

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

### **IRAQ**

**The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/BUD/2018/01000**

AMOUNT: EUR 40 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2018/01000 (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 DG 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.

#### **1. CONTEXT**

In 2017, the military campaign led by the Iraqi Security Forces (ISF), Popular Mobilization Units (PMUs) and the Kurdistan Region Security Forces (KSF) to regain control over areas held by the Islamic State group (ISg), culminated in the retaking of the main strongholds namely the city of Mosul – with one million Iraqis displaced as result of the operation -, and of Tal Afar city. Military focus as of September 2017 was redirected to ISg's remaining pockets of territory in Iraq: west of Anbar governorate and Hawidja sub-district, in Kirkuk. It is highly likely that ISF will have regained full territorial control by end-2017.

Violations of International Humanitarian Law (IHL), some of which to be potentially considered as war crimes, were committed by parties to the conflict. These included ISg's systematic use of human shields, direct targeting of civilians/civilian infrastructure and recourse to terrorist attacks. While ISF and affiliated forces made significant efforts to protect the civilian population, there were instances of indiscriminate shelling through the use of weapons of wide area impact in densely populated urban areas as well as cases of abuses against civilians by some forces. Airstrikes conducted by the international coalition also resulted in the death of hundreds of civilians. Since January 2014 until August 2017, over 29 000 civilians were killed during the conflict, close to 54 000 injured<sup>1</sup> – 2 670 civilians killed, 3 554 injured in the first seven months of 2017. These verified numbers are certainly an underrepresentation of the overall civilian casualty count. Protection of civilian concerns aggravated during and the latest campaigns, against a national climate of limited effective accountability.

Clashes between ISF, affiliated forces and Kurdish Security Forces (KSF) against the ISg and other armed groups will most likely continue to affect areas of Iraq. It is expected that ISg reconfigure in 2018 as an insurgency, conducting asymmetric strikes to weaken the state and stoke sectarian tensions.

By mid-2017, more than 5.3 million Iraqis had been forcefully displaced, nearly 3.4 million remained in displacement and additional 100 000 Iraqis were expected to be displaced before end of 2017. Over 2 million Iraqis had returned to their areas of origin. Lack of security in the locations of origin, limited prospects of livelihood opportunities and lack of

<sup>1</sup> United Nations' Assistance Mission in Iraq, UNAMI. Available at: [http://www.uniraq.org/index.php?option=com\\_k2&view=itemlist&task=category&id=159:civilian-casualties&lang=en](http://www.uniraq.org/index.php?option=com_k2&view=itemlist&task=category&id=159:civilian-casualties&lang=en)  
ECHO/IRQ/BUD/2018/91000

restoration of Housing, Land and Property rights (HLP) were reported as main obstacles for durable returns. Local authorities and/or armed actors in control of re-taken locations used coercion and force to prevent returns. Iraqi families allegedly affiliated with ISg are subjected to restrictions in their freedom of movement, forced evictions, confiscation of civil documentation, destruction of homes, and denial of return<sup>2</sup>. The latter protracts their displacement and will increase their vulnerability in 2018.

The Iraqi political system is challenged by i) the difficult coexistence of a political class in decline and new stakeholders who took part in the fight against ISg, now seeking political reward, ii) the growing political power of warlords and their militias, and iii) the Kurdistan push for independence, with unpredictable national/regional consequences. These factors deepen after Kurdistan Region of Iraq (KRI's) independence referendum, and during 2018's national/provincial elections.

ECHO's 2018 Integrated Analysis Framework identifies extreme humanitarian needs in Iraq. The vulnerability of the population affected by the crisis is assessed to be very high.

## **2. HUMANITARIAN NEEDS**

### **1) People in need of humanitarian assistance**

As per Iraq's 2017 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), as many as 11 million Iraqis, require some form of humanitarian assistance (30% of Iraq's population)<sup>3</sup>. By mid-2017 out of the 6.2 million highly vulnerable targeted individuals, 50% were reached by humanitarian assistance and protection.

