

# Iraq

## Consolidated Appeal



Year-End Report

2008



UNITED NATIONS

## REPORT SHOWS “MEANINGFUL” IMPACT OF UNITED NATIONS (UN) PROJECTS IN IRAQ

**BAGHDAD/ERBIL/AMMAN, 1 April 2009** – The UN welcomed an independent report released last week which shows UN reconstruction projects in Iraq have made a “real and meaningful impact” on the country’s recovery.

David Shearer, UN Resident Coordinator for Iraq, said “I am very pleased and reassured by these results. They show that the Iraqi people have benefited from our efforts and donor funds have been well invested, despite a very difficult operating environment for our staff.” More than 85 UN and NGO workers have been killed in Iraq since 2003.

The *Stocktaking Review* was initiated by several international donors and carried out by the Norwegian aid effectiveness firm *Scanteam*. It assessed a selection of UN projects funded through the International Reconstruction Fund Facility for Iraq (IRFFI), the world’s largest UN multi-donor trust fund. The IRFFI has channelled US \$1.3 billion from 25 contributing nations into UN Agency Iraq-wide projects since 2004. It closes to new contributions on 30 June 2009. The European Commission, Japan, the United Kingdom, Canada and Spain are the largest donors to the IRFFI.

The report found that 80% of UN projects surveyed in the field were “acceptable” or “satisfactory” – the highest grade – with security costs at just 2% of overall project costs. Surveyors in the field, who visited project sites inside Iraq, also found no evidence of systematic corruption.

“The UN was able to deliver despite the poor security situation through our close working relationship with government, civil society and local partners,” Shearer said. “We relied on a large team of more than 400 national staff in governorates and local offices. This team has been present in Iraq for many years. Their low-profile approach helped us carry out our work during the worst periods of violence.”

The report also identified some weaknesses in the way UN projects are monitored, reported and delays in completion. Shearer acknowledged room for improvement and said the UN agencies had already taken steps to strengthen these areas of operations.

The UN currently has humanitarian and development projects active across Iraq that support essential services such as schools, hospitals and water, stimulate economic reform and job creation, strengthen governance, promote human rights and provide protection for vulnerable groups including women, children, displaced families and returnees.

Shearer said Iraq’s development prospects have recently improved due to better security – but there are still some difficult times ahead. A 32% budget deficit is projected this year due to falling oil prices, with capital investment half of 2008. The UN will be expanding its assistance and presence inside Iraq in 2009, but shifting to support the government with more technical expertise. Key priority areas include private sector development to create new jobs, public sector reform and strengthened essential services – to translate political gains into better living standards.

“The international community deserves thanks for its generous support to Iraq over the past five years, and I hope the same level of commitment can be maintained during this critical transition period,” Shearer said. “A coordinated development effort is more vital now than ever to consolidate Iraq’s recovery.”

## EXECUTIVE SUMMARY

The purpose of this Iraq Consolidated Appeal Process (CAP) 2008 Year-end Report is to summarize the achievements attained by the agencies participating in the Consolidated Appeal, as well as to measure their output and impact against the targets agreed in early 2008. Particular importance is attached to monitoring and evaluating the progress of the Iraq CAP 2008 against the Appeal's four Strategic Objectives.

The Iraq CAP 2008, developed and launched in February 2008, was the first attempt by UN and NGO humanitarian agencies to bring their activities under a single common strategy, aimed at addressing the main challenges of post-war Iraq. The Appeal was well-funded, having raised 75.6% of the required amount. In the gradually improving security and access environment in Iraq, the UN and its NGO partners proved increasingly capable and efficient in delivering humanitarian assistance to IDPs and other populations in need, as well as contributing to the recovery and reconstruction of Iraq.

Over the course of 2008, UN Agencies and NGOs participating in the CAP have assisted an estimated 2.5 million Iraqis (some 9% of the country's population), while the geographical reach of humanitarian interventions has increased to almost all governorates.

The Iraq CAP 2008 brought several UN and NGO sector-driven strategies into one, consolidated document, supported by a set of prioritized projects. In 2007 and preceding years, the UN Agencies operating in Iraq and assisting the Iraqi refugees in the region, issued funding appeals that lasted from several months up to one year (as did numerous NGOs). These were funded through bilateral and multilateral channels with their funding levels in 2007 ranging from as low as 3% to as high as 90%. The Iraq CAP 2008, brought these activities into one Consolidated Appeal, supported by a humanitarian strategy, but focused only on Iraq. At the same time, UNHCR and other Agencies appealed for over US \$220 million to provide protection and assistance to an estimated two million Iraqi refugees in the neighbouring countries. The Iraq CAP 2009, amounting to US \$560 million, was launched in November 2008 and encompasses both Iraq and the neighbouring countries.

The Iraq portion of the 2009 Appeal (Pillar I) was significantly lower than in the preceding year (US \$192 million in 2009 versus US \$265 million in 2008) as the UN has shifted its priority from blanket assistance for IDPs to addressing the residual vulnerabilities in Iraq. On the other hand, the regional pillar of the Iraq CAP 2009, focusing on the needs of Iraqi refugees in the Middle East, was 25% higher than the combined refugee-related appeals launched by UNHCR, WFP and other agencies in 2008. This increase is related to deteriorating vulnerability of over 300,000 Iraqi refugees registered with UNHCR in the Middle East, majority of whom still rely on the generosity of host countries and international humanitarian support. Increase in refugees' vulnerability resulted particularly from a sharp rise in basic commodity prices and inability to find legal employment that led to near-depletion of their resources.

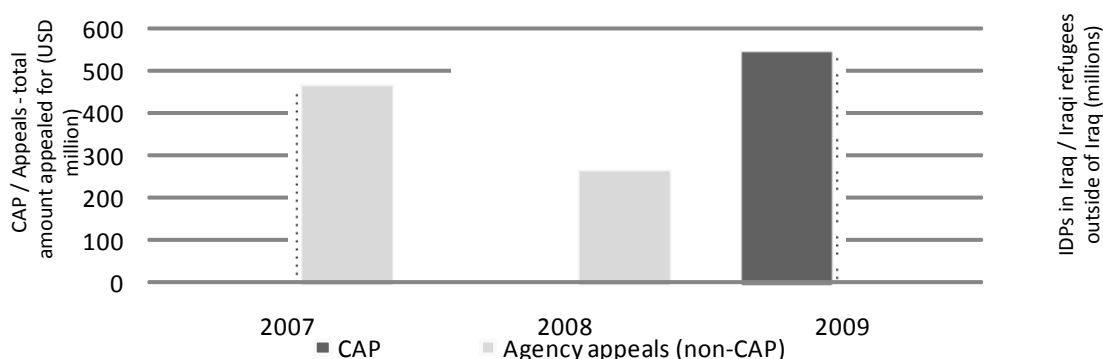


Chart 1: Relation between non-CAP funding (light grey) and CAP funding (dark Grey), requested by the UN for Iraq in 2007-2009. In 2008, CAP for Iraq was supplemented by Agency appeals for the Iraqi refugees, while in 2009, all funding needs were consolidated in one CAP for Iraq and the region.

Evaluation of the Iraq CAP 2008 Strategic Objectives, contained in this report, leads to a conclusion that the humanitarian community in Iraq has achieved almost all aspects of the CAP strategic objectives, set out for 2008. In several areas, notably child nutrition, school enrolment and protection-related initiatives, the results significantly exceeded the expectations. On the other hand, gaps in monitoring identified in at least two sectors, led to strengthening of monitoring and performance evaluation arrangements put in place for the Iraq CAP 2009.

### Monitoring CAP 2008 Strategic Objectives that were monitored in 2008

This table summarizes the status of CAP 2008 Strategic Objectives and how they rate against the targets set in January 2008.

