and reporting on grave child rights violations in the context of armed conflict (MRM) has been conducted in Iraq since 2010 and in view of the recent events monitoring and reporting of cases will be reinforced. The provision of psychosocial support to children, through direct assistance and through the establishment of Child Friendly Spaces structures in the areas of high concentration of needs will also be continued.
- **Respond to the fluidity of the situation:** Emphasis will be placed on registration of IDPs by the government of Iraq, the identification of legal assistance needs as well as vulnerable at-risk groups and individuals that require specific protection responses, including the elderly, disabled persons, women and children. While the landscape is constantly shifting and ever-evolving, these are seen as core activities that must be addressed. In this connection, attempts will be made to address endemic protection problems but recognising the fluidity of the situation, efforts will also be made to set-up Quick Impact Projects (QIPs) that

can address short-term protection gaps and needs through broadening the network of NGO and other partners, especially in local areas that pose access restrictions owing to on-going conflict. Newly displaced persons will remain the focus of the response effort, nevertheless all persons of concern to the members of the Protection Cluster, including members of the affected communities, will be included depending on needs, in all locations impacted by the situation. More specifically, focal points of the MRM network and the number of Child Friendly Spaces will be increased in this context.

The Protection Cluster is comprised of UNICEF, IOM, the International Rescue Committee (IRC), Danish Refugee Council (DRC), UNAMI (Human Rights Office/OHCHR and Gender Unit) and UNHCR. The Cluster has developed terms of reference that include objectives, the strategy, priority protection needs and scope. The International Committee of the Red Cross (ICRC)<sup>1</sup> is an observer of the Cluster and coordination is maintained with the organisation. The government of Iraq, in particular Ministry of Migration and Displacement (MODM) has to-date not participated in Protection Cluster meetings however, the Cluster is committed to working in coordination with relevant governmental entities, in addition to existing Partners of Cluster members as well as new ones. Although MODM is taking a lead in delivery of basic services (such as shelter and NFI) it has limited ability to integrate protection strategies for vulnerable persons, in particular children. The protection assistance is essential in life saving of children and women and needs to be provided with immediate effect by UN agencies and their partners.

The Cluster has agreed on the following as the main priority needs:

- **Protection mainstreaming:** The Protection Cluster will advocate for protection mainstreaming in the humanitarian response and ensure the inclusion integration of age, gender and diversity analysis into the work of all the Clusters. The PC will work with the Protection Focal Point from each Cluster to mainstream protection into their work through the provision of tools, resources and training on the Minimum Inter-Agency Standards for Protection Mainstreaming adjusted appropriately for the Iraqi setting.
- **Advocacy with the HCT/HC and other key stakeholders:** The advocacy with the HCT/HC remains a priority for the Protection Cluster in order to facilitate the protection mainstreaming and to inform the decision-making of HCT/HC on the overall humanitarian response. Protection analysis based on the monitoring and other activities will be regularly shared with HCT/HC and other key stakeholders.
- **Protection monitoring:** This activity has been regularly conducted throughout Iraq by UNHCR and its partners for IDPs as well as IDP returnees. It remains essential for IDPs from Anbar in order to identify at-risk groups and individuals in order to collect relevant data and determine appropriate response actions, including referrals for other services and to address the specific needs of vulnerable individuals. UNHCR takes a lead in protection monitoring through dedicated mobile teams and a network of local actors, which will reinforce inter-agency partnership as well as linkages to the other clusters as data of a cross-cutting nature will be gathered. Presently the Protection Cluster is devising a modality to guide the planned protection monitoring and assessments. In this regard the feasibility of using the Displacement Tracking Matrix (DTM) system of IOM is being evaluated as a means of providing a common set of locations and population figures on which to base planning for the operation of the mobile teams. Assessments will likely be approached at two levels: through on-going rapid assessments to identify at-risk groups and individuals that correspond to the Priority Protection Needs established by the Cluster, followed by targeted, individual-level assessments to establish actual needs and trigger responses. The Cluster members will ensure to avoid duplication of data collection and analysis of basic demographic and needs information for the displaced population, through adopting a collaborate inter-agency approach to displacement tracking, population data management and assessment of vulnerabilities and needs.
- **Registration:** The registration of IDPs from Anbar is on-going by MODM, but the process is still slow and the practices are not consistent across the country. It is of fundamental importance that individuals who have been forced into displacement are recognised as such and accorded that status. Registration may be an entry-point for IDPs to claim benefits and entitlements from the government and will also facilitate the response effort as well as the search for durable solutions at the appropriate time. Technical, support and

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<sup>1</sup> ICRC is committed to coordinate with other humanitarian actors in order to render humanitarian action more effective, while at the same time preserve its independence and safeguard the perception of this independence by any parties involved in a conflict.

training may need to be provided to MODM to capacitate them sufficiently to undertake effective registration of new IDPs.

