

## **HUMANITARIAN IMPLEMENTATION PLAN (HIP)**

### **IRAQ**

**The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/ BUD/2017/01000**

AMOUNT: EUR 82.5 million

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2017/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for ECHO'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**

##### **Modification 2 – October 2017**

Massive urgent humanitarian needs remain and need to be covered in 2017. The humanitarian consequences of the Mosul operations have surpassed the worst-case scenario estimated by the UN and humanitarian partners. Over 1 000 000 have been displaced by the conflict, out of which over 700 000 remain displaced.

Military operations to retake Telafar from the Islamic State of Iraq and the Levant (ISIL) begun on 20 August; those to retake West Anbar and Hawija started on 16 and 21 September, respectively. Thousands of people have fled conflict areas in locations where current humanitarian capacities need to be urgently increased. Displacement from western Anbar increased sharply in the second half of September, rising four-fold in a week. The district was retaken by the Iraqi Security Forces (ISF) within approximately ten days, displacing an estimated 6 000 people. The Hawija operations displaced over 7 000 persons in the first week, when front lines moved through sparsely-populated outlying villages. Displacement is expected to sharply increase when fighting reaches the outskirts of Hawija town, as it was the case in Mosul and Telafar. The exact number of people remaining in Hawija is unknown, but could be as high as 78 000.

Iraq's 2017 Humanitarian Response Plan (HRP) is severely underfunded, with 57% received budget, as of 30th September.

The scale of displacement and needs, recorded in the past months and expected before the end of the year, calls for urgent additional funding for the life-saving response. An additional amount of EUR 10 million is added to this HIP.

The additional humanitarian funding will enable humanitarian partners to respond to the recently increased humanitarian needs, as a result of fighting in Telafar as well as West Anbar and Hawija, as well as to foster the response to the dramatically increased needs as result of Mosul emergency. In particular, it would focus on providing urgent emergency first-line services to populations affected by ongoing military operations. It might include also victim assistance to survivors of violence and support to families prevented from returning.

**Modification 1 – June 2017**

Additional humanitarian funding is crucial to enable humanitarian partners to respond to current and expected humanitarian needs, as result of the West Mosul emergency, and to foster response and prepositioning for the already increased needs and displacement in other areas of the country, specifically around Telafar, Hawija and West Anbar. Mosul, and especially West Mosul, has become the greatest Medical Emergency worldwide. Furthermore, in the early months of 2017, additional tensions throughout Iraq have already flared between armed groups, in hotspots of political, sectarian violence, generating additional humanitarian needs and small scale displacement. This is likely to increase in the future and in the post-Mosul scenario.

The military campaign of the Government of Iraq to retake Mosul has substantially intensified since the campaign has started on the Western part of the city, on 19 February 2017. As a result, internal displacement has grown exponentially, reaching peaks of 20 000 IDPs/day and with a total of over 810 000 civilians already displaced from Mosul only, since 17 October (3.1 million displaced in total in the country).

This has seriously overstretched the humanitarian response, that urgently needs to scale up shelter capacity in camps, informal and out of camps settings, in order to host the displaced and provide the needed basic services (e.g. water and sanitation, food, health care, protection, camp coordination and camp management, emergency education).

In addition, due to growing war crimes committed by ISIL (e.g. use of civilians as human shields, deliberate targeting of civilians seeking to flee areas under their control) and more aggressive military tactics adopted in the counter-ISIL military campaign in West Mosul (e.g. increased heavy shelling and airstrikes), the number of civilian war wounded and trauma injures has further grown, reaching dramatically high rates and expected to further increase during the military operation. The need for emergency medical services, post-operative care and rehabilitation has, therefore, significantly augmented.

Key concerns have grown on the protection and assistance of the estimated 120 000 civilians trapped in ISIL controlled areas of West Mosul (and similarly in Telafar, Hawija and West Anbar). Basic supplies inside West Mosul old city have been recently reported as nearly inexistent; also, latest reports indicate no functional health facilities or access to basic medication, raising the importance of providing humanitarian aid to trapped population and boost the response in newly retaken areas, as soon as they become accessible. Water and sanitation, primary health care, including vaccination, and immediate food and non-food items are crucial needs. Lack of water and sanitation is a main concern in retaken areas, as it escalates public health risks, especially in summer.

Iraq 2017 Humanitarian Response Plan (HRP), a highly prioritised appeal targeting 6.2 million highly vulnerable people out of the total 11 million in need, requests \$ 985 million, on the basis of increased needs due to Mosul operation (and Telafar, Hawija and West Anbar). The 2017 HRP is funded only at 29%, as of 22 May 2017.

The scale of displacement and needs recorded in the past months calls for urgent additional funding for the life-saving response. An additional amount of EUR 30 million is added to this HIP.

## 1. CONTEXT

The conflict between Iraqi security forces (ISF) and an array of armed groups, characterized by intense clashes and evolving, multiple front lines, continues unabated. Forces of the central government, including armed groups called popular mobilization units (PMUs), and of the Kurdistan Region of Iraq (KRI) government sustain their military campaign against the Islamic State (IS) group. They are supported by an international coalition, mainly through air-strikes, advice and training. Although ISF have regained control over vast areas, previously, held by the IS group, by end August 2016, IS maintains its control of territory in western districts of Anbar, the central district of Hawidja in Kirkuk governorate, and in the northern governorate of Ninewa, notably in and around Mosul city (under IS control since June 2014). A large number of civilians still live in IS controlled areas, likely to be severely impacted by the progress of ISF,

PMUs and Kurdish security forces (KSF). The situation is compounded by the lingering effects of past violence and longstanding ethnic and sectarian tensions in Iraq and the wider region.