CAP strategic objective	CAP strategic objective indicator	Exceeded the target (>100%)	Met fully	Met partially (50-99% of the target)	Unmet (0-49% of the target)
<b>(1) Relieve immediate suffering in communities acutely deprived by crisis, through bridging the gap in access to essential services</b>	% prevalence of acute malnutrition in children under five	4.9% 2008 target: 9%			
	% of population with access to adequate primary health facilities or services				(no baseline set for 2008)
	% of population with adequate access to safe drinking water	60% of the 2008 target			
	% children enrolled in formal schooling or alternative education initiatives	104% of the 2008 target			
	Number and % of targeted families with access to adequate shelter				46,956 families 2008 target: 68,946 families
	Number of Non-Food Items (NFI) and shelter kits in stock/distributed	71,896 kits distributed 2008 target: 53,130 kits			
<b>(2) Provide protection for the most vulnerable civilians against grave violations of their human rights</b>	Standardised mechanism for monitoring and reporting on HR/IHL violations operational across Iraq		Protection & Assistance Centres operational		
	No. of legal claims supported on behalf of vulnerable populations, including IDPs and juveniles	3,005 cases 2008 target: 75			
	No. of initiatives to improve human rights capacity of Iraqi Government/ state officials and NGOs	Over 180 initiatives 2008 target: 15			
	No. of community-based protection networks established/expanded including on SGBV				Iraqi Child Rights Network participation in the Protection SOT; Working Groups on GBV have been formed
	No. of vulnerable people receiving psychosocial support			2,000 teachers trained in psychological support	
<b>(3) Improve the capacity, coverage, coordination and impact of humanitarian action</b>	Number of areas where access is secured by interventions with the Government of Iraq, MNF-I or non-state entities.	15 cities and towns			
	% of projects that have data against their Monitoring and Evaluation (M&E) plans by mid-year review				Evaluation was conducted only in early 2009
	% of NGO-driven projects represented in final CAP Sector Response Plans			22.7% in 2008, 23% in 2009 CAP	
<b>(4) Strengthen links between immediate action for families in crisis and support for sustainable recovery.</b>	% of CAP projects generating community assets related to knowledge, service capacity and, where reasonable, improved local infrastructure		62%		

## 2008 STRATEGIC PRIORITIES REVIEW

In the background of improving security situation in Iraq and broadening humanitarian access to various parts of the country, the UN and NGO humanitarian agencies proved to be capable of making considerable progress in all of its strategic objectives, set out in the Iraq CAP 2008.

The Iraq CAP 2008, finalized and launched in February 2008, identified four strategic priorities:

- 1- Relieve immediate suffering in communities acutely deprived by crisis, through bridging the gap in access to essential services** – which encompassed interventions in the fields of education, food, health, shelter/Non-Food Items (NFIs) and water and sanitation.
- 2- Provide protection for the most vulnerable civilians against grave violations of their human rights** – focusing on protection activities and provision of psycho-social assistance.
- 3- Improve the capacity, coverage, coordination and impact of humanitarian action** – with the objective of enhancing the effectiveness of the humanitarian operations in Iraq.
- 4- Strengthen links between immediate action for families in crisis and support for sustainable recovery.**

When the Iraq CAP 2008 was developed in December 2007 – January 2008, levels of violence and limited humanitarian access did not indicate that the above strategic objectives could be attained. Nevertheless, considerable improvements in the security situation and enhanced capacity of the central and governorate authorities, has enabled the humanitarian Agencies to achieve considerable progress. Humanitarian interventions undertaken by UN Agencies and NGOs participating in the Iraq CAP 2008 benefited some 2.5 million Iraqis (9% of population).

Out of 15 CAP strategic-level indicators, as many as 11 (73%) were fully attained or exceeded (see table on the previous page). A similar trend has been made apparent at the sector level: 50% of sector-level indicators, monitored in 2008, attained or exceeded their targets. This measurable progress in implementing a humanitarian strategy for Iraq bodes well for the Iraq CAP 2009, launched in November 2008.

Effectiveness in reaching the objectives set for 2008 varied among the sectors. There is a correlation between the effectiveness of a Sector Outcome Team (SOT) and level and timeliness of its funding. The SOTs that attained or even exceeded two-thirds or more of the 2008 targets, notably Food and Protection, were also among the sectors that received CAP funding in 2008. On the other side of the spectrum were the SOTs that received inadequate funding (Education) or funding was received late in the year (Health). One of the lessons learned from the Iraq CAP 2008 is that CAP monitoring should be initiated early in the year in order to capture inequalities in funding and output of individual SOTs, so that these may be corrected.

Overall, monitoring of the strategic objectives of the Iraq CAP 2008 indicates that UN Agencies and NGOs participated in the CAP have attained the following strategic objectives: (1) Relieve immediate suffering in communities acutely deprived by crisis, through bridging the gap in access to essential services; and (2) Provide protection for the most vulnerable civilians against grave violations of their human rights. In those two areas 70% of strategic-level indicators have shown that the 2008 objectives were met or even exceeded. Also in case of objectives (3) and (4) significant achievements were recorded, although rates of NGO participation in the CAP are still much lower than in other Consolidated Appeals.<sup>1</sup>

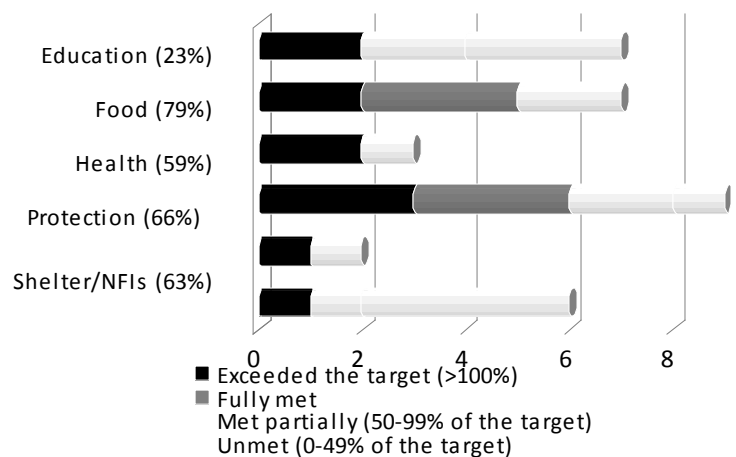


Chart 2: Level of funding and status of CAP 2008 sector-specific indicators that were monitored in 2008

<sup>1</sup> For instance, % of NGO projects in the 2009 CAP varied from 67% in case of Somalia to 23% in Iraq and 13% in West Africa CAP.

## SECTOR OUTCOME TEAM HIGHLIGHTS

### EDUCATION

- Over 160 schools across Iraq supported with teaching and learning and recreational materials, school rehabilitation or expansion of facilities, benefiting over 100,000 students.
- Thirty-six thousand children and adolescents, whose schooling was halted by the conflict, are enrolled in the UNICEF-supported Accelerated Learning Programme (ALP) classes that allow them to complete their basic education.
- Training of 1,050 new teachers.
- Quick rehabilitation of eight schools damaged by the fighting in Sadr City and other cities.

### FOOD

- Provision of food assistance to over 660,000 people.
- Provision of emergency food assistance to communities affected by the fighting in Sadr City (38,500 persons), Basra, Mosul and other cities.
- Comprehensive Food Security and Vulnerability Analysis (CFSVA) launched by WFP and Government of Iraq indicates that, while pockets of vulnerability remain, the number of food insecure people has fallen from 4 million in 2005 to less than 1 million in 2008.
- Food Security Units established in each Governorate to monitor governorate-level food security situation.

### HEALTH

- Over 900,000 people directly benefited from emergency health action by the Ministry of Health (MoH)/Directorates of Health (DoHs), supported by WHO, UNICEF and NGO partners.
- Rapid response to the cholera outbreak in mid-2008, with assistance reaching over 55,000 people.
- Provision of emergency drugs and medical equipment to a number of hospitals, particularly those facilities that were coping with high influx of casualties due to fighting or mass-casualty insurgent attacks.

### SHELTER AND NFIs

- Distribution of household items to over 114,000 vulnerable families (approximately 650,000 persons) – IDPs and returnees, as well as those affected by the fighting in early 2008.
- Shelter and housing repairs benefiting over 9,000 families in almost all governorates of Iraq.
- Provision of self-help shelter repair kits to over 6,600 IDP and returnee families.
- Improved shelter and living conditions for almost 40,000 IDPs and returnees living in collective centres and public buildings.
- Provision of stoves, fuel, clothes and other winterization assistance to the communities in northern and southern Iraq.

### WATER AND SANITATION

- During the cholera outbreak, providing 134,000 persons with water purification tablets, water containers and other assistance that helped limit spread of the disease.
- Improved water supply for IDPs, returnees and host communities, benefiting some 57,000 persons.
- Continued trucking of potable water to vulnerable and conflict-affected communities (over 450,000 inhabitants).

### PROTECTION

- National Policy on Displacement adopted to improve protection of basic rights for displaced persons
- UNHCR Protection and Assistance Centres (PACs) assisted IDPs, returnees and host communities in access to public services (almost 9,100 cases), obtaining documents (6,900 cases) and in court proceedings (3,005 cases).
- In response to a high level of mental trauma and Post-Traumatic Stress Disorder among Iraqi children, over 2,000 teachers trained on provision of psychosocial care in a school setting. Children in over 100 schools are now receiving psychosocial care services provided by the trained teachers.