By August 2017, 3.3 million Iraqis were displaced. Over half of all displaced Iraqis were settled out of camps, with 13% living in critical shelter conditions. The number of IDPs hosted in camps doubled in 2017. Ninewa, Anbar and Salah al Din, all conflict torn governorates, were governorates of origin of nearly 9 of every 10 IDPs, and presented the most severe humanitarian needs. Central North Iraq hosted 70% of the IDPs, the KRI 26%, and South Iraq 4%. From January to July 2017, 701 118 Iraqis returned to their areas of origin, topping two million returnees in two years. Return movements concentrated in Fallujah and Ramadi in Anbar, Mosul in Ninewa, Tikrit in Salah al Din and Heet in Anbar<sup>4</sup>.

Iraq also hosts 244 000 Syrian refugees, mostly in the KRI, with the majority living out of camp (62%) where pursuing durable solutions to protracted displacement is to be prioritized. Returns of Syrian refugees to their areas of origin stalled in 2017.

### Newly, secondarily displaced and resident populations in newly retaken/violence prone areas

Up to 150 000 Iraqis might chose and be allowed to remain in newly retaken areas of Telafar, Hawidja, and West Anbar. Derelict/destroyed public infrastructure, exhaustion of resources and worsened health conditions will increase the vulnerability of their residents.

Additional 100 000 Iraqis are likely to be newly displaced by end 2017-first half of 2018, from West Anbar and Hawidja. They would have faced previous displacements, lived for years in active conflict areas and had to flee the fighting, facing potential retributions of

---

<sup>2</sup> IOM Iraq. Available at: <http://iraqdtm.iom.int/specialreports/obstaclestoreturn06211701.pdf>

<sup>3</sup> UNOCHA Iraq. Available at:

<https://www.humanitarianresponse.info/en/operations/iraq/document/2017-iraq-humanitarian-response-plan>

<sup>4</sup> IOM DTM Iraq. Available at: <http://iraqdtm.iom.int/>

armed actors. Frictions between ISF/PMUs and KSF after the Hawidja military operation could emerge, triggering new displacements, given the disputed condition of Kirkuk.

IDP families fleeing from the last ISg controlled territories remain indiscriminately perceived and treated as ISg supporters. Males of fighting age and boys are subjected to multiple security screenings. Severe IHL and HR violations are increasingly documented, including summary executions, disappearances, illegal and arbitrary detention, torture and Gender Based Violence (GBV). Family members, including children, are often separated and un-aided to restore/maintain family contact or to be notified of their relatives' detention. Prolonged gender disaggregated internment at screening sites and IDP camps dramatically increases GBV risks for females and girls, and hinders access to timely medical care/referral. IDPs newly/secondarily displaced are likely to be encamped. National/provincial elections of spring 2018, deepened inter-community/tribal divides and retaliatory attacks/practices might generate new push and pull displacement factors in 2018.

#### Displaced populations unable to/prevented from returning to areas of origin

Due to the stigmatization and/or discrimination of some displaced families and tribes, the extraordinary level of contamination by unexploded devices, the destruction of complete neighborhoods<sup>5</sup> and the blockage by armed forces of IDPs' return on ethno-sectarian basis, up to one million Iraqis will be prevented/not able to return. They are to face protracted displacement conditions in decimated out-of-camp settings and (mainly) in dedicated IDP camps under strict security conditions, dependent on humanitarian assistance. Increased militarization of IDP camps and stigmatization of this population aggravates protection risks. The vulnerability of female headed households, 19% of the national caseload of IDP families in camp settings, deeply increases<sup>6</sup>.