Alleged and proven violations of international humanitarian law (IHL) and international human rights law (IHRL) abound amongst all parties to the conflict. Boys are forced into supporting frontline military action, as combatants or suicide bombers. Indiscriminate attacks, including air strikes, have targeted civilians and civilian infrastructures; 50 attacks on medical facilities and 135 attacks against schools verified by the United Nations (UN) during the conflict. Amid extensive damage or destruction of civilian infrastructure, millions of IDPs, residents and returnees have limited, if any, access to essential services, such as water and health care. In 2016, IS increasingly resorted to asymmetric tactics, including suicide attacks against civilian targets and infrastructure. Between January 2014 and end-July 2016, conservative estimates indicate that over 23,000 civilians have been killed and over 45,000 have been wounded. Since January 2014, UNICEF verified the violent death and maiming of 838 and 794 children, respectively.

More than 10 million Iraqis, over an estimated total of 34 million, currently require some kind of humanitarian assistance, including 3.3 million civilians internally displaced since the beginning of the current conflict, many of whom were forced to move repeatedly and face protracted displacement (source, IOM). Almost ten percent of the country's children, 1.5 million, have been forced from their homes by the fighting.

From January until end-August 2016, over 300,000 people were newly displaced by military operations along the Anbar and Mosul corridors. Latest displacements showcased the difficulties of international organizations to reach and provide emergency assistance to the hardest hit communities and previously out-of-reach locations. An additional 1.2-1.5 million civilians are expected to be impacted, and/or likely displaced, by military operations taking place end-2016 and beginning 2017. Security considerations of Iraqi and Kurdish authorities strongly prevailed over humanitarian ones, during the management of displacement in 2016, including the setup of security screening stations aimed at determining whether IDPs posed a legitimate threat to the population or security forces. Grave humanitarian concerns arose in 2016, regarding the impediment imposed on civilians to flee active conflict areas, the reluctant/slow evacuation of those who reached government controlled frontlines as well as over basic protection safeguards and conditions at security screening sites. The majority of those newly displaced in 2016 were relocated into IDP camps, in some of which restrictive security measures are imposed for indefinite periods of time, effectively hampering IDPs self-sufficiency and/or access to basic services, including as specialized medical care.

Over 800,000 previously displaced civilians have reportedly returned to their areas of origin since the start of the conflict. However, conflict inflicted damage on civilian infrastructure, discriminatory return policies based on demographic/ethnic considerations and the lack of guaranteed law and order in areas re-taken from IS hamper the voluntary, safe and dignified return of displaced populations to their areas of origin and threaten the security of resident civilians. Still, by end-August 2016, significant political posturing pointed to increased pressure for fast-tracked return processes. Provincial elections to be held in 2017 in Iraq will likely exacerbate local, regional and national political tensions, over the control and administration of territories re-taken from IS by different politically affiliated armed groups, particularly in the Disputed Internal Boundaries (DIBs) of Ninewa, Kirkuk, Salah al Din and Dyala.

Budgetary, political and other constraints severely limit the ability of the central and Kurdish regional government to address the humanitarian consequences of the conflict. Fiscal revenue losses, decreasing foreign reserves and foreign investment as a result of the declining oil price, and the political and security crises led to a national budget deficit of 10% of GDP or USD 20.1 billion (in 2016, the IMF, WB, G7 and Kuwait mobilised USD 17 billion for the coming years in order to assist Iraq in adjusting to fiscal sustainability). While Iraq's Prime Minister, Mr. Hayder Al-Abadi, managed in August 2016 to pass five newly nominated ministers, as part of the government re-shuffle and reform process, political divisions amongst traditional blocks continue in Iraq. This has led to the dismissal of core Ministers, strained relations between central and Kurdish regional governments and popular support for politico-military PMU figures, and has kept Iraq in a highly volatile political scenario. The political crisis and subsequent deadlock over the term (second exceptional extension) and powers of the KRG President polarised the KRI's major coalition parties, threatening to hype intra-Kurdish tensions in 2017.

## **2. HUMANITARIAN NEEDS**

### **1) Affected people/ potential beneficiaries**

As per Iraq's 2016 Humanitarian Response Plan (HRP), 10 million people are in need of humanitarian aid in the country, 7.3 million being directly targeted for assistance under the Plan. Of these, at the beginning of 2016, 3 million were estimated to live and be affected by the conflict in hard-to-reach locations and areas outside government control. As military action escalates, generating acute assistance and protection needs, and humanitarian actors gain access to previously un-reached populations in need, the "active" humanitarian caseload in Iraq could reach up to 13 million individuals at the in 2017.