## FUNDING BENCHMARKS AND TRENDS

The Iraq CAP 2008, launched in February 2008, initially requested just over US \$265 million for activities across eight sectors. The appeal was revised upwards in mid-2008 to approximately US \$274.2 million. A total of almost US \$207.3 million or 75.6% of the revised requirements has been raised against the 2008 Appeal (as of 1 April 2009). The Iraq Appeal was fourth best-funded CAP in 2008. Funding disparities nevertheless prevailed between various sectors, ranging from 23% (Education) through 59% (Health) to 98% (Coordination and Support Services).

The Iraq CAP 2008 benefited from significant boost in funding in the first quarter of 2008. As much as US \$113 million (55% of all funding to the Iraq CAP 2008) was made available in the first quarter, although this amount included a significant carry-over from 2007. Also prioritization of projects has been taken into account by the donors: high-priority projects were on average 62% funded, while medium-priority only 53%.

Despite continued efforts to engage NGOs in the CAP and in the preparation of Iraq CAP 2008, donor funding made available for NGO projects was highly insufficient. Overall, only 10% of the NGOs' funding needs were catered for. Of ten NGOs participating in the Iraq CAP 2008, as many as six NGOs did not receive any funding against their projects in the CAP. Four remaining NGOs were only 30-40% funded through the CAP mechanism. In sectors such as Education, Food and Shelter/NFIs, NGO stand-alone projects received no funding at all.

These and other NGOs operating in Iraq received funding through regular implementing partner agreements with the UN Agencies, the OCHA-managed Expanded Response Fund (ERF), as well as other, non-CAP funding mechanisms that enabled them to operate and undertake critical emergency interventions. Nevertheless, further funding for the NGOs would have contributed to an enhanced implementation capacity of the wider humanitarian community in Iraq. Poor level of funding also impacted their participation in Iraq CAP 2009: only three out of ten NGOs participating in the 2008 Appeal contributed projects to the Iraq portion of the 2009 CAP (International Medical Corps, Premiere Urgence and Relief International). On the other hand, nine new international and Iraqi NGOs contributed their projects directly to the 2009 Appeal for Pillar I, and fourteen more for Pillar II (refugees in the region). As of the time of writing, only four out of 26 NGOs participating in the Iraq CAP 2009 have received any funding.

Funding of the UN Agencies was also highly uneven. Five Agencies (UNHCR, UNICEF, WFP, IOM and OCHA) received funding in excess of 80%. WHO received slightly less than 50% of the funds requested, while UNFPA received below 10%. There were also five UN Agencies that did not receive any funding through the CAP mechanism: these were UNDP, UNESCO, UN-HABITAT, UNIFEM and UNOPS. Provision of appropriate funding for those Agencies would have further enhanced UN implementation capacity in Iraq.

OCHA Financial Tracking Service (FTS) data lists over 20 donor countries to the Iraq CAP 2008. The United States contributed over US \$68 million (33% of funding received), Iraq contributed US \$40 million (19.3% of funding received), while Sweden and the United Kingdom provided an additional US \$11.9 million each. On the other hand, UN internal funding – allocations of unearmarked funds by UN agencies and Central Emergency Response Fund (CERF) – amounted to a total of US \$41 million, which underscores continuing commitment and importance attached by the UN to alleviating the humanitarian situation in Iraq.

According to OCHA FTS, CAP funding constituted 67% of US \$307 million in humanitarian funds contributed or committed for Iraq in 2008. On the other hand, if funds contributed for the humanitarian operations benefiting Iraqi refugees in the Middle East are taken into account, the share of the Iraq CAP 2008 in the wider humanitarian funding falls to 43% - a total of US \$480 million pledged for Iraq and Iraqi refugees in the neighbouring countries was recorded in OCHA FTS in 2008.

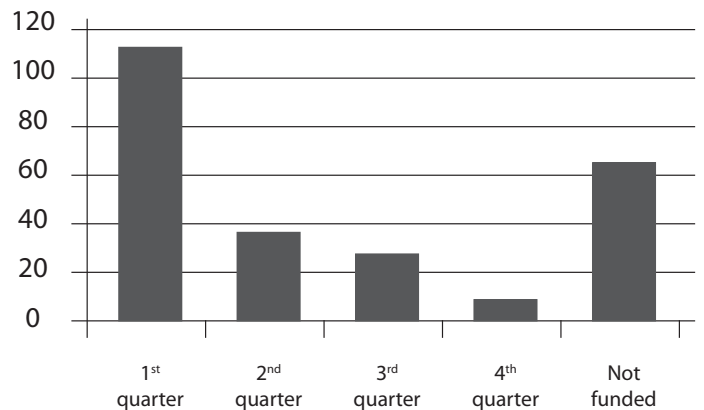


Chart 3: Amount of funds committed to Iraq CAP in each quarter of 2008

## The IRAQ CAP 2008

### Consolidated Appeals Process (CAP) and preparation for the 2009 Iraq CAP

The decision to bring the UN humanitarian operations in Iraq under the umbrella of a Consolidated Appeal was reached late in 2007. Development of the Iraq CAP 2008 took place from December 2007 until January 2008 and the Appeal was launched by the end of February 2008. Preparation of the Appeal was based on the SOT structure adopted by the UN in Iraq and involved ten international NGOs.

The Mid-Year Review of the Iraq CAP 2008 took place in May-June 2008 and resulted in a slight increase of overall Appeal requirements from US \$265 million to US \$274 million. The CAP revision took stock of the developing situation in Iraq, adjusted UN and NGO interventions and endorsed an increase of US \$26.5 million, mostly aimed at strengthening the ERF mechanism.

A major hallmark of the CAP in 2008 was a decision reached by the Inter-Agency Standing Committee (IASC) in New York to launch a combined Consolidated Appeal for Iraq and refugees in the region in 2009. This combined Appeal was developed in August-October 2008 and was launched as a part of the UN global Humanitarian Appeal in Geneva on 19 November 2008. A regional launch, to increase awareness of the situation of and attention to the needs of Iraqi refugees was undertaken in Abu Dhabi on 23 November 2008.

### Developments in the situation in Iraq

Iraq registered significant progress in security in 2008. Violent incidents fell dramatically from 200 per day in October 2006 to 90 per day in early 2008 and 45 per day in July 2008<sup>2</sup>. Civilian casualties also declined significantly during the year. To be sure, violence remains a major concern in Iraq with an average of 19 civilians killed in the country every day during the year. Iraqi Security Forces (ISF) launched a series of large scale military operations against armed opposition groups in Baghdad, Basra, Diyala and Mosul with significant albeit varying consequences for protection of civilians.

Small scale attacks, assassinations and kidnappings continued in Salah al-Din, Anbar, Babylon, Kirkuk, Baghdad and Ninewa. An estimated 2,500 families fled Mosul in November following threats, intimidation and violence. Many returned to the city towards the end of the year. As the year drew to a close, the focus of violence shifted north of the country where security forces continued to battle militants in Diyala and Mosul. Violence against and intimidation of women remained of concern.

According to the Iraqi MoH, a total of almost 6,800 civilians were killed and approximately 20,200 injured in 2008. At the same time, the US-led MNF-I, handed over security responsibilities to the ISF in 13 of the country's 18 governorates as the UN mandate drew to a close at the end of the year. The ISF took control of security responsibilities in Baghdad on 1 January, 2009.

With the end of the UN mandate for continued presence of MNF-I, the United States and the United Kingdom signed bilateral Status of Forces Agreements (SOFAs) with the government of Iraq. Other troop contributing countries drastically scaled back their presence or withdrew altogether from the country. The US-Iraq SOFA provides for the disengagement of US troops from urban areas by 31 June, 2009 and complete withdrawal of US combat troops by the end of 2011.

The key strategic objective of the dramatic increase of US combat forces to Iraq in the summer of 2007 was to provide space for political accommodation between the competing claims of various sectarian and political factions. Emboldened by the successes of the military operations in Baghdad and Basra, the government pushed ahead with the organization of provincial elections towards the end of the year. However, continuing disputes, including the delayed referendum on the status of Kirkuk (as provided for in Article 140 of the Constitution) delayed agreement on the organization of these elections, which were held at the end of January 2009.

Diplomatic relations with neighbouring countries dramatically improved as the year progressed, with various Arab states re-establishing diplomatic relations and presence in Baghdad. On the economic front, Iraq benefited from the stratospheric surge of oil prices to a record high (US \$147 per barrel in June 2008) during the first half of the year. The government provided financial support to neighbouring countries hosting Iraqi refugees and contributed US \$40million to the Iraq CAP 2008, the second largest donor after the United States.

### Humanitarian Landscape

The improving but precarious security environment had varying implications for identification and response to humanitarian needs, which are the result of a complex set of factors. As the year progressed, emerging information

<sup>2</sup> CAP Iraq and the Region 2009.

from a number of surveys revealed a varied pattern of needs in areas recently affected by or with ongoing violence; in locations experiencing significant population movements and in areas with significant, unmet humanitarian needs resulting from recent insecurity.

