Humanitarian Action for Children

Iraq

HIGHLIGHTS

- Following the 2014–2017 conflict, which displaced over 6 million people, an estimated 5.6 million people, including 2.6 million children, need humanitarian assistance in Iraq. The country is also severely affected by the coronavirus disease 2019 (COVID-19) pandemic, with nearly 287,000 confirmed cases and over 7,900 deaths.

- UNICEF’s multi-pronged humanitarian strategy in Iraq includes the provision of integrated critical services to save young lives and system strengthening for a sustained impact. To support an effective transition from humanitarian assistance to longer-term development, UNICEF will facilitate strong linkages between humanitarian action and development programming.

- UNICEF is requesting US$70.8 million to meet the critical and acute humanitarian needs of children and families affected by a combination of humanitarian situations, including protracted crisis due to conflict, political instability and the COVID-19 situation. The response will focus both on prevention and the socio-economic impacts of the pandemic.

KEY PLANNED TARGETS

- **2.7 million** children vaccinated against polio

- **577,108** people accessing a sufficient quantity of safe water

- **190,303** children/caregivers accessing mental health and psychosocial support

- **447,786** children accessing educational services

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.
The humanitarian crisis in Iraq stems primarily from the 2014–2017 conflict, which led to the displacement of 6 million people.\(^7\) There has been a steady stream of returnees, with 4.7 million people returning to their places of origin, and 1.4 million people still displaced.\(^8\) Overall, 5.6 million people, including 2.6 million children, continue to need humanitarian assistance. This includes 1.8 million people (814,000 children and 15 per cent people with disabilities) facing acute humanitarian needs.\(^9\)

The political, economic and social instability in Iraq is challenging the humanitarian response. Between October 2019 and April 2020, major demonstrations against the Government led to the resignation of the Prime Minister and political paralysis during several attempts to form a new government. Security remains a major concern, with continued attacks and violence. Recent assassinations of human rights activists in the south illustrate the fragility of the situation. Obtaining access permissions for humanitarian agencies remains challenging.

The country is severely affected by the COVID-19 pandemic. As of 13 September 2020, there are 287,000 confirmed cases and over 7,900 deaths.\(^10\) The south and centre of the country – notably Baghdad, Basra and Karbala – are the worst affected.

The reduction in oil prices has led to a severe economic downturn, which has further exacerbated humanitarian needs for the most vulnerable. The number of children living below the poverty line has doubled to 38 per cent.\(^11\) While maternal mortality has declined, neonatal deaths remain high (56 per cent of under-five mortality).\(^12\) At least 200,000 infants are missing out on routine life-saving vaccinations against preventable childhood diseases.\(^13\)

Ongoing school closures due to COVID-19 are affecting 10 million children.\(^14\) Some 1.6 million children are in need of child protection and gender-based violence support due to both COVID-19 and displacement.\(^15\) According to a remote monitoring exercise conducted by UNICEF in May 2020, commonly reported issues include lack of access to education (83 per cent); stress, fear and anxiety (51 per cent); child labour (26 per cent); and violence, abuse or neglect within the household (24 per cent).

While more than 86 per cent of people in Iraq have access to basic drinking water, only 39 per cent have access to safely managed water services. Only 24 per cent of the population has access to safely managed sanitation services.\(^16\)

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### SECTOR NEEDS

**Child protection, GBViE and PSEA**

- **1.6 million** children need protection services\(^17\),\(^18\)

**Education**

- **10 million** children affected by school closures (COVID-19)\(^19\)

**Social protection and cash transfers**

- **38 per cent** of children live in poverty\(^20\)

**Population displacement**

- **6 million** people are returning or displaced\(^21\)

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### STORY FROM THE FIELD

Since the beginning of 2020, Iraq has reported over 200,000 confirmed COVID-19 cases. UNICEF is on the ground stepping up emergency preparedness, initiating response plans and planning for the potential impact of COVID-19 on humanitarian needs.