#### Victims of physical/sexual violence

Four years of conflict have exponentially increased the number of victims of violence (including sexual violence). From October 2016 until July 2017, over 14 000 civilians and over 5 000 combatants were physically injured and treated, only during the Mosul operation – 32% were children less than five years of age and 31% females. From January 2014 to August 2017, 54 000 civilians were injured result of the conflict. Associated long term consequences of amputations, spinal cord injuries, severe burns and/or complex fractures are staggering. Over three million Iraqis fled from conflict during the hostilities, exposed to gruesome violence. Acute/reverberating pervasive effects of the trauma are evident among children and adults<sup>7</sup>.

GBV needs are enormous, particularly among those newly displaced. Over the first two months of operations, one organization provided medical care to 900 GBV survivors. Sexual violence, including rape, has been systematically used by ISg militants. Accounts of sexual violence by government/affiliated forces grow. Risks/stressors of forced displacement aggravate the high national GBV baseline prevalence.

#### Persons deprived from their liberty

Result of ISF/affiliated forces and KSF military campaign against ISg, the number of persons deprived from the freedom skyrocketed. The myriad of armed actors involved and the absence of standardized arrest/notification procedures opened ground to arbitrary

---

<sup>5</sup> UNHABITAT Iraq. Available at: <http://unhabitatiraq.net/mosulportal/damage-assessments/>

<sup>6</sup> CCCM cluster, Iraq. Available at: <https://data2.unhcr.org/en/documents/details/58997>

<sup>7</sup> Save the Children Iraq. Available at:

[https://www.savethechildren.org.au/\\_data/assets/pdf\\_file/0006/230397/Iraq-An-Unbearable-Reality.pdf](https://www.savethechildren.org.au/_data/assets/pdf_file/0006/230397/Iraq-An-Unbearable-Reality.pdf)  
ECHO/IRQ/BUD/2018/91000

arrest/detention, and exponentially increased the number of missing persons. Thousands of people arrested/detained massively overcrowd places of detention (over 700 percent), creating major health and protection concerns (as reported by Human Rights Watch, and Amnesty International). Communication to/with relatives does not occur, tracing and missing persons' files remain unresolved.

## 2) Description of the most acute humanitarian needs

### Protection

Iraq faces a protection crisis where disregard of IHL, International Human Rights Law (IHRL) and national law during/after the hostilities are the major reason for the loss of human life and preventable suffering of civilians. Targeting of civilians/civilian infrastructures, unlawful detention, GBV, purposeful denial of humanitarian assistance and basic public services, and forced recruitment of children by armed groups are recurrent. Exposure to traumatic events has exploded the incidence of mental health disorders among conflict affected populations and/or aggravated pre-existing conditions.

Common Guiding Principles for situations of Internal Displacement are violated, particularly during the process of return. Entrenched protection concerns are linked to the stigmatization and discrimination of individuals, families and tribes allegedly affiliated to ISg and/or on ethno-sectarian basis. The absence of basic protection safeguards and lifesaving assistance at last resort IDP sites, hosting these extremely vulnerable populations, as well as at overwhelmed detention facilities are of grave concern. Containment in IDP camps, intruded by security forces and managed by ad-hoc designated officials, is the norm, greatly increasing GBV risks among female headed households and their forced reliance on negative coping mechanisms. Confiscation by armed forces and destruction of civilian documentation hamper access to social safety nets. Lack of integrated assistance, vertical protection services and case management hinder continuity of care and mitigation of protection risks.

### Basic services

Essential public infrastructure has been targeted or damaged in newly retaken areas, limiting residents' access to basic services (health and water/sanitation) and increasing public health hazards. The collapse of primary/secondary health facilities hinders access to essential health care. While local markets rapidly recover, the exhaustion of economic resources and absence of income generation activities impede residents' self-reliance.

Populations newly/secondarily displaced are impoverished. Emergency assistance during the acute phase of displacement and access to basic services in last resort IDP camps (only option) is required. Degraded shelter/habitability conditions in neglected locations of displacement for populations prevented from returning, demand integrated up-grades. Absence of Camp Coordination and Camp Management (CCCM) hinders coordination with referral services, consolidation of services catering for basic needs and the connectivity between locations of displacement with areas of return. Ever increasing need for psychosocial and mental health services has not been met.