In addition to this set of vulnerabilities, chronic needs became evident in areas long-afflicted by previous and ongoing conflicts. These are the Disputed Internal Boundaries (DIBs) along the Arab-Kurdish fault lines and areas along the Iraq-Iran border. Decades of economic sanctions have in addition led to under-investment in basic social services, negatively impacting Iraqis' access to adequate basic social services. Populations in these areas were revealed to be suffering from the cumulative impact of chronic deprivation, neglect, conflict and environmental degradation.

Of the estimated 30 million Iraqis, 1.7 million remain displaced within the country since the Samarra shrine bombing of 2006 while an estimated 2 million are refugees (UNCHR has registered approximately 310,000 as of September 2008). Out of this number, 195,890 IDPs and 25,370 refugees are estimated to have returned in 2008.<sup>3</sup> According to the WFP, 930,000 Iraqis (3.1% of sampled households) are food insecure, while another 2.8 million Iraqis are extremely dependent on the Public Distribution System (PDS), without which they could be expected to become food insecure.<sup>4</sup> Nevertheless, these results mark significant improvement from the 2005 WFP survey, which found an estimated 4 million people (15.4%) food insecure and further 8.3 million (31.8%) in need of continued PDS rations.

ISF military operations in March 2008 in Baghdad and in Basra were compounded by escalating insurgents' attacks in Baghdad, Al Anbar and Diyala and persisting violence in Mosul/Ninewa. Furthermore, Turkish and Iranian military activities against PKK on their common border with Iraq displaced more Iraqis. The Kurdistan Regional Government (KRG), previously hosting IDPs, became IDP generating and developments there jeopardised the physical security of 15,000 Turkish Kurd refugees living in Erbil/Ninewa and Dahuk.

The deteriorating security conditions in the first quarter of 2008 caused a wave of new and secondary displacements in Iraq. Many IDPs faced poor living conditions and significant protection challenges such as forced evictions. Several IDP areas, particularly for the newly displaced, continued to lack adequate access to life essentials. Two-thirds of IDPs' continued to face extreme difficulties in accessing PDS. On the other hand, returns continued on a small scale, with increased risk of secondary displacement for those unable to resume occupation of their own houses.

A total of 221,260 individuals (39,290 families) returned to their habitual places of residence from within and outside Iraq in 2008 (an average 18,440 per month). Many of the returns took place in September when 42,600 IDPs and refugees returned. Returns slowed to 11,900 in December. Nearly 200,000 of the total returnees in 2008 were IDPs, illustrating the difficulties in efforts to attract the estimated 2 million Iraqi refugees back to the country.

Iraq's northern governorates of Erbil, Dahuk and Sulaymaniyah experienced severe drought during the year threatening the livelihoods of IDPs and host communities. IDP families with limited access to social services were rendered particularly vulnerable to the effects of drought, with children and women most at risk of food insecurity, illness and malnutrition. There was dramatic improvement in food security. The latest WFP CFSVA indicated that 930,000 Iraqis were food insecure in 2007 compared to 4 million in 2005. Another 2.8 million people were found to be extremely dependent on the PDS without which they would become food insecure. These significant improvements were attributed to improved security conditions and increased humanitarian response efforts of partners including the government, UN agencies, NGOs and donors.<sup>5</sup>

Cholera is endemic in Iraq and for the second successive year, an outbreak occurred in the country. As of 17 December 2008, a total of 925 cholera cases were confirmed, 11 of which were fatal.<sup>6</sup> The outbreak spread to 38 districts in 13 of the country's 18 governorates.

### Monitoring and reporting

Monitoring and evaluation of the Iraq CAP 2008 was not undertaken on a regular basis during the year, although significant evaluation of the developing humanitarian needs and relevant SOT objectives was undertaken during the mid-year review in May-June 2008.

These deficiencies were addressed in Iraq CAP 2009, where Monitoring and reporting on the progress of the implementation of the Appeal is being undertaken through:

- Financial reporting on the contributions, done through OCHA FTS
- Project status monitoring through a Who does What, Where (3Ws) database, developed by the Inter-Agency

<sup>3</sup> Source: UNHCR tabulation report, March 2009

<sup>4</sup> WFP *Comprehensive Food Security and Vulnerability Analysis: Iraq*, 2008. In addition to those completely dependent on the PDS, another 12.3% of food secure households in the poorest income categories (less than USD 1/day) would be rendered food insecure in the absence of a sustainable safety nets programme.

<sup>5</sup> WFP *Comprehensive Food Security and Vulnerability Analysis: Iraq*, 2008.

<sup>6</sup> Iraqi Ministry of Health data

Information and Analysis Unit (IAU)

- Reporting undertaken by each of the SOTs to the office of the UN Humanitarian Coordinator for Iraq
- This year-end report.

In order to ensure proper monitoring of the Iraq CAP 2009, OCHA has developed a web-based monitoring system that allows tracking progress towards attaining the sector-level outcome indicators. Monitoring is conducted twice a year (May and October/November) for Pillar I and four times a year (March, May, September and December) for Pillar II.

### Lessons Learnt

Key lessons from the implementation of the Iraq CAP 2008 include:

1. Humanitarian-focused CAP funding has been an important element complementing other international and bilateral funding sources, including the UNDG International Reconstruction Fund Facility for Iraq (IRFFI) which encompasses the Iraq Trust Fund (ITF).
2. The CAP remains a key mechanism for enhanced partnerships between the UN and NGO community in delivering humanitarian assistance. Insufficient funding for the NGO-led projects has set back NGO partners' faith in usefulness of the CAP as coordination and funding mechanism. Having so stated, many of the NGO partners received funding from the OCHA-managed ERF and through bilateral donations, outside of the CAP framework.
3. Despite the presence of multiple sources of funding available for Iraq, humanitarian funding such as the CAP is critical in ensuring humanitarian needs are not neglected, as well as maximizing the implementation capacity of the humanitarian organizations that can be tested during the times of crisis.
4. Participation of the Government of Iraq as a donor to the Iraq CAP is increasingly important to encourage other donor States to contribute to this Appeal as well.
5. SOTs, funded in part from the CAP and in part from the ITF, provide a framework for seamless transition from emergency to early recovery. However, the availability of complementary recovery-oriented funds undermined the pursuit of the necessary and purely humanitarian objectives in the CAP.
6. The ERF, managed by OCHA, has proven its usefulness as a flexible and versatile funding mechanism, enabling international and national NGOs to address urgent humanitarian needs – both those resulting from sudden-onset emergencies and those of protracted nature.
7. CAP monitoring should be initiated early in the year in order to capture inequalities in funding and output of individual SOTs, so that these may be corrected

## SUMMARY OF RESULTS

**Strategic Planning Priority (1): Relieve immediate suffering in communities acutely deprived by crisis, through bridging the gap in access to essential services**

### EDUCATION

Of all the issues confronting Iraq's children, the decline in the quality of learning has been among the most alarming implications for Iraq's future. While official statistics for primary education in 2007 /2008 are not yet available, anecdotal reports indicate that primary school attendance rates in some areas have fallen far below 85.8%, particularly amongst girls (2006 Multiple Indicator Cluster Survey (MICS3)).

Of particular concern is the situation of children living in vulnerable communities across all governorates of Iraq, where a significant number of children aged between 6-11 years have not been attending school on regular basis. In rural parts of the Marshland areas, enrolment in primary schools is at least 30% lower than in the urban areas of the same governorates. Girls living in these areas are also less likely to get their rights to education fulfilled, with girls constituting only 30-37% of all children enrolled in schools.

Evidence suggests that the barriers to education for Iraqi children are multiple. Prevailing insecurity, poor physical school infrastructure, poverty, displacement, deterioration in educational services and standards as well as cultural issues together keep children away from class and further aggravate the isolation and distress.

In spite of the huge investments made in the construction and rehabilitation of school facilities, a significant number remain in poor to dismal condition. Schools that are functioning are under immense pressures, with many operating two or more daily shifts to meet education demands, stretching both teachers and students to the limits. The over-crowdedness of classrooms makes it difficult to improve the quality of education, introduce new curricula and to attend to the needs of individual students. School yards also suffer from overcrowding and facilities are unable to withstand the wear and tear of over use.

