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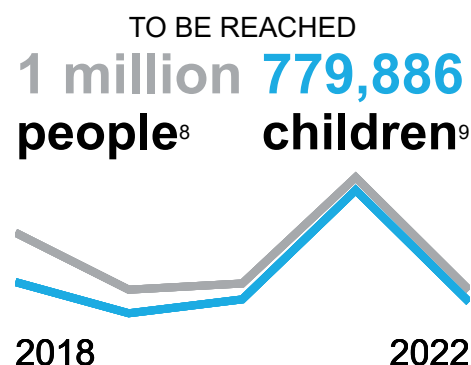
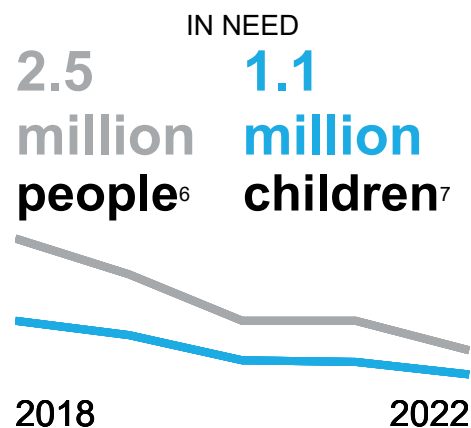
Humanitarian Action for Children

Mustafa and his brothers inside the caravan in the Baharka camp for displaced people in Erbil, Iraq. Despite the ongoing COVID-19 epidemic, UNICEF distributed more than 30,000 winter clothing boxes.

Iraq

HIGHLIGHTS¹

- The humanitarian situation in Iraq is largely a legacy of the 2014-2017 conflict with the Islamic State of Iraq and Syria (ISIS) that resulted in millions of Iraqis displaced. Overall, 2.5 million people,² including 1.1 million children,³ continue to need humanitarian assistance, including 960,000 people⁴ (422,400 children) with acute humanitarian needs.
- The COVID-19 pandemic, coupled with protracted and multiple displacements, has adversely impacted the access to basic services.⁵
- UNICEF's overall humanitarian strategy is to continue to support the remaining populations in humanitarian need while adopting longer-term durable solutions to meet the needs of children and families as they re-establish their lives in Iraq.
- UNICEF is requesting US\$52.2 million in 2022 (21 per cent less than in 2021) to meet the critical and acute humanitarian needs of vulnerable children and families affected by a combination of humanitarian situations, including protracted crisis due to conflict, political instability and the COVID-19 situation.



KEY PLANNED TARGETS



738,000
children and women
accessing health care



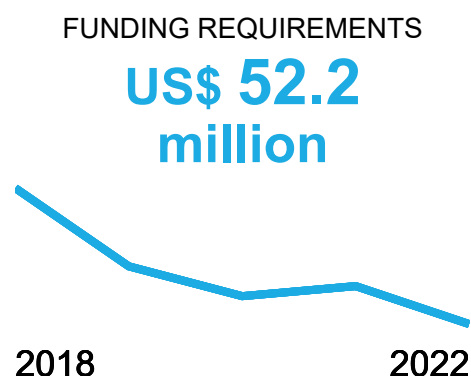
449,300
people accessing a
sufficient quantity of safe
water



447,786
children accessing
educational services



350,000
people reached through
messaging on prevention
and access to services



Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

The humanitarian situation in Iraq is largely a legacy of the 2014-2017 conflict with ISIS. As the conflict took hold in Iraq and ISIS gained control over territory, particularly in the west and southwest of Iraq, millions of Iraqis were displaced. As of 31 July 2021, there are 1.2 million internally displaced people (IDPs), while 4.9 million are returnees to 2,156 locations in eight governorates.¹¹

With the abrupt closure of the camps that started in October 2020, the number of in-camp individuals dropped from 256,861 in August 2020 to 182,000 in October 2021, while the out-of-camp IDPs reached over 1 million,¹² including 370,000 living in self-settled and informal sites, often widely dispersed and with little access to services.¹³ Overall, 2.5 million people,¹⁴ including 1.1 million children¹⁵ and 5.6 per cent people with disabilities,¹⁰ continue to need humanitarian assistance. Approximately 960,000 people¹⁶ (422,400 children) are considered to be in acute humanitarian need.

