

Summary Overview

- This Allocation Strategy is issued by the Humanitarian Coordinator (HC), in consultation with the Clusters and Advisory Board (AB), to set the IHf funding priorities for the 1st Standard Allocation 2020.
- A total amount of up to **US\$ 12 million** is available for this allocation. This allocation strategy paper outlines the allocation priorities and rationale for the prioritization.
- This allocation paper also provides strategic direction and a timeline for the allocation process.
- The HC in discussion with the AB has set the Allocation criteria as follows;
 - ✓ Only Out-of-camp and other underserved locations
 - ✓ Focus on ICCG priority HRP activities to support COVID-19 Response
 - ✓ Focus on areas of response facing marked resource mobilization challenges

Allocation strategy and rationale

Situation Overview

As of 10 May 2020, the World Health Organization (WHO) has confirmed 2,676 cases of COVID-19 in Iraq; 107 fatalities; and 1,702 patients who have recovered from the virus. The Government of Iraq (GOI) and the Kurdistan Regional Government (KRG) have generally relaxed enforcement of the stringent curfews and movement restrictions which have been in place for several weeks, although they are nominally still applicable. Partial lockdowns are currently in force in federal Iraq until 22 May, and in Kurdistan Region of Iraq until 18 May. The WHO and the Ministry of Health recommend maintenance of strict protective measures for all citizens to prevent a resurgence of new cases in the country.

The humanitarian community in Iraq is committed to both act now to stem the impact of COVID-19 by protecting those most at risk in already vulnerable humanitarian contexts and continue to support existing humanitarian response plans, in increasingly challenging environments. A commitment to maintain existing humanitarian operations is a critical element of the COVID-19 response to ensure that the most vulnerable do not become even more susceptible to the effects of the pandemic.

Impact on Humanitarian Operations

Humanitarian clusters in Iraq have mapped out the challenges encountered in implementing humanitarian activities in the face of COVID-19 movement restrictions. As of 13 April, at least 17 activities identified within the 2020 Humanitarian Response Plan (HRP) had been reprogrammed and another 32 activities have been delayed.

- ✓ **Camp Coordination and Camp Management (CCCM):** The lack of access to formal and informal sites due to a combination of non-issuance of national access letters and COVID-19 related movement restrictions remains the biggest impediment for camp management partners to prepare camps for a potential outbreak, as well as the need for agreement on establishment of quarantine / isolation areas in camps as risk mitigation and contingency measures
- ✓ **Coordination and Common Services (CSS):** The Cluster reports that COVID-19 related movement restrictions have compounded challenged existing coordination mechanisms, hindered planned data collection, and jeopardized coordinated needs assessments.
- ✓ **Education:** The Cluster notes that all schools across Iraq are closed and every learning related activity is currently suspended, resulting in delayed implementation of educational support nationwide, including for those children identified within the 2020 HRP.
- ✓ **Health:** The lack of adequate capacity in health facilities and health workers to effectively respond to the current pandemic, movement restrictions, and limited supplies and equipment are major issues affecting

the service delivery. Further, movement restrictions have impacted the access to essential and emergency services for vulnerable population groups, including pregnant women in need of antenatal and delivery care and mothers and children in need of nutrition and immunization services.

- ✓ Protection: Overall protection programming has been hampered by the lack of access due to movement restrictions and associated measures such as closure of community centers and relevant government offices.
- ✓ WASH: Movement restrictions imposed in March 2020 prevented WASH actors from reaching as many as 18,000 people with hygiene promotion services and 13,000 people in camps with adequate water and sanitation services.
- ✓ Cash assistance: In light of the recent mitigation measures imposed by the GoI and the KRG, the cash activities in Iraq, especially the multi-purpose cash assistance (MPCA), came to an abrupt stop with around 99 per cent of cash delivery planned put on hold affecting households in need of humanitarian assistances to cover basic needs. The mitigation measures also drained liquidity of financial service providers and limited their capacity to distribute cash.