#### **The Iraq CAP 2008 sector objectives and relevant outputs:**

1. Increase access to and retention of quality education for those now being excluded by conflict, overcrowding and insecurity, as well as those at risk of dropping out, including support to psychosocial needs for children and youth in vulnerable communities
2. Provision of complementary non-formal education and Technical and Vocational Education and Training (TVET) initiatives and opportunities for out-of-school children, youth and adults, including supporting their psychosocial needs
3. Strengthen school health and hygiene and raise health awareness in order to respond to outbreaks and prevent further spread of communicable diseases
4. Empower local communities and education authorities in targeted areas to plan, manage and sustain education activities.

Rehabilitation of schools and other education facilities: UNICEF-supported humanitarian education interventions in vulnerable areas targeted 96 schools across the country, with over 28,700 students directly benefiting from activities. Ninety-nine classrooms were rehabilitated or newly constructed and 96 schools were supported with teaching and learning and recreational materials (28,750 students and 321 teachers),

UNHCR focused education intervention with some extension of four schools in locations with high concentration of IDPs and refugee setting in the Northern of Iraq. In the southern part of Iraq, 54 education projects (minor rehabilitation, provision of equipment) were completed, benefiting 73,500 IDP and host students.

Provision of teaching aids: UNICEF provided 41 schools with school furniture (desks, chairs, blackboards), as well as providing basic education materials to 650 ALP (Accelerated Learning Programme) classes, including teaching aids

#### **Partnership with NGOs in the field of education**

UNICEF's four humanitarian NGO partners, functioning under the humanitarian IMPACT initiative, (an intervention designed to rapidly respond to crises, based on needs assessments in areas of acute vulnerability) completed their readiness activities with 18 teams and over 100 staff recruited, trained, deployed and dedicated to rapid and targeted humanitarian response in all governorates. Readiness includes the replenishment of various relief supplies in UNICEF warehouses in Baghdad, Erbil and Basra as well as the pre-positioning of supplies with IMPACT partners in ten warehouses across the country in sufficient quantities to serve approximately 40,000 families.

Similarly, UNHCR worked through its NGO implementing partner and provided assistance to support the education of IDP and refugee children in Iraq. Vulnerable school communities are many in refugees and IDPs' areas in Iraq. At the same time school children residing in refugee settings and IDP concentrated areas have been supported through education partners although the assistance given is far from what is required

and kits for 2,320 teachers. In order to promote pre-school education opportunities, 500 kits containing education materials and toys suitable for the age group have been purchased and will be distributed in early 2009.

IOM Iraq has also used CAP funds to provide 2,000 students in the Missan Governorate with necessary school items such as bags, stationary, books and importantly – sufficient clothing and shoes to attend classes.

Accelerated Learning Programme (ALP): Non-formal learning opportunities provided through the UNICEF-supported ALP reached a total of 36,430 out-of-school children and youths (30% female participation). This intervention is particularly important in the context of high drop-out rates and diminished access to regular schooling in Iraq. CAP funds were merged with other UNICEF emergency funds to ensure comprehensive support to all classes at all three levels. Support for capacity building continued with an additional 1,050 teachers trained during 2008/2009 in ALP (890 teachers from centre/south and 160 from the north). UNHCR also provided some opportunities for returnee women by establishing literacy classes as an alternative education activity for returnee women in Kirkuk.

Strengthening of school health and hygiene and raising awareness to prevent further communicable diseases: As part of the support to school rehabilitation in IDP and returnee areas, UNHCR through its implementing partners provided basic sanitation facilities at the 54 schools rehabilitated in addition to upgrading of sanitation facilities at two schools in northern Iraq. UNICEF provided 12 schools with adequate water and sanitation facilities in addition to purchasing school sanitation kits to be distributed to rehabilitated schools in early 2009.

## Education in emergencies

An example of education SOT intervention is the response to the military operations in parts of Baghdad (Sadr City in particular) which resulted in severe damage of the existing schools structure as well as negatively impacted the education of the students and teachers of those areas.

Immediate rapid assessments were carried out to measure the impact on education, identify needs and respond accordingly. Due to poor maintenance, the ongoing conflict or both, twenty-six schools were found in a very bad physical condition. Another twenty-two schools were directly affected by military operations and eleven were sustaining major damages. The education SOT allocated available emergency funds and started rehabilitation works in eight schools while MoE coordinated additional support to the remaining schools through other sources.

## FOOD

Food was clearly a priority need for vulnerable groups inside Iraq (e.g. IDPs) and the donor community, including the Government of Iraq, responded to this need.

In the Iraq CAP 2008, food was the best-funded sector. As such, this sector was able to meet its targets, delivering food to vulnerable groups, improving nutrition levels, and building capacity for emergency preparedness and response.

Although the achievements in 2008 have been substantial, the hard-won improvements in the food security situation inside Iraq remain fragile. In spite of improvements in security and levels of malnutrition, there are still nearly one million people inside Iraq who do not have enough food to eat. The humanitarian and donor community must continue prioritising the Food Sector in 2009 and beyond in order to maintain these improvements.

### **The Iraq CAP 2008 sector objectives and relevant outputs:**

1. To increase access to adequate food amongst vulnerable people through targeted interventions
2. To maintain and/or improve the nutritional status of vulnerable children under five
3. To enhance emergency preparedness of the local community to be able to respond to food needs in onset emergencies and crises.

Food security situation: WFP and the Government of Iraq launched a Comprehensive Food Security and Vulnerability Analysis (CFSVA) on 12 November, 2008 which indicated that while pockets of vulnerability remain, the overall food security situation has improved dramatically since the last survey was conducted in 2005. The number of food insecure people has fallen from 4 million to less than 1 million. Moreover, there are a further 6.4 million people who would slide into food insecurity if it were not for safety nets, such as the Public Distribution System (PDS).

To increase access to adequate food amongst vulnerable people: Members of the Food SOT were busy delivering food during 2008 to food insecure people inside Iraq. WFP has reached over 625,000 people with food assistance through the following five cooperating partners: ACTED, IRCO, Islamic Relief, Mercy Corps and Mercy Hands, and IOM a further 39,300 people.

Emergency response: Food SOT was active in contingency planning and response for the emergencies in Sadr City, Basra, Mosul, Amara and the DIBS (Disputed Internal Boundaries). WFP delivered 296 Mt of emergency food assistance to 38,500 residents of Sadr City. IOM delivered 2,000 food baskets to hospitals in Sadr City and Shula. One thousand five hundred food baskets were delivered to hospitals in Basra, Wassit, Babylon and Qadissiya during the Sadr City and Basra crises. WFP food also reached over 4,200 people displaced by violence targeting Christians in Mosul.

Enhanced capacity of Food Security Units to better monitor and report on progress and gaps in food security issues in each governorate: WFP has been building the capacity of the Government in food security monitoring, reporting and analysis since 2003 in order to prevent and respond to food emergencies and to lay a foundation for the implementation of a food based safety net. WFP has supported the creation of Food Security Units within the Ministry of Planning and Development Cooperation's Central Organisation for Statistics and Information Technology (COSIT) and Kurdistan Regional Statistics Office (KRSO) dedicated to food security issues. Recently, WFP supported the creation of a Post Food Distribution Monitoring (PFDM) system within this unit to track the impact of food assistance at the household level and helped establish Food Security Units in each governorate to regularly report on the governorate-level food security situation.

Discussions on PDS Reform have begun with WFP leading the Task Force on PDS Reform based in Baghdad. This Task Force aims to advise the Government of Iraq on reforming the current Public Distribution System while building a safety net that protects the most vulnerable. The findings of the CFSVA are instrumental in identifying where these pockets of vulnerability exist. Channel for inputs to this reform process now established through Food SOT to WFP Policy Advisor in Baghdad.

## HEALTH

Over the past 30 years, the Iraq health system has experienced devastation due to wars and international sanctions which have affected its infrastructure, the provision of health services, and overall health status of the population. There are 1,924 Primary Health Care Centres (PHCCs) in Iraq, serving the population of approximately 30 million. More than 30% of PHCCs were devastated during the war and, despite ongoing renovations; the existing number of PHCCs cannot meet community needs. Most recent data and situation analysis indicates that Iraqi children and women are the most vulnerable group that is affected by lack of access to PHC services and nutritional support.

The main challenges faced by the Iraqi health care system include: (a) high demand on health services resulting from conflict-related casualties and high prevalence of chronic diseases; (b) insufficient staffing of health clinics and hospitals, coupled with limited institutional and human resources capacity building, and lack of an electronic health information system; (c) deteriorated physical infrastructure; (d) inadequate distribution of resources; and (e) moving from hospital-oriented health system to PHC.<sup>7</sup>

During the course of 2008, over 900,000 Iraqis directly benefited from emergency health action by the MoH/DoHs, supported by WHO, UNICEF and NGO partners

### **The Iraq CAP 2008 sector objectives and relevant outputs:**

1. Improve access of communities most affected by crisis to essential health services
2. Avert, mitigate and respond to major disease outbreaks
3. Support MoH crisis management at national and governorate levels.