In line with the 2022 Humanitarian Needs Overview, the overall number of people and children in need has decreased compared to 2021. This is due to the reduced humanitarian impact of COVID-19, as well as a rebalancing between humanitarian and development needs, taking into account the recent finalization and signing of the United Nations sustainable development cooperation framework.

An estimated 680,000 IDP and returnee children face obstacles accessing education, such as absence of civil documentation, lack of access to internet or connectivity devices; 660,000 children are in need of child protection services, while 920,000 women and children have needs related to gender-based violence.¹⁷ At present, more than 1.6 million people need support for WASH services. In addition, Iraq is anticipated to face severe water scarcity in 2022, including lower groundwater levels and reduced flows in the main rivers of Tigris and Euphrates, which could reach 50 per cent below crisis thresholds. An estimated 15 per cent of the children in need (119,000) could be affected by water scarcity.

The COVID-19 pandemic, coupled with protracted and multiple displacements, has adversely impacted access to basic services¹⁸ and continues to affect the physical and mental well-being and capacity for resilience and recovery of women and children in Iraq, while also exposing them to significant protection concerns. The current situation, added to the existing social and gender norms, has exacerbated conditions for communities and young people, disrupting learning and skills development and participation in society, and fracturing social networks. COVID-19 containment measures have impacted the livelihoods of families, exposing children to increased risks of child labour and child marriage.

SECTOR NEEDS



1.7 million people in need of health interventions¹⁹



1.6 million people require support for WASH services²⁰



920,000 children in need of protection services²¹



680,000 children in need of education support²²



6.1 million people are returning or displaced²³

STORY FROM THE FIELD



Nisreen Qasim, 24, is a young mother living in Sharya, a UNICEF-supported camp in Dohuk, a city in the north of Iraq. Nisreen and others were displaced due to the hostilities experienced in the north of the country. Around 200,000 internally displaced persons live in formal camps and over 100,000 others live in informal sites throughout the country. Nisreen benefited from UNICEF's response in the camps with mental health and psychosocial support, maternal and neonatal child health services, WASH, and positive behavior change messages.

[Read more about this story here](#)

Nisreen Qasim, 24, a young mother living in Sharya, a UNICEF-supported camp in Dohuk, a city in the north of Iraq which experienced dramatic displacement due the conflict with ISIS.

HUMANITARIAN STRATEGY

UNICEF will continue reaching vulnerable IDP populations in humanitarian need, while working with the Government and partners to implement longer-term, durable solutions to support returnee families. Interventions will be balanced across the country, taking into account the geographic locations of IDPs and returnees across Iraq, including Kurdistan Region.

Access to relevant health and nutrition services, including antenatal and postnatal care, immunization, nutrition screening and counselling and management of malnutrition, will particularly target newborns, infants and young children, pregnant and lactating women and their partners. COVID-19 infection prevention and control, including vaccination, will continue.

Back-to-Learning campaigns will include delivery of blended learning, education supplies, safe school operation and life skills. Young boys and girls (aged 10 to 24 years) will have opportunities to develop a range of life skills, including digital, innovation, employability and entrepreneurial skills, and implement civic engagement initiatives.

UNICEF will strengthen child protection and gender-based violence (GBV) mechanisms, including case management referral systems and engagement with communities to ensure context-specific solutions. Access for children to relevant mental health and psychosocial support services and legal assistance will be enhanced. Intervention strategies will consciously engage boys and men to address social norms that underlie violence against children and women. UNICEF will develop the capacity of government counterparts on child protection and GBV competencies.

UNICEF will work with government and NGO partners to ensure continuation of WASH services to IDP populations while developing more cost-effective and sustainable solutions in community settings. This will include preparedness and response to water scarcity in affected locations.

UNICEF will scale up risk communication and community engagement to promote positive behavior change. Mechanisms to enhance accountability to affected populations (AAP) will be strengthened. Across all sectors, gender- and disability- inclusive programming will ensure that the special needs of girls and boys and people with disabilities are addressed.