- **Legal assistance:** IDPs and other persons of concern who have been impacted by the Anbar situation may require legal assistance in re-acquiring essential personal identification documentation that may have been lost or left behind in the course of flight. Such documentation may be mandatory for registration purposes. Others may have compensation claims while others may need court representation owing to unlawful arrest and detention.
- **Assistance to persons with specific needs:** Protection information that has been gathered to-date reveals amongst the more pressing needs of food and shelter that there exists other needs which relate to at-risk groups and individuals such as the elderly, persons with disabilities, women and children. Responses to these categories will need to be developed and tailored to respond to the specific needs but could include cash-assistance, and psycho-social counselling.
- **Quick Impact projects:** Small, local projects to strengthen community structures and capacities to better respond to immediate protection needs, including, projects to support educational services for children, safe spaces for women, youth and children and recreational activities, facilitation of movement of affected populations through transportation support.
- **Monitoring and reporting on grave child rights violations in the context of armed conflict (MRM):** Children in Iraq are most often severely impacted by conflict. Cases of grave violations against children have been reported in an increasingly alarming scale since the beginning of the conflict. Children victims of abductions, forced recruitment and exposed to violence will require urgent protection.. UNICEF will support strengthening its MRM network capacity.
- **Psycho-social assistance and counselling:** UNICEF will support children in coping with displacement and if applicable returns through providing psycho-social assistance through social workers and social training for teachers and support for children and youth centre and facilities. UNICEF will also establish 20 new mobile and permanent Child Friendly Spaces in areas where displaced or affected populations reside, UNICEF has supported the training of social workers in Iraq. This newly built sector is dispersed or engaged in non-related employments. UNICEF will re-assemble the staff and train them to provide specific psychosocial support to children. This will be done through UNICEF partners, and in particular through Afkar, a NGO partner located in Anbar but also in places with high concentration of IDPs in Kurdistan. UNHCR through IRC will provide counselling and other support to IDPs in particular to persons who are survivors or at risk of Sexual and Gender Based Violence. It should be noted however that acceptance of such programmes is very limited, in particular in the Anbar Province. It will therefore be addressed with the necessary sensitivity.
- **Assistance to juveniles:** The impact of the current crisis has been observed in the increased number of juveniles in contact with the law, and in particular their pre-trial detention at police stations. To mitigate the deleterious impact of extended pre-trial detentions on juveniles, UNICEF will strengthen its network of lawyers providing legal assistance to juveniles and will ensure the urgent referral of juveniles to the court system.
- **Advocacy:** Of paramount importance is the protection of civilians who are trapped by the violence and are unable to access places of safety or who cannot access life-saving humanitarian assistance. The cluster, through UNAMI HRO/OHCHR, will undertake direct advocacy with the Government of Iraq, and through members of civil society, to promote awareness of all parties to the violence of their obligations to respect and protect civilians who in areas affected by the violence, and to ensure their rights to access essential humanitarian assistance, or to leave areas affected by violence in dignity and safety, are respected.

Access to the population is still largely hindered in many areas within Anbar due to the currently security situation as well as damaged infrastructure. Thus the extent of movement of mobile teams and other agency staff for humanitarian responses, including protection monitoring and assessment, continues to be limited in Anbar. In regard to possible GBV related projects, preliminary findings indicate that implementation of such projects would require cautious approach to the issues as well as creative methods, in order to avoid creating any harm on survivors or those at risk particularly in view of the conservative nature of the communities.