The Inter-Cluster Coordination Group (ICCG) has identified 72 priority activities that are critical to continue in order to ensure people's suffering is minimized and that the current situation does not worsen. This includes 57 activities included in the 2020 HRP and 15 new activities directly related to preparedness, mitigation, response to COVID-19. The HQ has indicated that this allocation will prioritise the activities included in the 2020 HRP and NOT the newly identified activities.

Allocation Parameters and Prioritization Criteria

The HC and AB have agreed that the \$12 million allocation will be disbursed by July 2020. The allocation will be used to finance areas of response facing marked resource mobilization challenges. To ensure the timely delivery of Humanitarian Assistance to beneficiaries, projects of existing IHF partners on ICCG/NCCI priority list and that supported the recent Access Severity Focus Group discussions and that meet the following criteria will be prioritised;

- ✓ Only Out-of-camp and other underserved locations
- ✓ Focus on ICCG priority HRP activities to support COVID-19 Response
- ✓ Focus on areas of response facing marked resource mobilisation challenges
- ✓ Large-scale, NGO led and multi partner or consortium projects will be prioritized – see below

Consortium Projects

In 2019, the HC and AB endorsed a consortium-based approach, whereby funds are allocated to multiple humanitarian actors through a single lead agency working in equal partnership with consortium members. The objectives of this approach are threefold (1) to channel funds to and capacity build national NGOs; (2) to enhance the efficiency of allocation processes and ensure timely disbursement of funds to prioritized humanitarian projects; and (3) to enhance coordination between partners and the response as a whole.

For this 1st Standard Allocation of 2020, the consortium approach is considered the preferred modality but needs to ensure consortia function effectively as more than an administrative entity and really draw on the benefits of the modality. While consortia are the preferred modality, in cases where it is operationally not feasible, individual partner grants will still be signed upon agreement of the IHF, Cluster and partner and endorsed by the HC. Eligibility criteria and guidance for consortia projects are as follows;

- ✓ Consortium or multi-partner projects must budget for dedicated resources and management for the consortium to function.
- ✓ Consortia of up to 4 partners must include at least 1 NNGO, consortia of 5 or more partners must include at least 3 NNGOs.

- ✓ Projects led by international actors must include activities for capacity building of consortium members with emphasis on NGOs in the proposal budget, log frame and activity plan.
- ✓ Consortium lead agencies are encouraged to share a proportion of the 7% program support costs (PSC) in agreement with consortium members.
- ✓ Maximum allowable consortia project budget is the sum of the individual partner allowable budget as per IHF operational modalities (see below).
- ✓ In accordance with article 5 of the IHF Grant Agreement, the consortium lead “*shall be fully responsible for all work and services performed by these operational partners and for all acts and omissions committed by them or their employees.*”
- ✓ A single partner may not apply for and lead more than 1 consortium projects per allocation.

Risk level	Project duration (months)	Project value (thousand USD)	Maximum amount per project (thousand USD)	Disbursements (in % of total)	Financial reporting			Narrative reporting		Monitoring	
					For disbursements	31-Jan	Final	Progress	Final	Project monitoring	Financial spot-check
NGOs											
High	< 7	< 250	-	60-40	Yes	Yes	Yes	1 mid	Yes	1	1
		> 250	500	50-50	Yes	Yes	Yes	1 mid	Yes	1	1
	7 - 12	< 250	-	40-40-20	Yes	Yes	Yes	2	Yes	1	1
		> 250	800	40-30-30	Yes	Yes	Yes	2 - 3*	Yes	1-2**	1
Medium	< 7	< 250	-	100	-	Yes	Yes	1 mid	Yes	-	-
		> 250	700	80-20	Yes	Yes	Yes	1 mid	Yes	1	-
	7 - 12	< 250	-	80-20	Yes	Yes	Yes	1 mid	Yes	0-1**	-
		> 250	1,200	60-40	Yes	Yes	Yes	1 mid	Yes	1	0-1
Low	< 7	< 400	-	100	-	Yes	Yes	-	Yes	-	-
		> 400	-	80-20	Yes	Yes	Yes	-	Yes	-	-
	7 - 12	< 400	-	100	-	Yes	Yes	1 mid	Yes	-	-
		> 400	-	80-20	Yes	Yes	Yes	1 mid	Yes	1	1 / partner

Cluster Priorities

Based on the HCT-endorsed ICCG list of priority activities to support 2020 HRP activities and the COVID-19 response, the Clusters have identified the following needs and interventions as critical priorities for this allocation. Details of prioritised activities and locations can be found in Annex 1.