By mid-August 2016, 3.3 million Iraqis were internally displaced. Nearly 2.5 million IDPs are originally from the conflict torn governorates of Anbar (1,389,078 individuals) and Ninewa (1,170,570). Extreme levels of intra-governorate displacement occur in Kirkuk (84% or 113,100 individuals) and Anbar (44% or 612,372 individuals). Regionally, most of those displaced are hosted in Central North Iraq (67% or 2,253,096 individuals), the KRI (29% or 958,344 individuals), and South Iraq (4% or 132,714 individuals).

Between August 2015 and August 2016, the overall percentage of IDPs living in camps has increased by 6%, with nearly half a million Iraqis having had to resort, by own will or not, to such shelter arrangements. Yet, another half million displaced Iraqis (545,000 individuals) live in sub-standard shelter arrangements, including unfinished and religious buildings, and informal settlements – particularly in Anbar, Dohuk and Salah al Din governorates. Vulnerabilities of those displaced in isolated conflict areas and surrounding violence-prone locations, are exacerbated by their constrained access to income generation opportunities, reduced assistance provided by humanitarian actors, and limited access to basic public services.

Up to mid-August 2016, a total of 852,390 individuals are reported to have returned to their location of origin, a half million more, compared to August 2015. The current governmental push for an increasingly paced return processes, to areas retaken by government and government affiliated forces, is likely to augment the number of returnee families in 2017. Specific concerns regarding the voluntary, informed, safe and dignified

nature of return processes are also likely to increase; while a number of families will likely be prevented to go back to their pre-displacement place of dwelling.

Iraq also hosts, approximately, 239 000 Syrian refugees, mostly in the northern governorates of the Kurdish Region of Iraq (KRI). Their number has not significantly increased in 2016. Their needs, as well as those of older IDP caseloads hosted in more secure locations, require sustainable early recovery and resilience focused approaches, to respond to a situation of protracted displacement. In the same period, 11 757 refugees have spontaneously returned to Syria, reporting, as their main reason for departure from Iraq, improved security and access to Kobane (13%), family reunification, better access to medical care and the high cost of living in the KRI.

#### Newly displaced populations

An estimated additional 2 million Iraqis are likely to be newly displaced by end 2016 and the first half of 2017. Many of them would have already faced previous displacements, lived for years in active conflict areas and had to flee the fighting, facing potential retribution of those in control of the area of origin as well as of those in control of opposing frontlines.

Up to 1.5 million people are likely to be impacted once the military operation advances into Mosul itself, by end of 2016. Once military operations begin, large-scale displacement is likely to happen, either cumulatively over time, or suddenly and *en masse*. The potential protraction of the campaign might lead to a prolonged shelling and/or prolonged fighting in densely populated areas, particularly of west Mosul, with heavy impact on civilians unable or unwilling to flee, in fear of retaliation/targeting by parties to the conflict. The potential participation of government affiliated militias with strong sectarian drive in the direct conduct of hostilities and/or in the management of those displaced will increase the civilian toll of the military operation.

Driven by security concerns magnified by the sheer number of civilians, fleeing active conflict zones previously under IS control, as well as by the potential infiltration of IS combatants amongst IDPs, Iraqi and Kurdish authorities have set-up mechanisms aiming to discern persons considered to be a threat to security. Such systems were already overwhelmed in their capacity following the displacement of 300,000 individuals in the first half of 2016. The lack of sufficient human and material resources resulted in an ever increasing backlog, violations of individuals' rights and deeply inappropriate material conditions. Family members were separated and not able to restore/maintain family contact. Grave concerns also derived from the disregard for due process regarding detention of suspected individuals as well as from the basic conditions of detention.

Pursued national and regional policies of encampment of those displaced from active conflict areas maintain restrictive security measures in defined locations, even for those having passed security screenings. Systematic family disintegration, imposed by security screenings and overcrowded conditions of IDP camps, leading to gender distribution in collective tents, significantly increase the vulnerability of female headed households. On the other hand, the observed trend of keeping civilians in areas newly retaken, while limiting forced displacement, increases protection risks, faced by remaining civilians, and limits access of humanitarian actors to populations in need, in the proximity of active frontlines.

The prospective campaign in eastern Syria, bordering Iraq, in densely populated areas currently under IS control, might lead to a renewed influx of Syrian refugees into areas likely to fall under Iraqi government control in 2017 – western Anbar and Ninewa

governorates. Turkish forces campaign against Kurdish – Syrian and Iraqi based groups - might also trigger additional internal and international displacement into Iraq.

#### Longer term displaced and host communities in violence-prone locations

The increased number of asymmetric attacks, conducted by IS in central governorates of Baghdad, Dyala, Kirkuk and Salah al Din, the sustained presence and ruling of areas re-taken from IS of government affiliated militias - under loose national chain of command structures and driven by sectarian motives and political ambitions of their leaders – and the declared territorial ambitions of multiple parties, over the Internal Disputed Boundaries (DIBs), will challenge the living conditions of those displaced. This will be particularly evident in mixed locations – in terms of sectarian or ethnic composition. Active discrimination/harassment and limitations regarding freedom of movement will diminish their income generation opportunities as well as access to basic public services in specific neighbourhoods/populated areas. Further impoverishment and secondary displacement between locations is likely to occur amongst those unable to return to areas of origin, displaced for more than a year now.

#### Civilians in areas outside governmental control

An estimated two million civilians live in areas outside of governmental control. The delivery of humanitarian assistance to these locations has been limited by all parties to the conflict. Insecurity, active barriers to access of humanitarian aid by military forces, and the passive acceptance of the unviability of humanitarian action in locations under IS control have rendered these areas severely underserved.