### Education in Emergencies/Child Protection

In conflict affected areas over 90% are out-of-school. Years of missed schooling, teacher shortages in camps/conflict-affected areas and trauma experienced by children are significant challenges. Approximately 800 000 children have lost one or both parents. Humanitarian partners identified the mental health impact of the conflict on Iraqi children's,

underlying the acute anxiety experienced by newly displaced children and pointing at the developmental impact of such traumatic experiences.

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

Iraq is disaster-prone; disaster risk reduction measures should be integrated, when relevant and possible, in ECHO operations. ECHO supported humanitarian operations are to consider accessibility and linkages to government run services and social protection schemes, as well as transition strategies towards durable solutions.

### **3. Humanitarian Response**

#### 1) National / local response and involvement

Local communities and authorities, as well as religious endowments and shrines continue to be first line responders in this crisis, particularly in more remote newly retaken areas. Ongoing conflict, together with a plummeting oil economy, doubled poverty rates among displaced and conflict affected communities. The national development plan (2018-2022) and the Iraqi vision 2030 seek to create opportunities for generating sustainable income, empowerment and building human capita, establishment of effective social safety net. The 2015-2019 United Nations Development Assistance Framework (UNDAF) provides crucial linkages between humanitarian and developmental programs. Early Recovery and Resilience planning defines mid-term actions to bridge humanitarian-development efforts.

#### 2) International Humanitarian Response

The Inter-Agency Standing Committee extended Iraq's L3 classification in August 2017. The cluster system has developed, but coordination remains imbalanced, at times, agency-dominated and centralized. There are still only few organizations and agencies operational in areas with perceived insecurity. The 2017 HRP requested USD 984.6 million. As of end August 2017, the HRP is 55% funded, with USD 243.9 million committed outside the HRP<sup>8</sup>. Syria Regional Refugee and Resilience Plan's (3RP) Iraq section was funded at 51% (request: USD 228.1 million).

#### 3) Constraints and ECHO response capacity

##### Access/humanitarian space

Sustained humanitarian presence in most affected areas of operations is challenging. Prioritization of areas of operation and appropriate deployment set-ups are required. Humanitarian space is not a given, but result of ongoing negotiations aimed at carving impartial, neutral and independent action of humanitarian partners. Assistance/protection of stigmatized populations can be questioned by authorities/armed actors alike.

##### Partners (presence, capacity)

Identifying and retaining adequate human resources is difficult. In 2018, humanitarian organizations not set-up in Baghdad will struggle to operate. Mainstreamed knowledge of humanitarian principles and humanitarian protection is critical. Widening awareness about government run services, stabilization, early recovery/resilience and development interventions is fundamental to enable transitional programming.

---

<sup>8</sup> UNOCHA FTS, Iraq. Available at: <https://fts.unocha.org/countries/106/summary/2017>  
ECHO/IRQ/BUD/2018/91000

### Absorption capacity on the ground and efficiency of operation

The humanitarian operation has to reinforce programming aimed at providing more durable relief solutions for populations prevented from returning. Balanced assistance, protection and advocacy efforts and potentially longer term actions are to be developed.

### Security, administrative and/or logistic obstacles

The operation's spread along multiple governorates and the existence of two coordination nodes in country (Baghdad and Erbil) challenge representation of humanitarian actors. More static operations in violence prone areas might increase risks. The impact of the Kurdistan referendum on the movements and access of humanitarian organizations in/out of Erbil and the KSF controlled areas is yet to be fully assessed but could potentially severely affect the capacity of the humanitarian organizations' aid response. Importation of essential and controlled medicines and/or items, procurement/crossing of goods and staff between ISF and affiliated forces and KSF controlled areas will be challenged.