UNICEF will improve efforts on prevention of sexual exploitation and abuse (PSEA), including referral of complaints, establishment and review of policies/guidance, and implementation of the PSEA action plan priorities for Iraq.

Emergency preparedness activities will focus particularly on addressing the impacts of water scarcity, disease outbreaks including cholera, as well as working with Government to enhance capacity for responding to other potential emergency events.

In line with the humanitarian-development-peace nexus approach, UNICEF will work with all relevant partners in ensuring that the humanitarian strategy is compatible and synergistic with the durable solutions components that have been included in the United Nations sustainable development cooperation framework, recently signed by the United Nations agencies and the Government of Iraq.

2022 PROGRAMME TARGETS



Nutrition

- **369,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling²⁵
- **24,300** children aged 6 to 59 months receiving multiple micronutrient powders²⁶
- **243** children aged 0 to 59 months with severe acute malnutrition admitted for treatment²⁷



Health

- **332,100** children aged 6 to 59 months vaccinated against polio²⁸
- **738,000** children and women accessing primary health care in UNICEF-supported facilities²⁹
- **5,000** health care facility staff and community health workers trained in infection prevention and control³⁰



Water, sanitation and hygiene

- **449,300** people accessing a sufficient quantity of safe water for drinking and domestic needs³¹
- **206,000** people use safe and appropriate sanitation facilities³²
- **160,000** people reached with critical WASH supplies³³



Child protection, GBViE and PSEA

- **59,540** children and parents/caregivers accessing mental health and psychosocial support
- **81,334** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **81,334** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers³⁴



Education

- **447,786** children accessing formal or non-formal education, including early learning
- **160,000** children receiving individual learning materials
- **30,000** children/adolescents accessing skills development programmes³⁵



Cross-sectoral (HCT, C4D, RCCE and AAP)³⁶

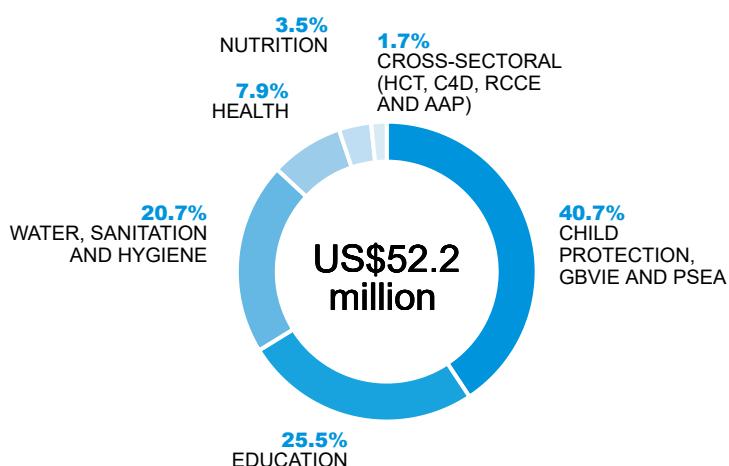
- **350,000** people reached through messaging on prevention and access to services³⁷
- **50,000** people with access to established accountability mechanisms

FUNDING REQUIREMENTS IN 2022

UNICEF is requesting US\$52.2 million in 2022 to meet the critical and acute humanitarian needs of vulnerable children and families affected by a combination of humanitarian situations, including protracted crisis due to conflict, political instability and the COVID-19 pandemic. As protection is central to UNICEF's humanitarian action, the child protection response is the largest component of the country's appeal at 41 per cent, followed by education and WASH.

The funding requirement for 2022 is 21 per cent lower than 2021, due to the reduction of the people and children in need.

Further underfunding³⁸ in 2022 will have a huge impact on programme delivery, especially in WASH and health, for which it would be difficult to find alternative funding sources. Without sufficient funding, UNICEF will be unable to construct water systems and services, consequently resulting in costly and risky service provision through water trucking. Without proper vaccination, over 350,000 children in Iraq will be at risk of easily preventable diseases, including measles and polio. Given the criticality of the situation, especially with vaccine hesitancy, health and mental health impacts of COVID-19, the opening of schools and economic hardship, continuing this support is crucial to ensure the well-being of the IDP and returnee communities.