The IS group, ruling on vast, populated areas of Ninewa, Kirkuk and Anbar governorates, resorts to indiscriminate attacks against civilians and civilian infrastructure and denies civilians' access to essential services, such as water and electricity. Reports of summary executions of both combatants and civilians, by the armed opposition, multiply, together with information on tight barriers imposed on the movement of civilians, reportedly, also used as human shields.

A number of attacks against IS held areas have not distinguished civilian lives and assets from military targets – the use of explosive weapons with wide impact in urban areas is a regular occurrence, causing civilian casualties. Civilian infrastructure, destroyed, damaged or looted during and after the conduct of hostilities by government and government affiliated forces, includes hospitals, civilian houses, power plants and essential water supply systems.

Limited access to essential medications and emergency health services increase indirect and preventable deaths. Lack of electricity and breakdown of basic water and sanitation services further raise the vulnerability of civilians in these locations. Multiple factors threaten the survival of this population, including increased exhaustion of existing natural resources and military blockades, impeding access of basic supplies as well as civilians' escape.

#### 2) Description of the most acute humanitarian needs

##### Protection

Iraq faces a protection crisis with systematic disregard of IHL and IHRL during and after the conduct of hostilities, such violations being the major reason for the loss of human life and preventable suffering of civilians. Recurrent examples of the latter include the systematic targeting of civilians and civilian infrastructures, use of civilians as human

shields, unlawful detention, purposeful denial of humanitarian assistance and basic public services, and forced recruitment of children into armed groups. Common Guiding Principles for situations of Internal Displacement are violated at multiple stages of the management of fleeing populations as well as during the process of return. Particularly, the absence of basic protection safeguards and lifesaving assistance at overwhelmed security screening sites is of grave concern.

Access to safety for fleeing civilians is currently constrained to violence-prone areas and mainly towards camp based solutions, where, in some cases, restrictions are imposed to IDPs' freedom of movement, access to basic assistance is highly dependent on the international community and no opportunities for the self-reliance of the displaced population exist. Displacement into areas still under control of military actors, mainly sectarian based militias and security forces, determined to control the demographic/ethnic composition of areas under their control, heightens the vulnerability of newly displaced individuals. All newly displaced individuals are suspected to have been/be IS supporters – limited or no consideration is provided to groups entitled to special protection, such as children, elderly, women sick or wounded.

Current displacement management patterns highly increase the likelihood of family disintegration, leading to increased number of female headed households. Containment in IDP camps, where significant presence of security forces and ad-hoc designated camp officials is the norm, greatly increases the vulnerability of such households. Displaced populations in out-of-camp violence prone locations are also in need of an enhanced network of protection services.

#### Shelter-NFI/Water and Sanitation (WASH)/Camp Coordination & Camp Management (CCCM)

Displacement patterns observed during 2016, demanding swift and tailored up-scale of shelter options in camp and non-camp settings, tested humanitarian actors' response capacities. In the absence of proper registration and assistance tracking systems, one of the main responsibilities of CCCM actors, the capacity of national and international responders to ensure family tracing, prioritized delivery of assistance and maximal coverage was greatly diminished in camp settings, and, above all, in out-of-camps. While emergency shelter solutions were identified and put in place in relatively short periods of time, their basic habitability/living conditions/sustainability was hindered by the lack of pre-emptive site preparedness and limited pre-positioning of core relief items. Fixed site preparedness has lacked the capacity to increase the absorption capacity of pre-identified potential displacement sites – being those in or out of camps – and to do so in a more sustainable manner, to ensure quality.

In areas of active conflict, water and sanitation infrastructure is deliberately targeted or lost, as a result of collateral damage of the current conflict, or used for political/military purposes. Populations, remaining in areas recently re-taken by government affiliated forces, continue to face systemic scarcity of water and sanitation services. Integrating rapid, immediate lifesaving water services, as well as access to basic sanitation facilities during acute displacement, remains a critical priority. Limited capacity to do so in a way that promotes transition into existing/improved WASH public networks decreases the sustainability and cost-efficiency of incurred humanitarian actions. Massive displacements into limited geographical areas, many of which are in desert zones, isolated and historically underserved by basic public services, have exacerbated the strain placed on the country's already deteriorated water systems, over reliant on surface water.

Poor water quality and sanitation services, greatly, increase the risk of outbreaks of waterborne diseases.

Rapid Response Mechanisms are to provide an integrated response to the basic needs of the population on the move, including the provision of mobile emergency shelter kits and expanded transitional emergency shelter capacity, in locations where IDPs are stranded.

### Health

Special protection granted during conflict to health facilities, personnel and patients is violated in Iraq by parties to the conflict. By mid-2016, over 50 events of attacks against medical missions were verified by UN Agencies. In conflict-affected and violence-prone locations, IDPs and host communities face severe limitations accessing lifesaving services, due to overburdened local health systems. Primary and secondary health structures function at dramatically reduced levels, with limited supplies and operating with less than 50% of the pre-existing health staff.