### Risks and opportunities for ECHO partners to work with local implementing partners

Honest investment on capacity building of local implementing partners has been limited, as result of output driven effort of international actors and limited interest of local organizations to invest in support/managerial structures. Traditional procurement/payment/incentive schemes, recruitments and humanitarian negotiations can be at odds with regular international standards and procedures.

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

ECHO will continue to support humanitarian assistance and protection of most vulnerable populations. Given the forecasted contraction and aggravation humanitarian needs in specific areas, ECHO partners are expected to further target their actions and to ensure integrated programming to cover basic needs of conflict affected populations.

Balanced humanitarian assistance, protection and advocacy (regarding IHL, IHRL and humanitarian principled action) – in the best interest of the affected population - are required in interventions responding to protracting needs and vulnerability emanating from political decisions or lack of thereof.

ECHO will also promote transitioning of the humanitarian aid response. Humanitarian provision of essential public services is to be coordinated with mid/long term assistance strategies, and collated to governmental resumption of services. Concerted action for the transition from humanitarian cash programming towards reformed social safety nets is prioritized. ECHO will require partners to ensure the principled nature of their modus operandi/decision making.

All humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality,

comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO's 2013 Gender policy.<sup>9</sup>

Effective coordination is essential. ECHO supports the Inter-Agency Standing Committee's Transformative Agenda (ITA) and expects its partners to demonstrate their engagement in implementing its objectives and to actively take part in coordination mechanisms (e.g. Humanitarian Country Team, clusters and technical working groups).

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.

#### Newly, secondarily displaced and resident populations in newly retaken/violence prone areas

ECHO will sustain emergency support for the revitalization of basic public services in newly retaken areas. This will normally not expand beyond six months from the time the location was accessible to humanitarian partners, and could encompass first line emergency solutions to assure access to/availability of water and sanitation, food and essential NFIs. Harmonized packages of assistance delivered by single organizations/agencies are considered – such as Multi-Sectorial Emergency Packages (MSEP). Emergency Humanitarian interventions, aimed at increasing water availability, should privilege emergency focused works in pre-existing water and wastewater treatment plants as well as installation, testing and quick fixes of water distribution and wastewater networks. Tailored support, to restart primary health services (including sexual and reproductive health) in pre-existing locations, are to be considered, including essential preventative services and epidemiological surveillance. Fast tracked resumption or provision of emergency education and child protection are considered. All such services are to be delivered in close coordination with local authorities, and under clear considerations for the hand-over of supported facilities to responsible directorates. Vertical humanitarian protection services are considered as partners' secure presence. Emergency assistance/protection at first point of entry into displacement is required.

#### Displaced populations unable to/prevented from returning to areas of origin

Displaced families settled in camp settings, prevented and/or unable to return to their areas of origin, need up-graded camp solutions. These should ensure, e.g. minimum habitability of camp/out-of-camp shelter options, guarantee availability and quality of domestic/drinking water and sanitation, accessibility of services for people with special needs, mitigation of protection risks. ECHO will support camp consolidation efforts, while advocating for the operationalization of durable solutions. Tailored and limited support can be considered for IDP families willing but unable to return due to lack of means. Assurance of access to basic assistance and protection is also to be supported for populations protractedly displaced in critical out-of-camp shelter conditions. 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, targeted at supporting extremely vulnerable families, is to be privileged, while supporting their transition towards social protection systems and/or to income generation initiatives.

---

<sup>9</sup> [http://ec.europa.eu/echo/files/policies/sectoral/gender\\_age\\_marker\\_toolkit.pdf](http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf);  
[http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid\\_en](http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en)  
ECHO/IRQ/BUD/2018/91000

### Victims of physical/sexual violence

Given the number of victims and gaps in public service provision (mental health, GBV, rehabilitation services and case management), dedicated humanitarian support should be extended to complement, support and develop local capacities. Services should be able to cover the spectrum of victims' needs, ensuring adequate age/gender appropriate assistance and protection. Response to sexual violence should be prioritized, with emergency case management services, with all health partners systematically including clinical management of rape (CMR) in their service provision, with a clear referral pathway developed at clinic level or displacement site level. Cases of child survivors should all be duly referred to mandated partners/mechanisms. Mental health interventions are to be integrated at primary health care level, support identification, referral and follow up. Psychosocial/psychoeducation activities are to be mainstreamed at community/displacement site level; mental health support to be offered to caregivers.