Health was the second least-funded sector in Iraq CAP 2008, having received 59% of funding required. This has considerably decreased the number and scope of projects that were undertaken by Health SOT partners. In other instances, necessary project funding was received very late, despite projects being marked as 'high priority'. For instance, funds for emergency assistance for victims of injuries and violence project were received only at the end of 2008.

Response to cholera outbreak (mid-2008): During the cholera outbreak that affected 13 out of 18 governorates and resulted in 11 casualties, over 55,000 people were reached in joint efforts<sup>8</sup> to mitigate the spread of cholera outbreak. Health action included on-site investigation, technical support, distribution and pre-positioning of key supplies including Oral Rehydration Salts (ORS), community-level hygiene awareness campaigns, as well as logistical support to the MoH/DoH. This effort was partly funded by CAP and partly through other mechanisms. Furthermore, public health programmes for communicable disease surveillance, including the reporting system have been supported through different MoH/WHO joint programmes.

Provision of emergency drugs and medical equipment: In response to the high level of needs and recurring shortages of essential drugs and medical equipment, WHO supported general hospitals in Balad, Tuz Khurmato and Ba'aquba. In

<sup>7</sup> Information based on: MoH / Health Systems Based on Primary Health Care in Iraq presentation

<sup>8</sup> WHO, UNICEF, MoH and DoHs

Baghdad, WHO supported Al-Kindi, Madain and Ibn Al-Nafis Hospitals, as the needs of other facilities were addressed in time by other aid agencies and the authorities. Through ERF grant, Premiere Urgence provided badly needed medicines and medical supplies to the hospitals and health facilities in Diyala Governorate: Baqubah and Kifri general hospitals, as well as Saadiya, Qarra Tappah, Jalawlaa PHCCs.

WHO continued to support the MoH with essential emergency medicines drawing on funding available outside of the Iraq CAP 2008. WHO delivered, among others, blood bags needed for blood donation, anaesthetics, sutures and pain killers for use in emergency hospital treatment, valued at over US \$3 million.

### Provision of emergency medical equipment in response to violence in Iraq

**In response to multi-casualty insurgent attacks and instances of intensive fighting, Health SOT provided the following emergency assistance:**

- Diyala, Baladroz General Hospital: five kits of consumables in response to two insurgent attacks carried out in one week
- Kirkuk, Azadi General Hospital: assistance following a suicide attack in July
- Kirkuk, Hawija General Hospital: provided 9.5 kits of consumables as insecurity in the surrounding area prohibits regular supplies from DoH from reaching the facility
- Ninewa, Mosul Republican Hospital: following a massive car bomb which caused over 60 severe casualties
- Ninewa, Tal-Afar General Hospital: following suicide attacks that occurred in the city centre. Reaching Tal-Afar was very difficult for the Premiere Urgence team due to the curfews and the dangers on the roads
- Salah al-Din, Balad General Hospital: received medical assistance in August and October, as its stocks were insufficient to cope with the civilian casualties and the large catchment population, which includes also the residents of Samarra and Tarmiya (Baghdad Governorate). Also in this location the authorities encountered difficulties delivering medical supplies due to the dangerous roads
- Salah al-Din, Tuz Khurmato General Hospital: six kits were distributed due to the high number of casualties that reached the hospital, a consequence of conflicts between ethnic factions, clashes, car bombs, and due to the infrequency of DoH delivery due to the highly volatile security situation of the area
- Medical stockpiles were pre-positioned in Kerbala as millions of pilgrims were expected to participate in the Ashura commemorations. Three explosions occurred during the pilgrimage and the medical aid was rapidly put to use.

Funding made available outside of Iraq CAP 2008 enabled WHO and UNICEF support to the government of Iraq in responding to the following humanitarian needs.

Improved access to PHC and nutrition: Access to community-level health services of as many as 330,000 Iraqis were improved thanks to MoH/DoH interventions. These included supply of health consumables and materials, support to mobile health teams, rehabilitation of health facilities, and support to health and hygiene awareness campaigns. With UNICEF support in logistics and supply, MoH/DoH provided over 11,000 severely malnourished under-five children with therapeutic nutritional care.

Management of the measles outbreak: MoH/DoH, with the logistical and surveillance support from UNICEF and WHO, successfully vaccinated approximately 516,700 children under-five against Measles, Mumps and Rubella (MMR) in Anbar, Salah al-Din, Ninewa and Kirkuk in a house-to-house mop-up campaign following a measles outbreak in early 2008.

Capacity-building: As part of the continued support to the Iraqi MoH, WHO provided training on developing emergency preparedness and response plans, as well as raising awareness of the community as first responders during emergencies.

## SHELTER AND NFIs

Access to housing is an urgent priority for the majority of 2.7 million IDPs in Iraq. While housing is generally available, IDPs are usually forced to stay with a host family, rent a house or live in a collective settlement, facing very difficult living conditions.

The majority of IDPs have lived among the host community, mainly in rented houses, owned houses or in houses with relatives. Many IDP families nevertheless face very high unemployment or limited income, with rent constituting a vast

portion of family's income. Savings to pay rent are quickly depleting and an increasing number of IDPs are seeking refuge in spontaneous group settlements, often in unsanitary, overcrowded conditions with limited or no access to basic services and electricity. Furthermore, many of the host families' or rented houses have been damaged by fighting or looting, while steep rents are forcing many IDP families to share one house, resulting in overcrowded and unsanitary conditions. Numerous IDP families in Iraq have had their property entirely destroyed or are unable to access it due to fear for their life, fear of harassment, as well as the illegal occupation of their property by insurgents/militias.

While the security situation is slowly shifting from one of displacement to one of IDPs' return, decade-long under-development resulted in large segments of the Iraqi population still remaining on the fringes of society, impoverished and alienated. These vulnerable families require essential items such as food and household goods, whereas others require help in building or maintaining shelter so as to protect themselves from the elements.

#### **The Iraq CAP 2008 sector objectives and relevant outputs:**

1. To meet the immediate shelter needs (and household support) of displaced and other vulnerable groups through a highly targeted and integrated approach
2. To strengthen protection mechanisms related to housing, land and property rights and security of tenure
3. To initiate a process for recovery and provision of durable solutions.

Shelter and housing repairs focused on most vulnerable IDPs with a view to ensure them safe and decent living conditions. In total, UN and NGOs assisted over 9,000 families in almost all governorates of Iraq. In particular, IOM assisted 4,845 IDP families (almost 29,000 persons) with emergency shelter rehabilitation. The intervention focused on Sadr City, Mosul and Basra due to extensive damage caused to the residential areas during the fighting in spring 2008. UNHCR-led shelter rehabilitation benefited 4,540 families (over 27,000 persons) from IDP, returnee and host communities in Southern Iraq, Anbar, Baghdad and Diyala. In order to support local employment, the UN Refugee Agency supported rehabilitation of over 400 shops in Basra and Mosul. In northern Iraq, UNHCR supported additional 126 returnee families with shelter rehabilitation and provision of construction materials in Kulan and Sheladi settlements. UNHCR conducted also several road rehabilitation projects, benefiting remote returnee villages and IDP settlements.

Distribution of shelter kits allowed some 40,000 persons from amongst the affected communities to undertake shelter rehabilitation by contributing their own work and technical skills. UNHCR-distributed shelter kits benefited some 4,100 IDP and returnee families, while IOM provided shelter kits for additional 2,500 IDP families.

Assistance to IDPs in collective shelters: Enabling families residing currently in public buildings and other collective centres to return home is an important component of a resolution to the IDP crisis in Iraq. To this end, UNHCR distributed shelter kits to 5,000 returnee and IDP families (approximately 30,000 persons) living in public buildings and dispersed settlements in Anbar and Baghdad. For those families who are not able to return home yet, IOM undertook an upgrade of collective shelters in centre-south Iraq, benefiting a total of 987 IDP families (approximately 6,000 persons). In northern Iraq, UNHCR upgraded or delivered construction materials to a total of 419 IDP families (over 2,500 persons) residing in collective settlements (Sheladizy, Deralok and Fayda).

Distribution of non-food assistance: Distribution of household items undertaken by IOM and UNHCR reached over 114,000 vulnerable families (approximately 650,000 persons) from IDP, returnee and host communities. IOM assisted more than 60,000 vulnerable IDP families (almost 349,000 people) with necessary household items: blankets, jerry cans, kitchen sets and other NFIs. In particular, quick provision of NFIs and tents was necessary to assist 9,250 newly displaced families during the Basra and Mosul emergency. UNHCR provided household items to some 57,800 IDP, returnee and host community families, including over 100,000 mattresses and almost 50,000 stoves. Distribution of non-food assistance also included hygiene kits for IDP families and women in southern and northern Iraq. IOM also provided urgent assistance to the victims of flash floods in the Erbil Governorate, targeting some 100 families.