**Read more about this story here**

UNICEF and the Ministry of Health support sterilization campaigns in Jadaa, Salamiya and Al Karama camps for vulnerable displaced populations.
**HUMANITARIAN STRATEGY**

UNICEF’s multi-pronged humanitarian strategy in Iraq includes the provision of integrated critical services to save young lives and system strengthening for a sustained impact. The response will focus on those made most vulnerable by the ongoing humanitarian crisis and the impact of the COVID-19 pandemic. In line with the Humanitarian Country Team strategy, and the five-year country programme between UNICEF and the Government, UNICEF will facilitate strong linkages between its humanitarian action and development work to enhance sustainability and support the transition from a humanitarian assistance framework to a longer-term development approach.

Protection will remain central to the response. UNICEF will adopt a holistic/multi-sectoral case management approach, integrating gender-based violence risk mitigation and promoting resilience and recovery. The prevention of sexual exploitation and abuse will be mainstreamed through awareness-raising activities and by promoting the accessibility of secure and safe reporting channels.

UNICEF will improve access to life-saving interventions and essential services in sectors in which it has a comparative advantage, namely health, nutrition, water, sanitation and hygiene (WASH), education, child protection and social protection. Communication for development will cut across this work to facilitate linkages with affected populations. UNICEF will integrate the COVID-19 response both in humanitarian response plans and longer-term development programming to improve synergies and complementarities. Across sectors, gender- and disability-inclusive programming will ensure that the special needs of girls and boys and people with disabilities are addressed.

UNICEF will also rehabilitate and upgrade physical/digital infrastructure; reach people with messages on prevention and access to services; and provide critical supplies in camp health care facilities, for returnees and high-risk communities and to address waterborne diseases and COVID-19. UNICEF will build the capacities of the Government and civil society partners to identify, prepare for and respond to crises/shocks and integrate an adolescent/youth-centred approach into humanitarian response to ensure that youth are systematically engaged.

UNICEF will partner with sister United Nations agencies and civil society partners in line with the Humanitarian Response Plan and the Durable Solutions Action Plan. As part of the Inter-Cluster Coordination Group, UNICEF will lead the WASH and education clusters and the child protection sub-cluster and engage as a key member in the health cluster. UNICEF will continue to provide leadership and coordination on risk communication and community engagement, as per the United Nations Country Team decision to delegate this role to UNICEF, and in line with its robust communication, advocacy and community engagement strategies.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

https://www.unicef.org/appeals/iraq/situation-reports

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**2021 PROGRAMME TARGETS**

**Nutrition**
- 462 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 139,800 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- 48,200 children aged 6 to 59 months receiving multiple micronutrient powders

**Health**
- 2,685,854 children aged 6 to 59 months vaccinated against polio
- 2,900,554 children and women accessing primary health care in UNICEF-supported facilities
- 5,000 health care facility staff and community health workers trained on infection prevention and control

**Water, sanitation and hygiene**
- 577,108 people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- 296,767 people accessing appropriately designed and managed latrines
- 750,000 people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services
- 1,906,596 children and families exposed to appropriate hygiene practices, social mobilization and improved public awareness

**Child protection, GBViE and PSEA**
- 190,303 children and caregivers accessing mental health and psychosocial support
- 224,475 women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- 120,750 people with access to safe channels to report sexual exploitation and abuse

**Education**
- 447,786 children accessing formal or non-formal education, including early learning
- 160,000 children receiving individual learning materials
- 108,857 children/adolescents accessing skills development programmes
- 700 schools implementing safe school protocols (infection prevention and control)

**C4D, community engagement and AAP**
- 5,000 people participating in engagement actions for social and behavioural change

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This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.
UNICEF is requesting US$70.8 million 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. This support will focus on both prevention and the socio-economic impacts of the pandemic. Nearly 28 per cent of the total funding appeal is for the COVID-19 response. As protection is central to UNICEF’s humanitarian action, the child protection response – including prevention of sexual exploitation and abuse and gender-based violence interventions – is the largest component of the country appeal at 47 per cent, followed by WASH and education.

UNICEF requests timely, multi-year and flexible funding and resources from partners globally and in Iraq to support integrated humanitarian service delivery in the areas of its comparative advantage, namely WASH, health, nutrition, child protection, education and social protection. This will enable UNICEF to support its national partners to deliver improved and sustainable services that are durable and resilience-focused and that strengthen linkages with longer-term system-building efforts.