**Top-priority activities:**

Activity	Locations	Indicator	Target
Enhanced protection monitoring	All districts in Anbar and other locations affected by Anbar IDP crisis	# of additional mobile teams established	10 additional mobile teams established  6,250 families/37,500 persons
GBV Programme	All districts in Anbar and other locations affected by Anbar IDP crisis	# of persons (disaggregated by age/sex) in need of psychosocial counselling or other support receiving assistance	2,400 persons
Legal assistance is provided	All districts in Anbar and other locations affected by Anbar IDP crisis	# of persons in need of legal assistance receiving assistance	4,375 cases
Support to local authorities	All districts in Anbar and other locations affected by Anbar IDP crisis	# of local authorities receiving support and capacity development	10 local authority entities
Capacity building for MODM on registration	All districts in Anbar and other locations affected by Anbar IDP crisis	# of mobile teams created and trained	10 mobile teams
Quick Impact Projects to support affected populations through local NGOs and community organizations	All districts in Anbar and other locations affected by Anbar IDP crisis	# of communities assisted to address their specific needs	50 projects
Provide life-saving and basic services to children in need of special protection including unaccompanied and separated children	Fallujah, Al-Ramadi districts and in areas of high concentrations of IDS	10 mobile teams established	900 children in need of special protection, including unaccompanied and separated children receiving life-saving services
Identify and verify MRM cases	Fallujah, Al-Ramadi districts and in areas of high concentrations of IDPs	200 MRM focal points trained	600 children screened and referred
Provide legal assistance to juveniles in contact with the law	Fallujah, Al-Ramadi districts and in areas of high concentrations of IDPs	150 juveniles in contact with the law receive legal assistance	150 juveniles and their families
Psychosocial support to women	All districts in Anbar and other locations affected by Anbar IDP crisis	# of women spaces identified, equipped and supported to provide psychosocial support to women	5 functional spaces providing psychosocial support
Gender outreach	All districts in Anbar and other locations affected by Anbar IDP crisis	# of different trainings on gender outreach messages for volunteers	75 volunteers trained on gender outreach
Social activities for women	All districts in Anbar and other locations affected by Anbar IDP crisis	# of space managers selected to manage the social activities and courses in women spaces	5 managers identified and hired
Support activities in the women spaces	All districts in Anbar and other locations affected by Anbar IDP crisis	# of in house volunteers supporting activities conducted at women spaces	15 volunteers identified and trained (3 per space)



Activity	Locations	Indicator	Target
Courses on gender and gender-based violence	All districts in Anbar and other locations affected by Anbar IDP crisis	# of courses conducted to deliver messages on gender and gender based violence (10 courses per space)	50 courses conducted (10 per space)

## STRATEGIC OBJECTIVE 2: Displaced persons and conflict-affected populations, especially the most vulnerable, have access to appropriate services and support

### Cluster objective 2:

#### Services for persons with specific needs strengthened

**Cash assistance to vulnerable individuals:** UNHCR has a process in place since 2013 for the assessment of individuals with specific needs who are not coping, need emergency shelter or have faced a sudden loss of income. These individuals or families are affected by grave and/or multiple sources of vulnerabilities and need cash assistance to cover immediate needs. It includes but is not limited to children at risk, female heads of household, the elderly survivors of sexual and gender-based violence and persons with disabilities. Cash assistance may be necessary during displacement as well as upon return.

UNHCR plans to identify 6,000 families impacted by the Anbar situation for cash assistance. This will be done through protection monitoring that will be conducted by Partners. UNHCR will maintain a role in considering and endorsing recommendations for assistance while actual delivery of cash assistance to selected persons of concern will be conducted by another Partner agency.

**Providing psychosocial support to internally displaced women:** UNFPA will work closely with its partners to identify existing women spaces in areas of IDPs concentration. The spaces will be equipped and staffed to do in house socio-economic activities that will be used to build self-reliance and resilience and to as a tool for outreach activities on gender and gender based violence, that will be linked with the planned reproductive health outreach activities. For that UNFPA will train and hire a space manager for each of the spaces and will establish a team of three in house volunteers per space to help in managing the courses and the day to day activities at the space, meanwhile we will work closely with our partners to establish 5 outreach teams each of 15 women to deliver the outreach messages in the communities where the IDPs are residing.