Camp Coordination and Camp Management Allocation \$1,100,000

Cluster needs' and gaps outlined in the HRP for 2020

The 2020 HRP identifies significant service gaps in informal settlements, with an estimated 127,938 IDPs in protracted displacement – including those secondarily displaced after sudden camp closures and evictions from mid-2019 – living in underserved, often unsafe sites and in need of humanitarian assistance. IDPs living in these sites, even prior to the COVID-19 situation, experienced significant gaps in services and a consequent inability to meet basic needs. In addition to highlighting the ongoing humanitarian need in informal sites, the HRP also identifies the necessity for provision of data on the situation in informal sites in order to inform efficient and prioritized multi-sectoral interventions.

While the 2020 HRP looks towards resilience and recovery, the humanitarian analysis for COVID-19 prioritization highlights the negative impacts and reduced coping capacity and resilience that the outbreak is likely to have, particularly on existing vulnerable populations. Populations living in informal sites live in often crowded sites with inadequate shelter and WASH facilities, putting them at risk of outbreak and transmission of the virus, while often reliant on informal work leaving them at risk of significant disruption of income and livelihoods. This disruption is likely to make already vulnerable populations even more at-risk, increasing risk of resort to negative coping capacities and eroding existing self-reliance capacity leaving individuals in need of humanitarian assistance.

Understanding these increased needs, risks, and vulnerabilities of populations living in informal sites, and being able to prioritize and appropriately respond, thus is a heightened priority CCCM need for 2020 going forward.

Key Issues and Priorities to be addressed in this Allocation:

The CCCM Cluster has identified two out-of-camp priorities during and in response to the COVID-19 outbreak: “Mobile CCCM intervention in informal settlements and host communities”, and “CCCM Cluster Data Collection (Camp profiling, RASP, Intentions)”.

The reduction in coping capacity and likely inability to meet basic needs, increases the need for continued CCCM support in informal sites identified as particularly vulnerable and/or of protection concern, and in as-yet unserved locations. Sites of concern for continued CCCM and humanitarian support include Kilo 7 in Anbar and sites in Salah al Din, flagged with concern by humanitarian partners. It will also allow for expansion of CCCM into sites that are currently unserved in Kirkuk, Diyala, and Duhok, through a modality designed as a short-term intervention phasing out into community self-reliance.

Support for these locations includes information, coordination, and advocacy on site situation, protection concerns, service coverage to meet basic needs, communication with communities, site risk reduction works to ensure a safe living environment, and support to the community to promote self-reliance. CCCM presence in the sites will also support preparedness and response activities should COVID-19 outbreak still be a risk in the second half of 2020. CCCM response will, wherever possible, be promoted to be in conjunction with appropriate Shelter and WASH interventions.

CCS Allocation \$600,000

Cluster needs’ and gaps outlined in the HRP for 2020

The country-wide curfew and government restrictions on movements implemented to prevent the spread of COVID-19 also had a significant impact on humanitarian activity, including programming related to COVID-19 prevention, preparedness and response. Although humanitarian organizations were able to obtain curfew exemptions in most governorates, the prohibition on inter-governorate movement, including for the movement of medical supplies, significantly impeded response.

Most NGO partners of the UN were unable to receive national access authorization letters for the movement of staff or supplies, which restricted their ability to respond. OCHA and NCCI have been working with the national government to establish a new procedure for implementing partners to request and receive access letters. Through this process, in March, 51 requests for access letters were submitted on behalf of 31 NGOs. However, as of the end of the month, application requests for 27 NGOs were still in various stages of the NOC approval process, and only four NGOs had been granted access letters.