Winterization assistance: Provision of winterized tents, stoves, warm clothes and fuel before the onset of winter is an integral component of humanitarian assistance to IDPs and vulnerable populations. IOM regularly distributes fuel in the Kurdistan region in winter, especially to families living in hazardous shelter or tent camp settlements. In 2008, the organization provided stoves and fuel to some 582 families in Dahuk Governorate, as well as winter clothing to some 740 children in Ninewa Governorate. UNHCR provided kerosene for kitchen stoves to over 250 families in various returnee settlements. In southern Iraq, IOM assisted 10,200 families (some 61,000 people) with a comprehensive winterization basket, including plastic sheeting<sup>9</sup>, in Qadissiya, while UNHCR supported some 800 IDP children with provision of winter clothes.

<sup>9</sup> From the set of winterization assistance, only plastic sheeting was funded through the CAP.

## WATER AND SANITATION

Iraq's Water and Sanitation infrastructure has not been maintained or revamped in the last 30 years leading to insufficient and erratic supply. Government estimates access to water at 72.5% and sanitation to 26%; however, 48% and 26% of users of water and sanitation services respectively found the services to be unreliable. Only 45% of solid waste is collected while 60% of collected waste is dumped in open land from where it drains into rivers through subsoil seepage or during flooding/rains. Children, accounting for half of Iraq's population, remain particularly susceptible to a plethora of waterborne diseases including cholera.

Dysfunctional water systems, poor quality of water services, network breakdowns, ageing infrastructure and frequent power supply interruptions resulted that only 40% of Iraqis claim that their water sources are working reliably. Furthermore, there are wide disparities in access to safe water between regions / urban and rural areas. Families without access to water often resort to tapping into mains lines, further damaging networks and increasing the probability of water contamination which was the direct cause of the cholera outbreak in mid-2008, which came as a result of a heat wave and related water shortages.

Only 17% of the sewage generated in Iraq undergoes some form of treatment. The rest is let out into rivers and water ways untreated. Sewage pools are a common sight in many neighbourhoods. Solid waste management at the household level is severely curtailed. Piles of garbage littered in public places pose a severe threat to public health and environment.

The interventions undertaken by UNICEF in collaboration with NGO implementing partners responded to the emergency needs of vulnerable Iraqis across the country benefiting over 640,000 individuals.

### **The Iraq CAP 2008 sector objectives and relevant outputs:**

1. Reduce incidence of water-borne diseases among the vulnerable population by increasing access to safe water / maintenance of sanitary environment with active community participation
2. Support and promote key personal hygiene practices among the targeted population
3. Maintain capacity to immediately respond to the Water/Sanitation needs of the IDPs and vulnerable population
4. Initiate interventions contributing to early recovery.

Emergency operations and management of cholera outbreak: UNICEF and its NGO partners (Intersos, Mercy Corps, International Medical Corps and Relief International) have supported the Iraqi Government in responding to the immediate water and sanitation needs and the managing of the cholera outbreak. In total, 134,000 persons have benefited from the following UNICEF emergency supplies:

- Five million water purification tablets delivered to DoHs to be used in emergencies nationwide
- 20,000 drums of bleaching powder (40 Kg each) provided to Directorates of Water
- 34,400 collapsible water containers (10L) delivered in five governorates to increase safe water storage capacity at the household level
- 852,000 toilet soaps, 80,000 packs of washing powder and 40,000 PVC toilet pitcher (2L) delivered to acutely vulnerable families
- To sustain hygienic environment at the household level 16,650 baby hygiene kits; 9,000 adult hygiene kits; and 77,000 female sanitary napkins were distributed.

Trucking of potable water to vulnerable and conflict-affected communities: During 2008, UNICEF and its partners trucked:

- Two hundred and twenty-one million Litres in Baghdad Governorate (eight sub-districts) benefiting 212,500 individuals in addition to five hospitals and several schools, this included water for over 70,000 people and four major hospitals in conflict-affected districts of Baghdad as well as 18 million Litres provided to 40,000 individuals in the outskirts of Baghdad.
- 3.6 million Litres in Basra Governorate during the May 2008 fighting benefiting 89,250 people
- 7.2 million Litres trucked for 9,000 individuals in Anbar Governorate
- Emergency water for 39,000 inhabitants in Babil, Wassit and Missan Governorates.

Adequate water supply for IDPs and returnee: UNHCR projects to improve water supply for IDPs, returnees and host communities benefited almost 9,500 families (approximately 57,000 persons). These included drilling of wells, provision of water purification units, water tanks and filters, as well as rehabilitation of existing water purification units and water supply systems. These projects were implemented throughout the country: in southern Iraq (19 projects and four villages), Diyala Governorate (three villages) and well as in the north (one IDP settlement, two villages).

Rehabilitation of water supply networks: UNICEF continued to upgrade community-level water systems in various governorates. In Anbar, four new water purification units were installed, benefiting 9,000 inhabitants. In Anbar, Babil,

Missan and Wassit, community-level water storage capacity was augmented by the installation of 70 water tanks (5,000 and 10,000 Litres capacity) benefiting over 1,000 inhabitants. UNICEF also provided 18 water testing equipment and 134,000 chlorine testing tablets to reinforce capacity of Water Directorates for rapid water testing in high-risk areas.

Sanitation: UNICEF supported 10 villages with improved waste disposal schemes, latrine construction, as well as repairing sewage systems in schools and medical facilities, benefiting some 80,000 individuals. Distribution of hygiene kits during the cholera outbreak were accompanied with a hygiene promotion campaign in 25 towns and villages that reached some 55,000 families (approximately 300,000 persons).

## **Strategic Planning Priority (2): Provide protection for the most vulnerable civilians against grave violations of their human rights**

### **Protection**

Since 2003, the protection crisis in Iraq has been characterized by grave and systematic violations of human rights and humanitarian law. Civilian deaths are largely the result of attacks intended to cause mass casualties among the civilian population, as well as smaller scale attacks targeting individuals for their political, religious or ethnic affiliations. Currently, 2.5 million persons are internally displaced of whom 1.26 million fled their homes after February 2006. In addition, 2 million Iraqis sought refuge in neighbouring countries. Protection of women's rights has deteriorated since 2003 and children have been severely affected by the conflict and are vulnerable to child labour, recruitment or association with armed groups. Impunity is widespread among all parties to the conflict with few, if any, prosecutions, including for the most serious abuses. Access to justice is largely absent due to fear of reprisals, lack of capacity among rule of law institutions, corruption and lack of awareness concerning accountability mechanisms.

The people of Iraq live in one of the greatest concentrations of landmines, unexploded ordnance and other explosive remnants of war in the world. The Protection Sector will improve the protection of civilians throughout the country and create an environment which contributes to the observance of human rights for all Iraqis, including the mitigation of the effects resulting from forced displacement.

The Protection Sector addresses protection concerns by promoting pro-protection legislation and policies, human rights awareness raising and among government, including security forces, non-state actors, civil society and the civilian population, and building capacity on protection and conflict management. The Protection Sector also provide access to legal aid and alternative forms of justice, harmonize systems for monitoring and reporting, strengthen coordination mechanisms for humanitarian assistance and provide access to protection services and other support for vulnerable groups. Further, the Protection Sector reinforces mine action response and improves the protection of refugees. The Protection Sector promotes awareness to the dangers of unexploded ordnance and other explosive remnants of war and supports the Government of Iraq to ensure mine action is mainstreamed into reconstruction and development activities in Iraq.

The Iraq CAP 2008 sector objectives and relevant outputs:

1. Strengthen advocacy for protection of civilian population through the implementation of IHL domestic and HR laws and mainstreaming protection in other sectors
2. Support the establishment of the rule of law, incl. facilitating access to justice
3. Facilitate equal access to basic services
4. Establish systems for monitoring and reporting on protection
5. Respond, prevent and reduce the impact of forced displacement
6. Provide a protective environment for vulnerable women/children/young persons in priority areas.

Responding, preventing and reducing the impact of forced displacement: A National Policy on Displacement was prepared by the Iraqi Ministry of Displacement and Migration (MoDM) in partnership with UNHCR and UNOPS. The National Policy provides a framework on:

- protection of basic rights for displaced persons, including the right to participate in decision-making processes
- protection against arbitrary displacement
- legal status and official recognition as IDPs
- rights to property restitution and compensation
- access to health care and job opportunities.