**Provision of life-saving services to children exposed to traumatic experience and unaccompanied and separated children:** Children, and in particular those witnessing armed conflict, are extreme vulnerable individuals that require specific and urgent attention in this crisis, through providing psycho-social support, referral to proper services, cash and transportation assistance and family reunification.

600 children in need of special assistance, including unaccompanied and separated children will be provided life-saving and basic services, through UNICEF local partners (Afkar NGO) and the BID Committee.

### Outcome-level indicators and targets

#### Top-priority activities:

Activities	Locations	Indicator	Target
Families with specific needs receive cash assistance	All districts in Anbar and other locations affected by Anbar IDP crisis	# of families receiving cash grants (disaggregated by age/sex)	6,000
Provide psychosocial support to children in urgent need	Fallujah, Al-Ramadi districts and in areas of high concentrations of IDPs	20 mobile and permanent CFS units established  100 social workers trained	8500 children receive psychosocial support

Table of planned coverage per location

Location	Governorate	Organization	# of orgs per governorate
IRAQ	Anbar	UNAMI, UNHCR, UNICEF, MODM, IRC, UNFPA, IOM, Muslim Aid, Afkar, Nasim Foundation for Relief and Services, Al Tathamun for Youth and Sports, Riyada for Development, the Charity for widows and orphans, Al Nourain orphans care, Islamic Association, Al-Massala for Human Rights, Al-Hanan Charity Association, International Medical Corps, Danish Refugee Council, NCCI	18

## EDUCATION



Lead agency: UNICEF

Contact information: Ikem Chiejine ([ichiejine@unicef.org](mailto:ichiejine@unicef.org))

PEOPLE IN NEED

500,000



PEOPLE TARGETED

200,000

125,000 Children  
75,000 Adolescents

REQUIREMENTS (US\$)

6 million



# OF PARTNERS

**11** People in Need, ACTED-REACH, Save the Children, Afkar, NRC, Relief International, IRC, Triangle, UNESCO, UNHCR, UNICEF

Top priority

3,300,000

All other

2,700,000

**STRATEGIC OBJECTIVE: Lifesaving/enhancing and sustaining humanitarian assistance in education is provided to all displaced children and adolescents.**

## Cluster objective:

**All children/adolescents access quality education in safe, protective environment**

## Rationale:

The need to support displaced children and adolescents in Anbar provinces has become critical since the children loiter around the communities without meaningful engagement. This situation is exposing about 75,000 adolescents among them to risks of being influenced into joining the arm conflicts as child-soldiers or loiter around and be wasted. The other 125,000 children of younger age also risk getting involved in truancy around where they are seeking shelter. In this circumstance children and youth need physical, psycho-social and cognitive protection, which education has to provide. Children and adolescents therefore need to go back to school in their respective places of shelter so that they will be protected against all forms of exploitation and harm and be provided with knowledge and skills required to survive the crisis.

Education will mitigate the psych-social impact of the crisis and restore normalcy, stability and hope for the future. Presently over 50 host-community school facilities have been over stretched with new intakes and many other existing schools have been turned into IDP shelters, thereby depriving the children and adolescents of learning spaces. In Anbar province, schools are expected to be taking their midterm examinations, if necessary steps are not taken to re-start schooling these children and adolescents may end up losing out completely.

The strategy and approach of the education cluster is to:

- Strengthen the existing **coordination mechanisms** involving the Ministry of Education and the Directorates of Education in the provinces to ensure timely humanitarian response. UNICEF as the Education Cluster lead will partner with all UN agencies intervening in education, especially UNESCO and UNHCR in collaboration with both international and national NGOs to ensure that education interventions are well planned and coordinated at all levels thus resulting in proper targeting and prioritization.
- Support multi-sectoral **rapid assessment** that will provide priority information required for accurate programming of educational needs. Support will be provided to establish real-time and quality contingency

planning/emergency preparedness and response mechanisms that will ensure timely response in case the present situation deteriorates further.

