

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

IRAQ

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/BUD/2021/01000

AMOUNT: EUR 28 500 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2021/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes¹ is to serve as a communication tool for DG ECHO²'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

COVID-19 pandemic has revealed the extent of social vulnerabilities present in Iraq. The pandemic and its consequences have significant implications for women, girls, youth and internally displaced people (IDPs). It has also placed an additional burden on the already stretched capacity of the health care system of Iraq.

Iraq is currently experiencing the fourth COVID-19 wave. COVID-19 vaccination roll out has demonstrated an inequality in access to vaccines, particularly for more socially and physically isolated communities such as IDPs, refugees, people living in hard to reach locations, etc. Lack of documentation, presence of checkpoints and armed groups as well as difficulties to pay for transport create barriers for vulnerable communities' to access the vaccination.

This additional funding (EUR 3, 5 million) is intended to support access to vaccination, COVID-19 prevention, as well as health referral systems for excluded/marginalised people. Support to COVID-19 vaccination response should be inclusive and guided by the “do no harm” principle. Any operation should be designed in such a way so that it is perceived as fair and equitable by different communities/geographical areas. At the same time the support should target those most at risk of being excluded from the vaccination process.

1 CONTEXT

In 2020, Iraq continued facing concurrent crises of political, security and socio-economic nature, within a highly unstable context exacerbated by rising tensions between the US and Iran, the related oil price collapse, and the COVID-19 pandemic.

After months of street demonstrations, political turmoil and several failed attempts, in May 2020 the Iraqi parliament approved the nomination of a new Prime Minister and cabinet. The situation remains nonetheless highly volatile due to new internal tensions, in particular with some units of the Popular Mobilisation Forces (PMF), renewed Islamic

¹ Technical annex and thematic policies annex

² Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

State group (ISg) activity, and intensified air and ground interventions by Turkey in the Kurdistan Region of Iraq (KRI).

According to the 2020 Humanitarian Needs Overview (HNO), 4.1 million people are in need of humanitarian assistance; of those, 1.77 million are facing acute humanitarian needs. Nearly three years after the military defeat of the ISg, 1.4 million people remain internally displaced: about 260 000³ still live in camps and 275 000⁴ in informal settlements in extremely vulnerable conditions, following multiple rounds of displacement. Return movements have slowed down due to COVID-19, which has halted the Government led camp consolidation process. The camps consolidation/closure campaign is expected to resume raising serious protection concerns and with the potential to trigger localised crises.

COVID-19 has added another layer of vulnerability to Iraq’s complex landscape, deepening the risk of a major economic downturn. Pre-existing structural issues and a longstanding economic crisis make Iraq ill-prepared to manage the impact of these rolling crises and their humanitarian consequences.

After decades of conflict and under-investment, the healthcare system is under considerable strain and unable to cope with the rapid spreading of the pandemic.

DG ECHO's Integrated Analysis Framework for 2020 identified moderate humanitarian needs in Iraq. The vulnerability of the population affected by the crisis is assessed to be high.

	Iraq
INFORM Risk Index⁵	7
Vulnerability Index	5.9
Hazard and Exposure	8.6
Lack of Coping Capacity	6.8
Global Crisis Severity Index⁶	7
Projected conflict risk	10
Uprooted People Index	9.3
Humanitarian Conditions	
Natural Disaster Index	5.3
HDI Ranking⁷ (Value)	0.689
Total Population⁸ 2019	39.3

³ Source: Iraq Camp Coordination and Camp Management- CCCM cluster (July 2020).

⁴ Source: Iraq Camp Coordination and Camp Management- CCCM cluster (June 2020).

⁵ INFORM is a global, open-source risk assessment for humanitarian crises and disasters

⁶ <http://www.inform-index.org/Global-Crisis-Severity-Index-beta>

⁷ Humanitarian Development Index (HDI) developed by UNDP

⁸ World Bank data, year

2 HUMANITARIAN NEEDS

2.1 People in need of humanitarian assistance:

2.1.1 Displaced populations: internally displaced people (IDPs) and refugees

According to the 2020 HNO and the Displacement Tracking Matrix (DTM), out of the 6 million people displaced during the ISg conflict, more than 1.77 million are in acute humanitarian need, 816 000 (46%) being children, 480 000 (27%) women and 266 000 (15%) persons with disabilities . Approximately 1.4 million people remain internally displaced, with about 260 000 still living in camps, and 275 000 in 955 informal sites in secondary or tertiary displacement (CCCM cluster). IDPs in camps and in informal settlements, and returnees living in areas of high severity of needs, experience poor living standards and disrupted access to basic goods and services. In addition, the country is hosting an estimated 286 000 refugees, mostly in the Kurdistan Region of Iraq (KRI). These vulnerable groups are increasingly resorting to negative coping strategies, exacerbating their vulnerabilities and compounding their resilience.