Sector	2022 requirements (US\$)
Nutrition	1,821,200
Health	4,118,000
Water, sanitation and hygiene	10,825,942 ³⁹
Child protection, GBViE and PSEA	21,239,733 ⁴⁰
Education	13,308,624 ⁴¹
Cross-sectoral (HCT, C4D, RCCE and AAP)	874,800 ⁴²
Total	52,188,299

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ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional HAC appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. Preliminary estimates, from the ongoing 2022 Humanitarian Needs Overview (HNO) process. HNO draft is expected in November 2021.
3. Preliminary estimates, from the ongoing 2022 Humanitarian Needs Overview (HNO) process. HNO draft is expected in November 2021.
4. Based on draft HNO estimates, as of 29 September 2021.
5. Including health, water, sanitation and education.
6. Preliminary estimates, as of 7 October 2021, from the ongoing 2022 Humanitarian Needs Overview (HNO) process. HNO draft is expected in November 2021.
7. Preliminary estimates, as of 7 October 2021, from the ongoing 2022 Humanitarian Needs Overview (HNO) process. HNO draft is expected in November 2021.
8. Calculated using the highest coverage programme target of 332,100 displaced and returnee children under 5 years to be reached with polio vaccination; 251,608 adults accessing sufficient quantity of safe water for drinking and domestic needs (56 per cent of 449,300 people); and 447,786 primary school-aged children to be reached with formal and non-formal education. An estimated 51 per cent of all people to be reached will be women and girls; 5.6 per cent of people to be reached are with disabilities (based on National Disability Survey in Iraq (2016)). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
9. Calculated using the highest coverage programme target of 332,100 children under 5 years to be reached with polio vaccination and 447,786 primary school-aged children to be reached with formal and non-formal education. An estimated 51 per cent of all people to be reached will be girls.
10. National Disability Survey in Iraq (2016).
11. IOM Displacement Tracking Matrix.
12. Ibid.
13. The number of IDPs in secondary displacement has increased, especially in the Sinjar and Ba'aj area of Ninewa, Anbar and center of Kirkuk.
14. Preliminary estimates, from the ongoing 2022 Humanitarian Needs Overview (HNO) process. HNO draft is expected in November 2021.
15. Ibid.
16. Based on draft HNO estimates, as of 29 September 2021.
17. Draft HNO estimates, as of 29 September 2021.
18. Including health, water, sanitation and education.
19. Draft HNO estimates, as of 29 September 2021.
20. Draft HNO estimates, as of 29 September 2021.
21. Including 660,000 IDP and returnee children in need of child protection services. Based on draft HNO estimates, as of 29 September 2021.
22. Draft HNO estimates, as of 29 September 2021.
23. Overall, 81 per cent of the 6 million people displaced during the ISIS crisis have returned. (Preliminary HNO results as of 6 October 2021). The PIN dropped from 4.1 million in 2021 to 2.5 million as of October 2021.
24. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
25. Calculated as 15 per cent of total population in need (mothers of each annual cohort of 3 per cent) in camps, outside camps and returnees (2.5 million)
26. The in-camp population of 180,000 (based on HNO estimates as of 6 October 2021) is assumed to include 24,300 children aged 6 to 59 months (at 3 per cent per annual cohort). 1 per cent are assumed to suffer from SAM in a year = 243.
27. The in-camp population of 180,000 (based on HNO estimates as of 6 October 2021) is assumed to include 24,300 children aged 6 to 59 months (3 per cent per annual cohort). 1 per cent are assumed to suffer from SAM in a year = 243.
28. The high figure in 2021 included proposed national campaigns that will not be conducted in 2022. There will instead be multi-antigen campaigns in 106 districts (out of 150) against measles and polio that will include around 30 districts in the humanitarian context. The budget for these campaigns is around US\$3.2 million. Estimated budget for 30 districts is therefore around US\$1,000,000.
29. The target includes 54,000 in-camps children under 5 IDPs and their mothers, 165,000 non-camp children under 5 and their mothers in addition to 519,000 returnee children under 5 and their mothers.
30. Including 2,000 females.
31. Provide access to safe water for affected IDPs in camps, returnees and high-risk communities for waterborne diseases. The assistance would secure good access to sustainable, equitable, affordable safe drinking water and free from e-coli/coliform contamination. Areas of IDPs suffered from protracted crisis due to conflict in Iraq, instability in their areas of origin, political and economic instability and the COVID-19 pandemic.