Timely and effective access to secondary and tertiary health services, for civilians fleeing the conflict, war-wounded and those confined into locations where severe restrictions of movement are imposed, is regularly denied. Pregnant women and civilians with chronic diseases struggle to obtain treatment and medications. The situation is further complicated by the high incidence of mental health conditions as a result of their direct exposure to the hostilities, traumatic experiences suffered during their escape from conflict and/or encounter with armed actors, and dire living conditions. The latter are epitomized by poor sanitation and precarious shelter conditions, resulting in increased health hazards and risk of communicable diseases – water borne and seasonal infections. Low vaccination coverage of children is deeply worrisome, particularly regarding measles – endemic in country.

### Education in Emergency

As a result of the conflict, a large number of schools have been closed, either due to damage or destruction, occupation by armed groups or because they have been turned into collective centers for IDPs. As a result, children have been deprived of education and they have been put at additional protection risk.

### Disaster risk reduction, resilience and self-reliance

Iraq is disaster-prone and populations affected by the conflict might also be hit by natural hazards. Disaster risk reduction measures should be integrated, when relevant and possible, in ECHO operations. ECHO might adapt this HIP and increase its total amount in order to respond to disasters resulting from natural hazards which may happen in Iraq in 2016/2017, e.g. Mosul dam collapse (with previous and due consideration to the humanitarian impact and needs, national/local capacities to respond and the international humanitarian response).

## **3. HUMANITARIAN RESPONSE**

### 1) National / local response and involvement

Local communities and authorities, as well as offices of endowments and shrines continue to be the primary first line responders in this crisis. This has proven particularly true in responses to new displacement in areas where the international humanitarian community had not been able either to timely establish sufficient presence or adequately scale up its response in proportion to the emerging needs, e.g. in some areas defined as

hard to reach or insecure. In these areas, there is a growing amount (though still limited) of humanitarian assistance delivered by community based volunteers/organisations as well as national NGOs, outside of the humanitarian coordination architecture.

In 2016, the Central Government of Iraq (GoI) and the Kurdish Regional Government (KRG) had endorsed the Humanitarian Response Plan and had committed towards the implementation of its strategy and activities, as demonstrated in the Iraqi Government 2016 Plan for Relief, Shelter and Resettlement of IDPs. However, the upscale in government led military operations to retake areas from IS, starting in the Anbar corridor in January through military operations in Makhmour, Shirqat and now Mosul districts, overwhelmed and exceeded planning processes and figures.

In June, the Joint Crisis Coordination Centre launched the contingency plan, focused on the military operations to retake Ninewa Governorate. The plan was developed in coordination with the GoI and the UN, but is solely focused on displacement from Mosul city into KRG administered/Peshmerga controlled areas of Ninewa. The estimated cost of delivering the planned response for 6 months is USD 275,539,000. The KRG is reportedly not able to provide any support, beyond the provision of land and security of newly established IDP camps. In August 2016, the Iraq's Higher Committee for Relief and Sheltering IDPs approved the allocation of over USD 35 million to Dohuk, Erbil and Sulaimaniyah governorates, for establishing camps to host IDPs from Mosul in pre-approved areas, which already deviate from the contingency plan. The significance of the displacement in the Mosul corridor up until now (88,494 individuals displaced as a result of military operations in Baiji, Al Shirqat and Al-Qayarah), prior to any offensive on Mosul city, highlighted significant gaps in the contingency plan. This prompted the Supreme Committee for the Relief and Sheltering of IDPs to produce an Annex to accompany the JCC's plan, with a focus on Salah al-Din and Kirkuk governorates. The response plan will require USD 112 million and the GoI has committed to covering only 20% of this.

Coordination of governmental, national and international humanitarian support is led by the Joint Coordination bodies present in Baghdad (JCMC) and the Kurdish Region of Iraq (JCCC). Coordination between the two bodies has proved challenging. However, a new Emergency coordination mechanism is being established to improve coordination between MODM, JCMC, JCCC and military actors. The constitutionally responsible entities at Governorate level are the Emergency Cells, which function to different degrees in each governorate. Some Governorates have established their own distinct coordination entities, such as the Kirkuk IDP committee. The coordination between these different bodies is often complex, ultimately impacting on the speed and effectiveness of decision making, resource allocations and response.

The food ration distribution by the Ministry of Trade (MoT) reaches IDPs through the Public Distribution System (PDS). This basic ration card system requires that IDPs still have their PDS card and re-registration in the hosting governorate. Food assistance through the PDS is not targeted, nor does it prioritize IDP caseloads. Often, newly displaced and existing IDPs do not have the required documentation and are also unable to re-register; thus, they do not have access to the PDS. In addition, contents and quantity of the provided assistance are irregular and the quality is also, reportedly, poor. However, as of June 2016, over 2 million IDPs were indicated as having received PDS assistance.

Following the Iraqi Prime Minister's decree in August, there will also be direct government support in the form of both transportation and assistance for the return of IDPs to their place of origin. The government is showing a growing interest in providing direct support to the returns process. However there needs to be increased investment in recovery and development support for return areas and better analysis of returnees and IDPs reasoning, for either remaining in displacement or returning.

## 2) International Humanitarian Response

The Inter-Agency Standing Committee agreed to extend the classification of Iraq as a Level 3 emergency in August 2016, in recognition of the scale of the humanitarian needs in Iraq and the continuing challenges for the humanitarian community to address those existing and forecasted needs. The cluster system has been working on addressing and implementing recommendations from the operation peer review mission, however the coordination system remains imbalanced and centralized, which has limited its ability to support and coordinate emergency responses in south central locations.