Return movements have slowed down in 2020 due to COVID-19 which has halted the Government-led process of camp consolidation/closure. There are ongoing self-organised returns to non-camp locations or to areas of origin, often unsuccessful, triggering the decision to return to camps or to go to informal settlements. At the same time, no major improvements were recorded in the vulnerabilities of returnees, and in some areas the number of returnees living in severe conditions has increased.

The COVID-19 outbreak has increased the severity of existing needs for the most vulnerable returnees and IDPs, including those in critical shelter, who are dependent on external assistance to meet their basic needs.

The pandemic threatens to paralyse an already under-resourced public system at a time when the country is facing major political and economic challenges and to impact on population groups who are highly exposed. Many returnees and IDPs who did not recover from the last conflict are now facing another shock, with an increasing risk of social tensions throughout the country. In addition, COVID-19 has slowed down, or even stopped, humanitarian transition strategies and legal reforms.

2.1.2 Persons deprived of their freedom

The number of people deprived of freedom as a result of the ISg conflict remains high in the country (an estimated figure of around 60 000 people). People in detention are facing numerous protection and judiciary risks. The detention of children, including foreign children, is a major concern. Minors, often held in pre-trial detention in adult facilities or informal detention centres, require legal, physical, psychosocial and social support. Iraqi women and children perceived as ISg-affiliated inside IDP camps also face serious protection risks and severe limitations to their freedom of movement.

	Iraq
People in acute humanitarian need	1,770,000 (196,000 IDPs in camps; 429,000 IDPs out of camps; 1,1450,000 returnees)
IDPs living in camps	260,000
IDPs living out of camps (in informal settlements)	275,000
Returnees living in critical shelters	171,990 ⁹

2.2 Description of the most acute humanitarian needs

2.2.1 Displacement

1.4 million people remain internally displaced in Iraq. Of those, 260 000 are still living in camps, largely dependent on humanitarian assistance, and approximately 275 000 in informal settlements in extremely vulnerable conditions, following multiple rounds of displacement. The government-led camp closure process which started in 2019 has slowed down following the COVID-19 outbreak, and is expected to resume, although with an unclear timeframe. IDPs living in camps are among the most vulnerable ones as a result of aid dependency, lack of documentation, and discrimination due to their perceived affiliation with the ISg. IDPs living in informal settlements are also considered as highly vulnerable. Unable to return to their areas of origin, they have settled in critical and last resort shelters, often located in urban and peri-urban areas, with no access to essential services. The COVID-19 outbreak has added to the severity of existing needs. In 2020, there have been increasing reports of “re-encampment” as people preferred to return to camps in order to benefit from basic services, or authorities brought former IDPs back to camps for ‘security’ reasons.

2.2.2 Protection

Nearly three years after the military defeat of the ISg, major protection issues remain. Lack or loss of civil documentation is one of the key protection concerns in Iraq as it is the key to accessing basic services and public social safety net schemes, including assistance provided to mitigate the impact of COVID-19. Approximately 5.5 million people are missing some form of civil documentation and nearly 500 000 children have no identification documents (2020 HNO). Missing persons remains a key issue in family

⁹Source: IOM/DTM data - June 2020

separation; Iraq is one of the countries with the highest number of missing persons in the world.

In addition, protracted displacement has exacerbated International Humanitarian Law (IHL)/International Human Rights Law (IHRL) violations experienced during the conflict. There are limited specialised and culturally appropriate services for people in need of Mental Health & Psychosocial Support (MHPSS), including support for sexual violence and abuse.

2.2.3 Education in Emergencies

According to the 2020 HNO, 18% of IDP children in camps (38 579) face major barriers in accessing formal and non-formal education and 13% of IDPs children out-of-camp (74 072) have little or no access to education. Existing challenges, including lack of qualified personnel, shortages of learning materials and large class sizes, have been aggravated by the 2019 camp consolidation and closures campaign and the outbreak of COVID-19. The closure of schools has stalled education in camps and other locations where alternative modalities (e.g. digital learning) are not available. About 75 000 children in IDP camps rely solely on humanitarian provision of education and represent a very vulnerable caseload. Displaced children in out-of-camp locations are also facing major access barriers to education.

3 HUMANITARIAN RESPONSE AND COORDINATION

3.1 National/local response and involvement

The Government of Iraq has a limited direct involvement in addressing humanitarian needs in the country. The government is in the lead of the camp consolidation/camp closure campaign initially aimed at closing most of the IDPs camps by the end of 2020. Due to a highly unstable political context, the authorities at federal and governorate level retain a high degree of control over national civil society organisations. In KRI, support to IDPs camps, and particularly the management of camps, remain centralised; at governorate level coordination cells are in place.