- Provide **safe and protective learning spaces**. The MoE/DoE will be assisted and supported to plan and provide appropriate temporary learning spaces especially in those places where schools have been turned into IDP shelters. Through joint advocacy with national and international partners alternative shelter accommodation will be sought for IDPs so that schools will be made available for children and youths to re-start schooling. MoE/DoE will be supported to establish double-shift systems in schools where the existing facilities are over-tretched. This will create new opportunities for IDP children and adolescents to access education.
- Ensure **quality learning** by supporting the MoE/DoE to plan and provide more teachers in host-community schools where new IDP children and adolescents have forced the enlargement of classes or the opening of new classes due to the introduction of double shifts system. Essential teaching/learning materials will be provided to ensure that teachers have enough resources to sustain quality educational delivery. Children will be provided with learning materials to maintain the continuity and quality of learning. Training will be provided to teachers to provide psycho-social needs of children and adolescents inside and outside the schools.
- Undertake **social mobilisation** to create awareness of the availability of educational services in both host-communities and where the IDPs are taking shelter. While UNICEF will retain leadership in drawing the overall social mobilisation and communication strategy, partners will collaborate in developing information, education and mobilization approaches to reach out to children and adolescents to go back to school. Parents will be mobilised to facilitate attendance and participation of their wards in education. Daily school attendance will restore a sense of normalcy in the lives of the children/adolescents.
- Support the MoE/DoE to adjust the education time tabling to accommodate the **psycho-social needs** of children and adolescents. Through the schools psycho-social support will be provided, risks and vulnerability will be reduced and basic health, hygiene and nutrition information will be provided.
- **Monitoring**: Thorough monitoring is crucial in order to ensure a flexible, active approach that can react swiftly to changing conditions, especially within the difficult context of IDPs in Anbar province. UNICEF will provide leadership as cluster lead in monitoring the implementation of Education interventions. UNICEF will plan and implement an Education Baseline Assessment using quantitative/qualitative techniques followed up by milestones evaluation, with Partners. Quality control at the project sites will be ensured through regular supervision by UNICEF staff, implementing partners and the MoE/DoE. Direct monitoring of the interventions and their implementation will ensure that plans are adhered to, indicators collected with continuity and immediate actions taken to overcome identified bottlenecks. This will be done by NGOs and partners on the ground with specific technical assistance and consistent oversight of UNICEF as Cluster lead. Photos will be shared with donors based on the agreed reporting arrangements.

The Education Cluster is comprised of UNESCO, UNHCR, national and international NGOs like Save the Children and Afkar and UNICEF as Cluster lead. The Cluster will adapt the existing terms of reference of the UNDAF Education Working Group that includes objectives and modus operandi. The Cluster is committed to working in coordination with MoE/DoE, in addition to existing partners of the cluster as well as any new members. Although the MoE/DoE have not participated in any coordination meeting, their engagement in the cluster management is critical given that the cluster is meant to support the government.

It is imperative to have Government as equal partners in cluster activities implementation and subsequent monitoring and oversight in line with national priorities stipulated in the Iraq National Education Strategy. While the MoE/DoE is willing and ready to support children to return to school, they lack coordination and systematic preparation and response plan. The support that the Education Cluster will provide will build system for emergency education response in Anbar province in order to provide safe, secure and protective learning environments for IDP children/adolescents

The Education Cluster has agreed on the following as the main priority needs:

1. **Coordination**: As lead agency, there is the need for UNICEF to provide the strategic adaptive direction required for this IDP intervention. Consultations will be organised involving all stake holders to map out the strategy for addressing the issue of education both in the short as well as long term.
2. There is the need to adequately coordinate the education sector to ensure regular meetings and interaction among partners in order to reduce competition and seeming rivalry. Dedicated coordination will oversee

accurate targeting and prioritisation, promote synergy, avoid duplication and promote smooth programme delivery.