Key Issues and Priorities to be addressed in this Allocation:

Iraq Information Center (IIC): The IIC will continue to work and promote COVID-19 messaging and Accountability to Affected Populations/Communications with Communities work, also working with Clusters, Working Groups, and the UN Agencies. For its call center, the IIC has taken special measures for the safety and well-being of the team and will continue to operate with rotational basis of staff working from home and from the office. Following the month of Ramadan, the IIC will implement reduced working hours, 8 am- 6 pm during weekdays; and 9 am to 3 pm during weekends and holidays. Consequently, this will allow the call center reduce and limit the exposure of the staff while allowing the center to operate at this crucial time.

NCCI's Bureaucratic Liaison Unit (BLU) is working to find workable solutions to the ongoing access issues. As part of this engagement, the need for NCCI to take on a more operational role in this regard has been identified. In response, NCCI will launch an Access Letter Unit with the aim of minimizing administrative hurdles associated with obtaining access letters by systematizing the process. This Unit would help centralize and consolidate efforts to ensure a unified and inclusive GoI access letter process that would safeguard NGO operating space in federal Iraq - which has become even more constrained due to COVID related movement restrictions. Furthermore, by serving as an early warning system and through direct regular engagement with the

Gol, the Unit can help mitigate the introduction of new and fluid compliance rules for Access Letters that have, thus far, led to disruptions in operations and constrained NGO operational space in federal Iraq.

Education Allocation \$1,500,000

Cluster needs' and gaps outlined in the HRP for 2020

More than nine million students including the 330,500 children targeted in the 2020 HRP, have lost access to education due to the COVID-19 outbreak. There is no clear indication from the Government as to when schools will reopen in Iraq and the likelihood of schools reopening at the commencement of the new academic year in October 2020 is high. COVID-19 exposes an already fragile education system which was weakened by years of conflict and without innovative solutions to this problem, more children will be unable to enjoy their right to education.

To date, in response to this crisis, the Ministries of Education (MoE)s in Federal and Kurdish Region of Iraq (KRI) have introduced e-learning platforms to ensure continued learning for the students in Iraq. However, the 2018 MICS results show that access to internet in Iraq is 54% (60% in urban and 39% in rural areas) therefore e-learning platforms will not benefit the most marginalized children.

Education through television is an approach the Cluster is interested in supporting. According to the 2018 MISC, access to TV in Iraq is 97.7%. This means even those school aged children in vulnerable and marginalised communities including IDPs and returnees, could potentially have access to educational content delivered through television. There is a gap however in MoE Federal which already had a tv channel established in 2010 to support students to overcome the learning challenges caused by the deteriorating security situation. Currently, the TV channel only covers around 45% of the updated official curricula. In view of the current COVID-19 crisis, the government is facing greater needs and in order to ensure continued learning for as many students as possible, MoE needs to produce the remaining 55% of the official curricula that is currently missing. The MoE has already approached the Cluster seeking assistance.

Key Issues and Priorities to be addressed in this Allocation:

The programmatic approach for this funding round will focus on alternative modalities to allow for continued access to education for the most vulnerable groups of children. The limited amount of funding available for this current round of IHF funding requires the cluster to invest in activities that will maximize reach in the most cost-effective way. The cluster is therefore proposing two main priorities:

1. Support MoE Federal Education TV Channel:

The suggested intervention is to support MoE Federal in the production of TV programmes covering the remaining items of the official curricula for the none examination classes which is missing. In addition to curriculum-based content, programmes covering psychosocial wellbeing (PSS) as well as COVID19 prevention and awareness will also be recorded and broadcast. This intervention will see millions of children across Iraq including the most vulnerable gain access not only to education but also psychosocial support and key messaging on how to keep themselves safe and protected during this time of COVID-19.

2. Production of Self-Learning Materials

For this allocation, the cluster is also promoting the use of self-learning materials for the hardest to reach children in prioritized districts which will either complement educational TV or can be used as a stand-alone modality. This intervention will mainly be targeted for children who have recently returned to their areas of origin following camp closure who may not have access to television and will have to resort to using self-learning materials. The materials are already prepared but require printing and distribution as well as guidance notes for self-learning for students and their caregivers.