The 2016 HRP requested USD 861 million, in order to target and assist 7.3 million people out of 10 million identified as in need of humanitarian assistance. The appeal represents a strictly prioritized, sequenced and well balanced plan. As of 22nd September 2016, the HRP is 54% funded and the response faces funding shortfalls.

On the 20th July the Mosul Flash Appeal was also launched to coincide with the Washington pledging conference. The Mosul flash appeal is targeting Mosul preparedness activities, in advance of the military operation targeting Mosul city. USD 284 million are requested, in order to support preparation efforts across all sectors, and USD 31 million are currently committed against this appeal.

The Iraq Humanitarian Pooled Fund has dispersed USD 22.3 million since it was initiated in June 2015, and, if all current pledges come to fruition, the fund will have USD 45 million available for disbursement. Currently, USD 4 million has been identified from the reserve to be allocated for UN agencies to preposition humanitarian stock for Mosul and a second standard allocation will be made through September.

Contributions by the international Committee of the Red Cross (ICRC) and Red Crescent currently amount to USD 83,837,000 for 2016. In July 2016, they launched a new appeal taking into account the increasing needs in Iraq, resulting in a request for an additional USD 55,414,000.

The Iraq Humanitarian Response plan does not cover the refugee response in Iraq, this is covered under the 2016-17 Regional Refugee and Resilience Plan (3RP). USD 285,633,934 was requested for Iraq for the two years, and the plan is currently 46% funded.

## 3) Constraints and ECHO response capacity

### IHL Violations: Civilian Access to Safety and Humanitarian assistance

Humanitarian access and delivery of humanitarian aid are constrained by insecurity and restricted by all parties to the conflict, in areas newly retaken under government control and, especially, in areas outside governmental control. Administrative restrictions and

bureaucratic procedures are also an impediment to agencies ability to access populations in need.

Civilians fleeing from areas under IS' control, are increasingly perceived as hostile and are not granted access to timely and sufficient humanitarian assistance. Many are subject to an encampment policy, and some are even subject to indefinite restrictions on their freedom of movement.

Constrained access of humanitarian actors to civilians impacted by conflict, and restrictions on civilians' access to safety and humanitarian assistance constitute violations of international humanitarian law.

#### Supply led operation, not needs based

The humanitarian community's capacity to address the immediate needs of the most vulnerable civilians affected by conflict has been strongly limited by access constraints due to security reasons, its inability to negotiate access at the strategic and local level, external administrative barriers, and difficulties in establishing mobile and rapid response modalities. Similarly, the lack of access has resulted in limited evidence of the presence and severity of needs. As a consequence, the humanitarian response has been often unable to deliver principled humanitarian assistance, on the basis of needs, ultimately, jeopardising the perception of assistance and reducing, in certain instances, partners' acceptance and capacity to negotiate access.

#### Blurring of humanitarian Lines

The narrowing distinction between humanitarian action and stabilization and pressure to align with governmental assistance priorities, in a context with both conflict induced displacement and involuntary return occurring simultaneously often in the same location, contributes to the reduced ability of humanitarian actors to guarantee the principled nature of humanitarian assistance and protect humanitarian space.

#### Remote Management

Restricted access has brought, in certain instances, to a reliance on remote management, which imposes additional challenges related to principled assistance, accountability and due diligence. Weak approaches to partnership and capacity building, limited presence in the field, and the selection of local partners on a 'lowest bidder approach', have resulted, in some cases, in poor quality and unprincipled assistance.

#### Lack of partners and local response capacity

Constrained access, or lack of planning, has resulted in a reduced number of humanitarian actors having access to large populations in need. Multiple agencies and donors will therefore attempt to scale up the response through a limited number of partners, which might be unable to implement assistance in a timely or quality manner.

- 4) Envisaged ECHO response and expected results of humanitarian aid interventions.

ECHO will remain focused on ensuring maximal coverage of most urgent, life-saving assistance and protection with available resources and capacities. Partners will be required to clearly demonstrate their differential value attending to the basic needs of

populations directly affected by the conflict. Proposed humanitarian actions will be assessed, inter alia, in their capacity to independently identify most severe humanitarian needs and contribute to principled humanitarian assistance and protection of civilians, maximizing aid-effectiveness (including in terms of reaching underserved locations, gaining timely access to most vulnerable populations, demonstrating effective bottom up engagement in direct protection of civilians, during and after the conduct of hostilities).

Acknowledging growing pressure to link humanitarian action to counter-insurgency, stabilization or military intervention strategies, ECHO will reinforce its support to principled humanitarian action in Iraq, requesting partners' proactive integration of humanitarian principles in the operational decision making and action.

ECHO will favor project proposals including primary, comprehensive and independent needs assessments, clear analysis/justification of the intervention and preferred assistance modality, as well as the inclusion of comprehensive budgets, allowing for cost-efficiency and effectiveness analyses. Targeting, based on contextualized protection-sensitive vulnerabilities, should be integrated in each partner's response model, post distribution monitoring should be strengthened and accountability to affected communities included.