32. Provide access to safe sanitation for affected IDPs in camps, returnees and high-risk communities for waterborne diseases.
33. Health facilities in Kirkuk (Hawija, and Kirkuk) and Anbar have a direct discharge of untreated wastewater to the rivers; solid waste in Dibis and Makhmour is being dumped without treatment due to the absence of treating utilities, affecting the environment.
34. Target established based on estimates of children who may need services with high levels of contact, assumed to be children in acute need. The sub-cluster does not have an intervention target on this. UNICEF target assumes that the establishment of mechanism should involve awareness and therefore, all target for awareness intervention is considered.
35. 40 per cent girls.
36. Despite the decrease of the number of People in Need (PIN) and Children in Need (CIN), C4D is foreseeing an increased funding requirement to deliver a quality programme to support IDPs and returnees. This is to support transition from emergency messaging and information sharing- for both COVID-19 and emergency response- towards community engagement, mobilization and social behavior change initiatives. As a response to the new situation, and to adjust interventions to ensure durable solutions, C4D is aiming at co-designing of more community-based interventions to enhance efficacy, trust and ownership; this would require more technical capacity building, engagement with specialized partners and community members, and also application of new approaches. Additionally, C4D is planning to establish/improve mechanisms and system to enhance AAP, which would also entail new tools, guidelines and capacity building initiatives.
37. This include 8,000 young people.
38. Funding reduction is not linear with the PIN overall reduction by 41 per cent, from 4.1 million in 2021 to 2.5 million in 2022, due to the COVID-19 outbreak, the cost of health and nutrition services has increased to ensure availability of PPEs, IPC orientation, and continuity of care, i.e. training, outreach services, etc. In addition, group counseling for YFC is no more applicable and is replaced by individual counselling. For WASH, 2022 funding requirement is estimated considering the growing need to support host communities through environment-friendly and climate-resilient interventions to mitigate the impact of water scarcity. In addition, despite the education cluster PIN reduction by 46 per cent, UNICEF target for 2022 remains the same, which is still lower than the new PIN to fill the gap especially for returnees where the existing infrastructure is already stretched. C4D is foreseeing an increased funding requirement to deliver a quality programme to support IDPs and returnees.
39. Funding requirements for 2022 is estimated considering the growing need to support host communities through environment friendly and climate resilient interventions to mitigate the impact of water scarcity.
40. The funding requirement for this program is calculated based on activity level costing standards produced and endorsed by the child protection and GBV sub-cluster. Estimates for the target are based on UNICEF's previous contribution to the overall child protection sub-cluster at 68 per cent. A total of US\$21,239,732 is required for child protection, GBV, and PSEA humanitarian response, of which PSEA activities amount to US\$569,408.
41. Despite education cluster PIN reduction by 46 per cent, UNICEF target for 2022 is still lower than the new PIN (64 per cent of the PIN). All children in Iraq including displaced and returnee children in camps were impacted by school closure, while no significant improvements took place in education services, particularly in IDP camps. UNICEF will maintain the target to fill the gap especially for returnees where existing infrastructure is already stretched.
42. Despite the decrease of the number of PIN and CIN, C4D is foreseeing an increased funding requirement to deliver a quality programme to support IDPs and returnees. This is to support transition from emergency messaging and information sharing- for both COVID-19 and emergency response- towards community engagement, mobilization and social behavior change initiatives. As a response to the new situation, and adjustment of interventions to ensure durable solutions, C4D is aiming at co-designing of more community-based interventions to enhance efficacy, trust and ownership; this would require more technical capacity building, engagement with specialized partners and community members, and also application of new approaches. Additionally, C4D is planning to establish/improve mechanisms and system to enhance AAP, which would also entail new tools, guidelines and capacity building initiatives.