Food Security Allocation \$1,100,000

Cluster needs' and gaps outlined in the HRP for 2020

The COVID-19 pandemic has the potential to disrupt the food system and impact food availability, access, stability and utilization; movement restrictions may negatively influence crop and livestock production, issues

with the global supply chain may distort prices and vulnerable households may resort to negative coping strategies. Internally displaced people (IDPs) and returnees are more vulnerable to these shocks and require immediate assistance to ensure their continued food security.

Movement restrictions have affected agriculture-dependent households' ability to afford inputs, resulting in a loss of earnings and limiting the quantity of food available on the market in upcoming harvest seasons. Vulnerable households, already have limited livelihood sources and this is exacerbated in the current crisis, causing them to purchase more caloric-dense food and/or adopting negative coping strategies, which will have a cascading impact on nutrition, health and labour productivity.

Currently, only 20% of the Food Security HRP activities have received funding, all for emergency food distributions. Agriculture-focused activities remain unfunded. These activities; however, are more essential than ever to safeguard global and national food systems and support durable livelihoods, as highlighted in the Global COVID-19 Humanitarian Response Plan (HRP).

Key Issues and Priorities to be addressed in this Allocation:

Agriculture inputs and livestock assets. Government regulations have allowed agriculture producers to continue accessing their fields and input markets to ensure ongoing agriculture production; however, as the COVID-19 pandemic evolves, disrupted supply chains may impact prices. Thus, vulnerable households may be unable to afford inputs, potentially decreasing the amount of land under cultivation and/or the quantity/quality of the harvest. Supporting domestic producers now is essential to avoid food availability issues in the upcoming season, thus safeguarding domestic food supply and long-term food security.

Provision of animal feed. Livestock owners may have limited access to the market to purchase feed or to move with their herds to natural pastures. Thus, distributing animal fodder will ensure that livestock owners can maintain their herds and source of livelihood, while also ensuring that animal by-products remain available on the local market for general consumption.

Multi-Purpose Cash Assistance Allocation \$1,500,000

Cluster needs' and gaps outlined in the HRP for 2020

The COVID-19 outbreak and subsequent containment measures have resulted in disruption financial services with immediate and long-term economic consequences. The mitigation measures have curtailed the operations of humanitarian actors and banks, affecting timely delivery of assistance to vulnerable households. In times of crisis, it is the most vulnerable households that have no or weak economic capacity and resources to bear the economic consequences. Cash transfers remain an effective form of humanitarian assistance to create access to basic needs and services as well as stimulate the local economy.

There are 61,000 households living with acute need of humanitarian assistance and unable fully meet their minimum basic needs without external assistance. It is anticipated that the number of vulnerable households that are unable to meet their basic needs will increase as the containment measures continue to slow down economic performance. Many other coping mechanisms, including remittances and credit system would now be exhausted due to the scale of COVID-19 impact. The immediate effect on all sphere of economy would compress labor opportunities and labor incomes cannot ensure anymore minimum living standards leaving households struggle to cover their minimum survival expenditures. Vulnerable households will not be able to cover critical basic needs and services including food, hygiene, rent, health, to mention a few, which would expose them to immediate health and protection risks.

The Cash Working Group (CWG) has developed comprehensive guidance on how to ensure continuity of cash activities during COVID-19, how to operationalize cash activities in the field during the outbreak and how to design cash and voucher assistance that is pertinent to COVID-19 situations. The revised version of the guidance is currently under review by key CWG members and will be distributed to all partners and the ICCG. MPCA is operational despite difficulties with partners resuming distribution of cash with the ease of movement restrictions, following the adapted guidance.

Key Issues and Priorities to be addressed in this Allocation:

Cash assistance would enable households to cover multiple basic needs and services, including food, hygiene, health, rent and other expenses without resorting to negative coping mechanisms. As the government-led response develops, humanitarian MPCA can act as a complementary mechanism that may facilitate transition of the most vulnerable into the government-led response for sustained support. Once the context allows, resumption and expansion of livelihoods programming and broader economic interventions will be imperative to accelerate access to income and to support normalization of market function.