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nutrition, WASH, education and child protection. Interventions related to prevention, awareness-raising, behaviour change and messaging on basic services are budgeted under the programme sector requirements for health, mechanisms for accountability to affected populations. Additional targets for communication for developmentprogramming and risk communication and community engagement and information/awareness/messaging targets in health, nutrition and WASH are not included due to a significant mass media component for outreach. An estimated 51 per cent of all people to be reached will be women and girls in the WASH response, 4 per cent of people to be reached have a disability, based on internal UNICEF assessments. 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.

The figure for children to be reached is higher than the figure for children in need because the highest coverage programme target for children to be reached with polio vaccination. The figure was calculated using the highest coverage programme target of 2,685,854 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. The highest coverage communication for development/risk communication and community engagement and information/awareness/messaging targets in health, nutrition and WASH are not included due to a significant mass media component for outreach. An estimated 51 per cent of all people to be reached will be women and girls. In the WASH response, 4 per cent of children to be reached have a disability, based on internal UNICEF assessments.

7. 'Iraq: 2020 Humanitarian Needs Overview'.
9. 'Iraq: 2020 Humanitarian Needs Overview'.
10. 'WHO Coronavirus Disease Dashboard: Iraq'.
13. Ibid.
14. This is the estimated number of children that were enrolled in schools across the country before the pandemic based on data from Iraq Ministry of Education General Directorate of Educational Planning, 2018. All of these children were effectively out of school as of February/March 2020.
17. Due to space constraints, the following acronyms appear in the appeal: GBVIE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
18. This is based on 'Iraq: 2020 Humanitarian Needs Overview' and the acute needs of vulnerable populations in governorates with high COVID-19 caseloads.
19. This is the estimated number of children that were enrolled in schools across the country before the pandemic based on data from Iraq Ministry of Education General Directorate of Educational Planning, 2018. All of these children were effectively out of school as of February/March 2020.
20. 'Assessment of COVID-19 Impact on Poverty and Vulnerability in Iraq'.
21. 'Iraq: 2020 Humanitarian Needs Overview'.
22. This represents targets and related funding requirements for cross-sectoral communication for development work focusing on community engagement and establishing mechanisms for accountability to affected populations. Additional targets for communication for development programming and risk communication and community engagement interventions related to prevention, awareness-raising, behaviour change and messaging on basic services are budgeted under the programme sector requirements for health, nutrition, WASH, education and child protection.
23. Figures are provisional and subject to change upon finalization of the inter-agency needs and planning documents.
24. The total funding requirement includes US$6.6 million for gender-based violence in emergencies and prevention of sexual exploitation and abuse interventions. Due to the integration of COVID-19 programming in additional high-risk governorates, child protection and gender-based violence targets more than doubled in 2021. To align with UNICEF's global commitments, the prevention of sexual exploitation and abuse component is included. The unit costs for both COVID-19-specific and Humanitarian Response Plan areas is aligned with the 2020 inter-agency costing methodology. Most COVID-19 interventions will take place in areas outside of Humanitarian Response Plan areas. Subject to the availability of funds, to bolster implementation capacity, UNICEF will develop new partnerships, which is cost intensive. Cost drivers for child protection include capacity building of partners and national institutions on the provision of services.
25. This represents targets and related funding requirements for cross-sectoral communication for development work focusing on community engagement and establishing mechanisms for accountability to affected populations. Additional targets for communication for development programming and risk communication and community engagement interventions related to prevention, awareness-raising, behaviour change and messaging on basic services are budgeted under the programme sector requirements for health, nutrition, WASH, education and child protection.

ENDNOTES

4. Ibid.
5. This was calculated using the highest coverage programme target of 2,685,854 children under 5 years to be reached with polio vaccination; 405,000 adults to be reached with WASH supplies and services (54 per cent of 750,000 people); and 447,786 primary school-aged children to be reached with formal and non-formal education. The highest coverage communication for development/risk communication and community engagement and information/awareness/messaging targets in health, nutrition and WASH are not included due to a significant mass media component for outreach. An estimated 51 per cent of all people to be reached will be women and girls. In the WASH response, 4 per cent of people to be reached have a disability, based on internal UNICEF assessments. 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.
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