### Persons deprived from their liberty

To improve currently inhumane conditions of detention, ECHO will support partners with proven capacity to provide basic health care/referral, repair/installation of basic water and sanitation/other essential facilities (such as ventilation or open spaces), provision of basic NFI and seasonal interventions. Facilitating communication with relatives/restoration of family links, follow up on missing persons files, tailored legal assistance could be supported. Direct provision of services needs to be systematically accompanied of transitional agreements towards government run services.

### Education in Emergency

ECHO will maintain its support to education in emergencies of children in conflict affected contexts that are out of school, including child protection and GBV specific activities. An integrated approach with protection and psychosocial support will be required, as well as reintegration of children and youth into formal education schemes. Complementarity with other EU services/mid-term/longer-term instruments is sought.

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

### *1) Other ECHO interventions*

In 2017, ECHO mobilized EUR 82.5 million. Emergency Response Capacity (ERC) supported innovative and/or operational research initiatives. Humanitarian advocacy efforts are at the forefront of ECHO's response in Iraq.

### *2) Other concomitant EU interventions*

The EU Regional Trust Fund 'Madad Fund' committed over EUR 70 million to resilience/early recovery in 2016-17. DEVCO's support, since 2014, amounts to EUR 124.4 million. The EU-Iraq development cooperation extends until 2020, to support stabilization, development and address political/socio-economic grievances at the root of the conflict. Mid-term support to stabilize protracted displacement/retaken areas, providing safety and security, basic services, income/livelihoods/social-economic reform; long-term to expand Iraq's natural/human resources while ensuring accountable/transparent governance. EU cooperation will focus on: strengthening stabilization, economic/democratic governance;



access to education; and energy sector. The overall EU response in Iraq will be set out in the framework of the EU Strategy for Iraq to be adopted by end of 2017.

3) *Other donors availability*

Mid-2017, funding levels reached almost USD 800 million of reported humanitarian assistance. UNDP administered Funding Facility for Stabilization reported total budget of USD 420 million, supported by 23 donors, including the EU. An upcoming International donor conference will focus on reconstruction/recovery (planned by end of 2017, tbc). IMF/World Bank support large scale economic reform, development/investment strategies.

4) *Exit scenarios. If none, say why.*

ECHO exit strategies will advocate and support further reform/investment in government social safety nets and livelihood generation, to address the needs of the chronically vulnerable. Widening civil documentation efforts at mixed areas - displaced, returnees, conflict affected residents - in support of mandated governmental bodies, remain the entry door towards better targeted social protection schemes. Direct engagement of mid/long term EU instruments in support of shock resilient, aligned and effective social safety nets is pursued. ECHO and its partners will aim to transition specialized humanitarian health programs, including mental health, towards developmental instruments working in collaboration with line ministries, to address victim assistance needs. The latter is logical expansion of EU supported de-mining efforts. Integrated EU aid seeking to improve services and policies in support of GBV survivors is to be pursued, as well as actions aimed at restoring and improving basic public service by mandated directorates, particularly in re-taken areas. This is to include expansion of currently ongoing works on water infrastructure (productive and domestic), as well as linked efforts to bring back to school a generation of children affected by the conflict, through improved and extended formal education and vocational trainings. Such endeavors are tied to local governance support and improved performance, while EU engagement within Security Sector Reform could be instrumental to improve conditions at places of detention and legal protection for GBV survivors.

ECHO will continue to support the emergency, humanitarian response. Increased efforts towards achieving durable solutions for refugees and IDPs, resilience and development actions, will be sought, in line with the joint EU Strategy for Iraq to be released in December 2017.