3. **Advocacy and social mobilisation:** The Education Cluster will have to undertake joint advocacy visits to the MoE in Baghdad for more attention to be paid to the educational issues of IDPs in Anbar. More commitment will be sought in terms increased budget and better coordination. The Anbar education situation provides opportunity for the cluster to advocate for a more systematic preparedness and response plan for education both at national and governorate levels. As most schools are being used for IDP shelter the cluster will advocate for alternative shelters so that schools may be released for educational purposes. Advocacy at the governorate level will call for support from the Directorate of Education for children/adolescents to be absorbed in existing host-community schools or space provided for the erection of temporary learning spaces.
4. **Safe and protective learning spaces:** The cluster will clean and rehabilitate evacuated schools and prepare them for educational activities. If occupied schools are not evacuated, the cluster will have to provide tented temporary learning structures in the interim, which should be replaced with pre-fabricated classroom structures. Pre-fabricated classrooms will be provided to host community schools to create space for the absorption of new influx children/adolescents.
5. **Re-establish educational services:** The cluster will collaborate with the DoE to re-establish educational services in new IDP settlements ensuring that schools are safe and free of violence and children/adolescents, including girls can safely move between home and school. UNICEF will provide strategic leadership as well as implement an integrated early childhood education and development services in both existing schools and in new settlement schools targeted at children from ages 3-5 years. DoE will be assisted to identify qualified teachers for 2<sup>nd</sup> / 3<sup>rd</sup> shifts in host-community schools that may have absorbed IDP children/adolescents and in new schools that may be established in IDP settlements.
6. **Teaching and learning materials:** Essential educational materials will be provided to ensure the quality of education is maintained. This will include black/white boards, dusters, markers, school registers, flipchart papers etc. The children/adolescents will be provided with essential learning materials, which will include exercise books, drawing books, pen, pencil, ruler etc. These supplies will ensure that children are able to learn without lacking required materials.
7. **Psycho-Social support:** The Education Cluster will collaborate with the Protection Cluster to provide training for teachers on psycho social support to enable teachers to respond to the psycho-social needs of children/adolescents. **Recreational kits** will be provided to schools for use in trauma therapy.
8. **Needs assessments:** Undertake various needs assessment to provide evidence for planning monitoring and evaluating education interventions for IDP children/adolescents. Assessments would use two-pronged approach: through on-going multi-sector rapid assessments to identify areas of needs and specific needs assessments to establish specific needs for targeted responses.
9. **Monitoring:** Education Baseline Assessment, regular monitoring of interventions and milestones evaluation will be undertaken in collaboration with partners and the MoE/DoE

### Top-priority activities:

Activity	Locations	Indicator	Target
Coordination	All districts in Anbar and other locations affected by Anbar IDP crisis	# of coordination meetings held	10 coordination meetings
Baseline Survey and Milestones' Evaluation	All accessible districts in Anbar and other locations affected by Anbar IDP crisis, supported by MICS4 data	Baseline undertaken	3 Planning mtgs, 3 milestones' monitoring mtgs
Milestones and Needs Assessment	All districts in Anbar and other locations affected by Anbar IDP crisis	# of assessments undertaken	4 assessments
Advocacy and social mobilization	All districts in Anbar and other locations affected by Anbar IDP crisis	# of visits to Baghdad and Ramadi on advocacy	4 visits
		# community dialogues	50 communities
		# of communities mobilized	50 communities



Activity	Locations	Indicator	Target
Provision of safe and protective learning spaces	All districts in Anbar and other locations affected by Anbar IDP crisis	# of tents provided	100 tents
		# of pre-fab classrooms provided	250 classrooms
Rehabilitation of evacuated schools	All districts in Anbar and other locations affected by Anbar IDP crisis	# of schools rehabilitated	70 schools
Early Childhood Development and Education (ECDE)	All districts in Anbar and other locations affected by Anbar IDP crisis	# of ECDE facilities established	20 ECDE facilities
Schooling re-established	All districts in Anbar and other locations affected by Anbar IDP crisis	# of schools established	10 local communities
Provision of teaching/learning materials	All districts in Anbar and other locations affected by Anbar IDP crisis	# of schools received educational materials	50 schools
		# of children received learning materials	125,000 students (Primary) 75,000 students (secondary)
Train teachers on psycho-social support	All districts in Anbar and other locations affected by Anbar IDP crisis	# of teachers trained	1,200 teachers
Provide psycho-social support to children	All districts in Anbar and other locations affected by Anbar IDP crisis	# of children received psycho-social support	125,000 students (Primary)
			75,000 students (secondary)
Rollout of Sector Monitoring	All districts in Anbar and other locations affected by Anbar IDP crisis	# of field specific monitoring visits	14 visits

### Table of planned coverage per location

Location	Governorate	Organization	# of orgs per governorate
IRAQ	Anbar	People in Need, ACTED-REACH, Save the Children, Afkar, NRC, Relief International, IRC, Triangle, UNESCO, UNHCR, UNICEF	11