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

Sensitive to the different humanitarian scenarios concurrent in Iraq, ECHO aims to support a tailored, integrated emergency response, focusing on the critical humanitarian needs of:

#### Newly displaced populations

In 2017, ECHO will seek to enhance its support to timely, sequential and comprehensive humanitarian action able to cater for the basic needs of most vulnerable newly displaced populations. First line, immediate lifesaving support to populations, at time of acute displacement, will continue to be the backbone of ECHO supported response. Given the previously described displacement management, imposed by Iraqi and Kurdish authorities' security concerns, ECHO will privilege humanitarian actions, able to provide lifesaving assistance at first point of entry into areas of displacement. Humanitarian assistance and assurance of basic protection safeguards at security screenings and checkpoints is primarily the responsibility of duty bearing parties to the conflict. Humane treatment without any adverse distinction is required, including the provision of food and water, safeguard of health and hygiene, protection against the climate and dangers of the conflict. Where duty bearers do not have the required capacity to provide assistance against these minimum standards, ECHO would support life-saving humanitarian actions in distinct transit settings. Concomitant engagement will be required, to ensure basic protection safeguards in conditions of internment and appropriate protection interventions for all vulnerable groups.

In line with national and international humanitarian contingency plans, a Rapid Response Mechanism (RRM), catering for the basic needs and protection of fleeing civilians, will spearhead the response to newly displaced populations. Ensuring that basic registration processes occur at main bottlenecks of displacement waves will prove essential. This will be particularly important for facilitating the protection of civilians, for the tracking of

assistance to be provided as well as for the improvement of the information provided to newly displaced, on humanitarian services and their accountability mechanisms. Maximizing opportunities for catch up routine vaccination and referral of medical humanitarian emergencies, screening for acute malnutrition, as well as for the distribution of mobile core relief item kits and emergency shelter kits, at entry points, would maximize coverage, during mass or recurrent displacements, and enhance the cost-effectiveness of supported actions. Follow up inter-cluster responses, providing immediate continuation of the emergency response during acute displacement phases, will also be supported for most vulnerable IDPs.

A policy of encampment is not favored and should remain a measure of last resort. However, current and forecasted displacement in country has surpassed such threshold, making emergency shelter solutions such as IDP camps a required reality. Furthermore, displaced families settled in camp settings and unable to return to their areas of origin, would need support for up-graded camp solutions. ECHO will support site-preparedness and camp set-up actions, able to provide holistic shelter and WASH' solutions to those newly displaced. Support to adapted, out-of-camp approaches will be sustained; emergency actions, able to provide life-saving support to civilians contained in areas of origin by military, could be considered. As much as possible during preparedness and emergency response phases in camp and out-of-camp situations, an area based approach will be privileged, ensuring that committed actions reinforce existing basic public infrastructure. In locations where by nature of the scale/location of displacement or capacities/willingness of local authorities to cater for the basic needs of those displaced are lacking, service specific (e.g. health) and site based interventions of Shelter/WASH/CCCM will be supported – by single agency/organization, or within coordinated systems of assistance.

Where local markets are functional (and allow for equal and safe access to them) and basic commodities' prices are stable, emergency multi-purpose cash based assistance is to be privileged. In these contexts, multi-purpose cash-based assistance ensures better "value for money" by lowering transaction costs; it provides beneficiaries with a wider and more dignified choice of assistance, based on their preferences, and it empowers vulnerable groups. Furthermore, multi-purpose cash-based assistance supports local markets, can enhance communities' economic recovery, preparedness and resilience and complements/enables the transition towards mid-term humanitarian support (including sector specific) and/or existing social protection systems. The harmonization of the different technical elements of a one card system, through which partners should be able to channel their assistance, is a priority for ECHO. Demonstrable steps are to be taken by partners, delivering multi-purpose cash-based assistance, to secure sustained support for extremely vulnerable individuals, by linking their aid to targeted social protection schemes, local or national in nature, and/or to adapted income generation initiatives.

#### Longer term displaced and host communities in violence-prone locations

While displacement patterns have followed sectarian lines, tribal links and family connections, from end 2015 to mid-2016, an increasing number of displaced families have had no other choice but to seek safety in violence-prone mixed communities, in isolated areas within the disputed territories and areas under the control of hostile armed militia groups. In a number of these locations, denial of basic public services and restrictions imposed on the movement of out-of-camp IDPs have led to exhaustion of their resources and use of negative coping mechanisms. Second line, conflict-sensitive

actions able to respond to the specific humanitarian needs of most vulnerable, conflict-affected individuals in these communities are to be considered. Such actions are to ensure their connectivity to existing public services, include basic protection monitoring and assistance (including civil documentation, re-registration into existing social safety nets), reinforced referral pathways to specialized assistance services and a pre-identified, time-bound exit strategy.

These actions should take into consideration, from their assessment phase, most viable durable solutions for the targeted populations: possibilities for integration, relocation or return – safe, voluntary and non-discriminatory.