The National Policy also outlines basic needs of the displaced population, and covers different roles and responsibilities. Discussions during the Conference included assistance to and protection of IDPs, property restitution, durable solutions to displacement, and Iraqis abroad. These discussions were translated in recommendations to be included in the National Policy's implementation plan. In addition, the establishment of governorate emergency cells provided for the necessary forum to strengthen capacity in emergency preparedness, response and assistance to IDPs and returnees.

Legal interventions done through PACs assisted in responding to needs of IDPs during displacement and upon return.

Legal aid and facilitating equal access to basic services: UNHCR through its PACs and mobile teams, provided protection, NFI and medical assistance to IDPs, refugee and IDP returnees, refugees and asylum-seekers, stateless persons and local community members. IDPs and women were included in vocational/income-generating activities, received financial assistance and profited from micro-credit projects. UNHCR advocated with various local authorities for an improved access to social services, such as education and health.

With regard to legal needs, PACs helped some 19,100 persons in resolving their problems related to basic rights. This included:

- access to public services (almost 9,100 cases)
- obtaining documents (6,910 cases) assistance to register with competent authorities to obtain various documents to enjoy a wider spectrum of rights and basic services
- assistance in court proceedings (3,005 cases): personal status, inheritance and documentation issues, property and/or land allocation and restitution, marriage and divorce rights, advocacy to stop evictions or to find alternative solutions, follow up on detention cases, prevention and response to Sexual or Gender-based Violence (SGBV), advocacy on rights of children.

Protection monitoring and reporting system: UNHCR and its PACs are following up on protection risks and factors and specific needs of IDPs and returnees (IDP and refugee returnees), which then leads to necessary interventions with local or central authorities. In 2008, PACs have conducted over 700 protection monitoring assessments which informed about UNHCR collaboration with MoDM on resolving issues related to refugee repatriation and returnee registration.

Child protection and GBV: UNICEF has strengthened systems to gather protection information on GBV and recruitment by armed groups, with a particular focus on identifying communities where levels of violence are high and where grave violations of children's rights are taking place. UNICEF is leading the establishment of the mechanism to monitor, report and respond to grave child rights violations based on the framework of the Security Council Resolution 1612 (Children and Armed Conflict). By December 2008 Iraqi-specific guidelines for the monitoring and reporting on grave child rights violations were developed. In parallel, UNFPA implemented a project aimed at providing support and rehabilitation for victims of GBV in Erbil, Sulaymaniyah, Basra and Baghdad.

Provision of a protective environment for vulnerable women, children and young persons: UNICEF utilised the funding support received under CAP 2008 to support its implementing partner Heartland Alliance to train a total of 65 (46 male and 19 female) teachers as master trainers on psychosocial care skills in 97 schools in Baghdad, Basra, Erbil, Wassit, Missan and Thi-Qar. Between June and December 2008, UNICEF facilitated the training of 1,586 (654 male and 932 female) teachers on provision of psychosocial care in the school setting. As a result of this training, 47,963 students (29,110 boys and 18,853 girls) in 97 schools are now receiving psychosocial care services provided by the trained teachers. In addition to the training provided for teachers through the protection sector, UNICEF's implementing partner together with MoE in Erbil, facilitated training courses for 448 (252 female; 196 male) teachers on psychosocial support for school children.

The contribution received under CAP was used by UNICEF to support its implementing partner Enfants de Monde (EMDH) to reunite 71 children (13 female, 58 male) from orphanages with their families. These children also benefited from reintegration assistance including enrolment in schools, support for vocational training opportunities and psychosocial counselling for both children and their families. Monitoring reports and follow up visits indicate that the reunited children are adjusting well within their family settings. The funding was also used to improve care and protection services for 510 children in 20 state houses (orphanages) managed by the Ministry of Labour and Social Affairs (MoLSA).

Between September and December 2008 UNICEF's implementing partners conducted child protection assessments in 97 districts across the 18 governorates of Iraq. The findings of the assessments will be used to formulate child protection-related strategies for 2009.

### **Strategic Planning Priority (3): Improve the capacity, coverage, coordination and impact of humanitarian action**

#### **COORDINATION AND SUPPORT SERVICES**

The inter-agency Information Analysis Unit (IAU) comprising OCHA, UNAMI, UN agencies and NGO partners was formed in 2008. The IAU developed throughout the year, strengthening the evidence basis for humanitarian needs analysis and response programming. A number of common Information management products, maps, 3Ws database, contact lists and profile maps as well as the Common Humanitarian Action Plan (CHAP) for the 2009 Consolidated Appeal have been developed by the IAU. The goal of the IAU is to strengthen the strategic use of information for a range

of interventions in Iraq.

Improvement in information gathering and analysis has provided a sound basis on which effective advocacy can be conducted. Significant progress in this regard was attained in the second half of 2008 with the coming on stream of an array of datasets including the comprehensive food security and vulnerability analysis. In addition the IAU complement of gender analysis have enable improved advocacy. There was continued engagement with relevant parties on protection of civilians (including through the work of the Protection SOT and the National Operations Centre (NOC)).

The level of resources contributed to the 2008 Consolidated Appeal reflects the resource mobilization efforts during the year. Coordination continued to be strengthened through a number of initiatives, including the creation of the Baghdad Humanitarian Forum in July 2008 and the groundwork for the development of the Iraq Field Coordination network (consisting of National Officers in all 18 governorates across Iraq which will become active during 2009). Significantly, quarterly coordination *fora* dedicated to NGOs were established in Baghdad and in Erbil. Regular coordination and information exchange meetings were also strengthened in Baghdad, Basra and in Erbil.

#### **Strategic Planning Priority (4): Strengthen links between immediate action for families in crisis and support for sustainable recovery**

While majority of the recovery-related activities of the UN are funded through the UNDG International Reconstruction Fund Facility for Iraq (IRFFI), the CAP does not only focus on the humanitarian needs alone. A desk study undertaken by OCHA Iraq indicates that as many as 62% of the Iraq CAP 2008 projects helped generate community assets related to knowledge, service capacity and improved local infrastructure. Examples of such interventions included provision of housing to the IDPs and returnees, strengthening the capacity of Iraqi's health system to respond to the new emergencies or building the capacity of the Iraqi Government to monitor the status of food security in the country. As the levels of humanitarian needs in Iraq ceased increasing while reconstruction work is gearing in pace, the CAP proved useful in supporting Iraq's reconstruction while at the same time taking care of the most vulnerable 2.5 million beneficiaries of this Appeal.

**ACRONYMS**

ALP	Accelerated Learning Programme
CAP	Consolidated Appeals Process
CERF	Central Emergency Response Fund
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CHAP	Common Humanitarian Action Plan
COSIT	Ministry of Planning and Development Cooperation's Central Organisation for Statistics and Information Technology
DIBs	Disputed Internal Boundaries
DoH	Directorates of Health
ERF	Expanded Response Fund
FTS	Financial Tracking System
GBV	Gender Based Violence
HR	Human Rights
IASC	Inter-Agency Standing Committee
IAU	Inter-Agency Information and Analysis Unit
IDPs	Internally Displaced Person
IHL	International Humanitarian Law
IOM	International Organization for Migration
IRFFI	International Reconstruction Fund Facility for Iraq
ISF	Iraqi Security Forces
ITF	Iraq Trust Fund
KRG	Kurdistan Regional Government
KRSO	Kurdistan Regional Statistics Office
MICS	Multiple Indicator Cluster Survey
MoDM	Ministry of Displacement and Migration
MoE	Ministry of Education
MoH	Ministry of Health
MoLSA	Ministry of Labour and Social Affairs
MNF-I	Multi National Force-Iraq
MMR	Measles, Mumps and Rubella
NFI	Non-Food Item
NGO	Non-Governmental Organization
NOC	National Operations Centre
OCHA	Office for the Coordination of Humanitarian Affairs
ORS	Oral Rehydration Salts
PACs	Protection Assistance Centres
PDS	Public Distribution System
PFDM	Post-Food Distribution Monitoring
PHC	Public Health Care
PHCC	Public Health Care Centres
PKK	Kurdistan Workers' Party
SGBV	Sexual Gender Based Violence
SOFA	Status of Forces Agreement
SOT	Sector Outcome Team
TVET	Technical and Vocational Education and Training
UN	United Nations
UNAMI	UN Assistance Mission for Iraq
UNDP	UN Development Programme
UNESCO	UN Education, Scientific and Cultural Organization
UNFPA	UN Population Fund
UNHCR	UN Refugee Agency
UNICEF	UN Children's Fund
UNIFEM	UN Development Fund for Women
UNOPS	UN Office for Project Services
WFP	World Food Programme
WHO	World Health Organization
3Ws	Who does What, Where?