3.2 International Humanitarian Response

The UN coordination and cluster systems are in place in Iraq. The 2020 Iraq Humanitarian Response Plan (HRP) requested USD 660 million to assist 1.77 million people. As of July 2020, the plan was 25% funded (as opposed to 41% in July 2019). There are nine clusters operational in 2020. The 2021 HRP could be the last one and serve as a transitional plan to more long-term frameworks for Iraq. There is however a high degree of uncertainty around the transition plan for the humanitarian system in Iraq.

The US provides assistance to IDPs, host communities, and other vulnerable populations through the Bureau of Population, Refugees and Migration of the State Department and USAID Bureau for Humanitarian Assistance for to a total of USD 706 million since Fiscal Year 2019.

The Foreign Commonwealth and Development Office, one of the main donors to the United Nations Iraq Humanitarian Pooled Fund, provides food assistance, emergency

cash transfers, shelter kits, support to camps, healthcare services, and WASH to vulnerable Iraqis.

3.3 Operational constraints

3.3.1 Access/humanitarian space

Access to people in need continues to be a major concern and has become more difficult in 2020, due to the existing administrative rules that are changing randomly and an ineffective system for access permissions, which resulted in an unpredictable and unreliable approval system. This is hampering the capacity of NGOs to deliver assistance to people in need and the overall efficiency of the humanitarian system in Iraq. COVID-19 prevention measures (including movement restrictions and curfews) have added another layer of constraint to the operating environment. Temporary remote management methods have been put in place, while national staff and implementing partners continue to access project sites.

3.3.2 Partners (presence, capacity), including absorption capacity on the ground

According to OCHA, 193 aid organisations are working in Iraq (21 UN Agencies, 104 INGOs and 68 national NGOs). The security conditions deteriorated in late 2019, with large demonstrations taking place throughout Federal Iraq and high tensions between US and Iran resulting in direct military actions in January 2020. This has led to a significant reduction of international staff presence in country, particularly in Baghdad and in south and central Iraq. A further scale down of international presence has occurred as a result of the COVID-19 outbreak. Humanitarian actors have maintained presence, but with reduced implementation capacity through national staff and implementing partners.

4 HUMANITARIAN – DEVELOPMENT – PEACE NEXUS

Iraq is facing a protracted crisis, with fragile socio-economic, security and governance systems that could lead to further instability. The post-conflict recovery and stabilisation process has been slow and has faced adverse conditions. This is most evident in large urban areas hosting displaced population and, in rural and hard-to-reach areas that were already affected by limited public services prior to the latest conflict and military operations against the ISg.

The EU response in Iraq is set out in the framework of the January 2018 EU Strategy for Iraq, informed by the humanitarian-development-peace nexus process, for which Iraq is a pilot country. EU-Iraq relations are institutionally framed by the EU-Iraq Partnership and Cooperation Agreement, which entered into force in August 2018. The EU Foreign Affairs Council (FAC) conclusions of July 2019 reaffirmed the need for the EU to continue to support Iraq politically and financially in the coming years and the extraordinary FAC of 10 January 2020 decided to step up engagement with Iraq in support of its security and stability and in full respect of its sovereignty.

The EU has made significant investments in Iraq to overcome the effects of decades of conflict, with over EUR 1.25 billion since 2014 in stabilisation, reconstruction and humanitarian funding. In 2020, the EU also supported Iraq's efforts to fight the COVID-19 pandemic with a financial package of EUR 159 million. During the period 2014-2020,

DEVCO issued financing decisions for a total of EUR 588 million. During the same period, the EU Regional Trust Fund in Response to the Syria Crisis (MADAD) committed contracts worth EUR 162 million. The EU-Iraq development cooperation comprises assistance for stabilisation and social dimensions of reconstruction as well as reforms addressing political/socio-economic grievances at the root of the conflict.

In 2021, DG ECHO will continue to actively promote the transition from emergency response to long-term development actions. The government-led IDPs camp closure process restarted in October 2020 in a sudden and disorganised manner. The forced return of the displaced population requires concerted donors' engagement, given the overlap of humanitarian and the durable solutions issues.

DG ECHO will explore nexus opportunities in the areas of education, humanitarian protection and social protection, to ensure a people centred approach to durable solutions. This includes support to longer term programming by other EU services and development donors over civil documentation, housing, land and property (HLP) and legal reforms with a particular focus on areas neglected by the GoI, including hard-to-reach areas. Processes to provide pathways to documentation, and ensure inclusion in social protection programmes of highly vulnerable groups, will reduce the risk of exclusion from accessing services (including post-COVID economic recovery measures) and mitigate the potential for renewed intra-community tensions. The COVID-19 crisis has expanded wider socio-economic vulnerabilities. Continued action is needed to protect the most vulnerable families from the financial and social hardships caused by the pandemic. Alternative economic opportunities accessible to the returning population should be explored to sustain a longer and more structured programming.