#### Civilians in areas outside governmental control

During 2016, very limited to no humanitarian assistance reached areas outside governmental control. While visibility of humanitarian needs in these areas is severely limited and gathered through indirect methodologies, the observed conditions of civilians having recently fled IS controlled areas point to severe shortages of basic services – most critically in isolated areas and urban centers, cut off by military operations. Tailored interventions aimed at mitigating the critical impact of lack of basic medicines, vaccines, emergency equipment, before and during the conduct of hostilities, are to be supported. Negotiated actions able to provide medical evacuation of sick/wounded and population groups entitled to special protection from areas likely to be impacted by the conflict, of active conflict or no-mans' land are to be considered. Ad-hoc interventions seeking to provide emergency relief to civilians, whose access to water/food has been cut off by military action are to be considered. Sustained advocacy is to pursue compliance with IHL and IHRL during the conduct of hostilities – allowing/facilitating the evacuation of civilians from active conflict areas, ensuring that military tactics refrain from tactics such as siege, shelling of densely populated areas and targeting of protected civilian infrastructure.

ECHO will support a limited number of humanitarian partners, with the aim and capacity to carry out principled humanitarian actions in these areas, with proven networks and capacity to maximize humanitarian access in conflict affected locations. Principled negotiations able to obtain consent from parties to the conflict, pursuing increased humanitarian space to assist underserved or neglected populations, will be promoted. Emergency focused interventions in these locations are to enable increased visibility of needs and complementary assistance.

The accountability of remotely-managed operations conducted in a volatile environment is a persistent concern. The robustness and reliability of innovative approaches (alternative procedures) to remote management need to be continually examined and improved. Where remote modalities are considered, due diligence and compliance with the ECHO remote management policy will be required. Robust humanitarian project cycle management, with adequate control mechanisms in place, will be fundamental. Special attention will be paid to thorough risk analysis and mitigation strategies, across the project cycle (including to contain risk-transfer to partners). Similarly, support to local partnerships with Iraqi CSOs and NGOs has to be made more systematic, transparent, accountable and relevant. The participation of those in need of assistance to designing response strategies need to be reinforced.

#### Education in Emergency

ECHO will strive to maintain its support to education in emergencies and provide support to meet the needs of children in conflict affected contexts that are out of school or risk education disruption including child protection. ECHO will favour education in emergency projects in areas where the % of out-of-school children is particularly high, there are grave child protection concerns and where other sources of funding available are limited. An integrated approach with protection and psychosocial support will be privileged, aimed at helping children heal from their traumatic war experiences, as well as reintegration of children and youth into formal education schemes. Complementarity and synergies with other EU services and funding instruments will be sought. In addition, complementarity and synergies with funding provided by the Global Partnership for Education is encouraged.

#### **4. LRRD, COORDINATION AND TRANSITION**

##### **1) Other ECHO interventions**

In 2016 ECHO mobilized EUR 134.1 million, making it to one of the top institutional donors for the Iraq crisis. ECHO health support is coordinated with the Iraqi MoH and local health departments. ECHO promotes assistance and building capacity of existing health structures, through the provision of drugs, essential medical dispositive, trainings and improving their WASH and hygiene conditions where/if needed.

##### **2) Other services/donors availability**

Due to limited funding and the magnitude of the needs, it is even more important for ECHO to focus on the lifesaving and emergency response. Increased collaboration with other EU instruments and EU Member States will be pursued in order to free ECHO funding from longer term needs and guarantee the link with more structural financial instruments to avoid gaps and increase sustainability. ECHO is promoting coordination with other EU instruments on Iraq, fostering information sharing and planning for its operationalization, to enhance the impact of the global EU response to the Iraqi crisis.

In close cooperation with the other related EU instruments and with the EU delegation in Iraq, ECHO strives to guarantee a smooth transition between emergency humanitarian aid, stabilisation and development support, in those geographical areas that allow for it from a security point of view. Complementarities between different funding streams will be enhanced, keeping the distinction of the respective mandates, in order to preserve the already compromised humanitarian space in the country and avoid blurring the lines between humanitarian action and political priorities.

ECHO advocates for other EU instruments and EU Member States to increase their support to host communities with overstretched resources, in order to mitigate tensions with the displaced populations. EU support shall include interventions in a wide range of sectors such as rule of law, good governance, education, basic infrastructures and services, livelihood.

##### **3) Other concomitant EU interventions**

Complementarities between actions supported by DEVCO, the Instrument Contributing to Peace and Stability (IcPS), the newly established EU Trust Fund (Madad) and humanitarian funding in response to the Iraq crisis have been initiated since the onset of

the response and will be continued. A “joint implementation strategy” in response to the Iraq crisis” is under development.

#### 4) Exit scenarios

While it is too early to consider exit scenarios applicable to all different contexts in Iraq, a credible solution to the protracted IDP crisis is the link of humanitarian actions with the state-run social protection system. This vision, supported in the 2015 and 2016 Humanitarian Response Plan, can only materialize if humanitarian actors harmonize their multi-purpose cash-based programming and tools and the government puts in place a system that allows for specific caseloads to transition from humanitarian aid to state's support. Currently the three line ministries involved (Ministry of Trade, Ministry of Displacement and Migration and Ministry of Labor and Social Affairs) have an uncoordinated approach that does not allow for complementarity. Learning from the successes and failures in the region, UN agencies are to show the way by introducing one multi-wallet card that can simplify last mile deliveries, create economies of scale and, eventually, be handed over to the government. ECHO will continue to advocate for durable solutions for refugees and IDPs and increase funding for development to address the structural nature of the crisis.