MPCA is prioritized as one of the COVID19 humanitarian response activity to cover basic needs of eligible households that are in need of humanitarian assistance. The CWG in this allocation plans to target around 1,313 households in form of MPCA in the HRP prioritized districts. As outlined in the HRP, a unique level of vulnerability will be applied to transfer \$800 instead of three transfers of \$1,200 to be payed upfront to cover HHS' needed resources for upcoming months.

Health Cluster Allocation \$1,470,000Cluster needs' and gaps outlined in the HRP for 2020

The health system in Iraq cannot cope adequately with an unforeseen emergency such as the current pandemic that has affected 210 countries and territories worldwide. The surveillance and reporting systems are not adequate, and do not cover all the locations in the country. Therefore, enhancing the surveillance system to facilitate contact tracing and detection is vital in curbing the epidemiological trend of the COVID-19 infection in country.

Seven hospitals from Baghdad, Najaf, Basrah, Dahuk, Sulaymaniyah, Erbil and Kirkuk are already assigned for managing COVID-19 cases. Among them, the referral facilities in Najaf, Kirkuk, and Baghdad are managing cases with bare minimum facilities. There is a shortage of Personal Protective Equipment (PPE), Polymerase Chain Reaction (PCR) equipment and laboratory reagents in the country. These items are expendable and need to be constantly replenished.

There is a shortage of health specialists in the country, and existing health workers need to be trained in critical areas such as Infection Prevention and Control procedures, the correct use of PPEs and case management. Further, there is a need to ensure continuous service provision to all vulnerable populations, in parallel with the COVID-19 response activities. Women of Child-Bearing Age (WCBA), children and people in need of mental health/psychosocial services are some of the most vulnerable groups whose needs remain top priority to be addressed.

Key Issues and Priorities to be addressed in this Allocation:

The below HRP 2020 Areas of Intervention have been prioritized for this allocation, since they are the most immediate, life-saving activities that need to be sustained in an uninterrupted manner, in order to avert a nationwide increase in COVID-19 caseload and avoid overwhelming the health system.

1- Disease outbreak contingency and response

- Communicable disease surveillance
 - Providing training to health professionals on COVID-19 surveillance at DoH level, health/nutrition facilities and maternity hospitals
 - Training for RRT teams in case stabilization, specimen collection and transport, contact tracing, decontamination, investigation, social mobilization, and safe and dignified burials.
- Infection Prevention and Control (IPC)
 - Procurement, stockpiling and distributing Personal Protective Equipment (PPE) with a focus on COVID-19 hospitals identified by Gol, including maternity hospitals and nutrition facilities in high-priority locations.

- Ensuring that health professionals are trained on correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing equipment.
- Supporting appropriate medical and hospital waste management procedures in the target health facilities.

2- Awareness raising of communities

- Awareness raising of the general public focusing on selected high-risk communities to address issues around IPC, stigma, and continuity of health care services
- Support the dissemination of COVID-19 health related guidelines and online training of the counterpart partners and private sector

3- Secondary Healthcare services

- Equipping ambulances and training personnel on correct use and disposal of PPE to prevent hospital-acquired infection and protect health care workers from admission to discharge.

4- Training of healthcare workers

- Training for health workers on COVID-19 case management in terms of technical expertise and guidance to MoH and partner-supported health facilities on such topics as COVID-19 nutrition related guidelines, Infant and Young Child Feeding (IYCF), management of pregnancy care and childbirth during COVID-19, etc. The training will also include health care/ambulatory teams involved in the stabilization and referral of suspected COVID-19 cases.