Synergies across EU instruments are required to ensure the overall EU response is IDP-sensitive and does not exclude those that continue to be displaced and/or lack documents or educational obtainment. There are opportunities to integrate DG ECHO interventions in education and civil documentation/legal protection into the broader EU programmatic efforts in Iraq. Within this framework, DEVCO's work on social protection is nexus-relevant, as it will expand safety nets to reach the most vulnerable. This work is complementary to that of the EU Regional Trust Fund in Response to the Syrian crisis and could ensure synergies with DG ECHO's programmes in areas of protection, including documentation, and social services, to ensure a more regular inclusion of displaced populations in government's assistance

5 ENVISAGED DG ECHO RESPONSE AND EXPECTED RESULTS OF HUMANITARIAN AID INTERVENTIONS

General considerations for all interventions

The humanitarian response shall be compliant with EU thematic policies and guidelines that are described in detail in the HIP Policy Annex. For instance, mainstreaming of protection, gender (including mitigation of risks of SGBV), age, and disability inclusion should be duly reflected in all proposals.

Furthermore, the increasingly negative consequences of environmental degradation and climate-related challenges and the COVID-19 pandemic will continue to impact humanitarian crises and the provision of humanitarian assistance for the foreseeable future. For these reasons, in their proposals partners are requested to follow an all-risks

assessment approach, to contemplate measures to reduce the environmental footprint of operations and to factor in as appropriate the COVID-19 dimension.

5.1 Envisaged DG ECHO response

In 2021, DG ECHO will address urgent needs linked to displacement and protection. Displacement and protection will be considered the entry point for all programmes to ensure that DG ECHO supports the highest impact project for those that are most vulnerable to shocks.

Multi-sector assistance to persons affected by displacement: DG ECHO will continue to provide assistance to vulnerable IDPs settled in camps and living in informal settlements out of camps. In IDPs camps, DG ECHO will continue to support the provision of essential services, ensuring camp responses align with SPHERE and IHRL standards. In informal settlements out of camps, priority will be given to locations that have limited/no access to services and persons/communities who are unable to return to their area of origin (particularly those affected by camp closures). All interventions should be in line with the relevant cluster priorities and technical guidelines for interventions. DG ECHO encourages multi-sector actors or consortiums to ensure a time-bound fully harmonised package of assistance to affected populations.

Protection: DG ECHO will support integrated and stand-alone protection programming. Protection actions should support people that are particularly vulnerable within the Iraqi legal system. This includes persons lacking civil documentation, children in conflict with the law and third country nationals. In camp settings and informal settlements, protection actions need to provide a full package of protection services, including protection monitoring and analysis, case management/individual protection assistance and referrals.

Health: DG ECHO will continue to prioritise health care provision for populations living in camps. Noting the limited health interventions for persons living in informal settlements, DG ECHO will consider mobile health programming for communities where the authorities are unwilling or unable to provide health care services. DG ECHO will only consider delivery of Primary Health Care (PHC) in areas affected by high levels of return in 2019-2020 and have chronic gaps in services. Partners will need to demonstrate the gap represents a significant health risk and have in place a suitable transition strategy to Government or development programmes.

COVID-19: the response, aligned with the Health Cluster, envisages various scenario planning. Should cases increasingly overwhelm country's public health structures, the response should include prevention measures such as, but not limited to, hygiene promotion, water and sanitation, disease outbreak preparedness and response, quarantine and isolation measures, communication with communities/awareness-raising. Should the pandemic situation get under control, COVID surveillance and prevention measures targeting the most vulnerable people, especially in-camp IDPs, may be prioritised.

DG ECHO expects that in 2021 all projects have integrated a do no harm approach and awareness raising linked to COVID-19, in particular camp based programming and WASH actions. For COVID-19 related health support, DG ECHO will prioritise actors that can operate at a national level and be flexible to changes response locations.

Education in Emergencies: DG ECHO will prioritise education for children affected by displacement. Where the authorities are unwilling or unable to provide education services, EiE can include provision of non-formal education, with consideration of

pathways to formal education. DG ECHO will only consider delivery of formal education out of camps in areas that experienced high levels of return in 2019-2020 and have chronic gaps in services. Partners will need to demonstrate the education gap of the learners and have in place a suitable transition strategy to Government or development services. All EiE interventions will need to be aligned with Conflict Sensitive Education principles and contain a strong child protection component.

5.2 Other DG ECHO interventions

The Emergency Toolbox HIP may be drawn upon for the prevention of, and response to, outbreaks of Epidemics. Under the Emergency Toolbox HIP, the Small-Scale Response, Acute Large Emergency Response Tool (ALERT) and Disaster Relief Emergency Fund (DREF) instruments may also provide funding options.