5- Continuity of service provision

- Ensure continuity of primary health care services, particularly in the previously conflict-affected areas and governorates/districts reporting high numbers of COVID-19 cases

General Protection Allocation \$1,000,000

Cluster needs' and gaps outlined in the HRP for 2020

The COVID-19 outbreak has aggravated pre-existing protection needs and created new protection issues. The Protection Cluster partners have identified the following risks: increased reliance of individuals on negative coping mechanisms due to loss of livelihoods; increased stress, fear and anxiety related to COVID-19 for communities and individuals already affected by the trauma of conflict and protracted displacement; stigmatization, discrimination and marginalization of individuals who have or are believed to have contracted the virus; increased limitations in beneficiaries' access to assistance as a result of the closure of public offices and institutions, and imposition of strict movement restrictions.

Out-of-camp locations were already underserved prior to the outbreak mainly due to access challenges and consequent limited partners' presence in some areas, as well as the inadequate financial resources, thus resulting in significant gaps in case management, cash for protection, PSS, community-based protection activities and legal assistance. The COVID-19 outbreak has further undermined the capacities of partners to effectively reach affected communities in order to provide critical protection services and assistance, and the out of camp locations identified in the annex below are the geographical areas mostly affected.

Key Issues and Priorities to be addressed in this Allocation:

The proposed interventions aim to address the direct and indirect protection consequences of the COVID-19 outbreak within the parameters of the HRP 2020. The interventions combine;

1. a community-level response through community-based protection to address issues of discrimination, marginalization and stigmatization associated with the fear of COVID-19 and other social cohesion issues, as well as awareness-raising activities to also facilitate access to information and messaging related to both health and protection-related matters (movement restrictions, closure/opening of public institutions etc.;

2. the provision of comprehensive protection assistance and services for the individuals/HHs most affected by the protection and socioeconomic impact of COVID-19, including through case management, cash for protection, services referrals and PSS;
3. the provision of legal assistance services for both civil documentation and detention as the lack of civil documentation can be a key impediment to access essential public services and facilities and because the imposition of movement restrictions can lead to an increase in cases of arrest and detention.

Given the current disruption of activities caused by the COVID-19 outbreak in terms of limited access to communities and opening of public offices, the need to limit group activities and face-to-face interactions, it is expected that protection partners may have to partially rely on alternative modalities of implementation for part of the projects.

Housing, Land and Property Allocation \$500,000

Cluster needs' and gaps outlined in the HRP for 2020

The COVID-19 outbreak resulted in the suspension of all HLP activities requiring direct contact with beneficiaries and access to public offices and governmental agencies and courts. In addition, limited funds and resources for HLP services have been limiting partners' ability to engage with, and provide remote legal support to, beneficiaries in order to respond to the increased needs. Continuous legal assistance to protect vulnerable families against evictions and set up referrals by HLP partners to other humanitarian and government service providers is therefore required.

The restrictions on movement and economic activity imposed by the authorities to reduce the risk of COVID-19 are having an immediate impact on IDPs' access to safe, secure and dignified housing, due to reduced livelihood opportunities and the inability of many households (HHs) to pay rent. According to recent surveys, 45 percent of HHs interviewed reported that they consider themselves at risk of eviction if the situation continues and 64 percent of HHs living in rented accommodation indicated that they would not be able to pay rent in the next three months. In addition, 44 percent of IDPs and 17 percent of returnees live in rented accommodation without a formal rental agreement.

Key Issues and Priorities to be addressed in this Allocation:

There is a need to provide HLP legal support to HHs who are threatened with evictions due their inability to pay rent as a result of the COVID-19 outbreak, particularly those living in informal rented accommodation. Legal assistance and counselling will be provided – including remotely - to ensure that HHs at risk of eviction secure their tenancy rights through formal rental agreements. The latter will prevent HHs from eviction and from the increase of rent for the rented accommodation. In addition, there is a need to set up/establish HLP referrals pathways for the HHs who are unable to pay their rent to allow them to receive cash for rent support.

Gender-based Violence Allocation \$1,000,000

Cluster needs' and gaps outlined in the HRP for 2020

As of March 2020, GBV partners have reached around 7 percent of the total targets set in the HRP 2020; major gaps in GBV services due to lack of funding, especially in Anbar, Salah Al-Din, Diyala and Kirkuk governorates, where areas with GBV prevalence and no presence of GBV actors have been identified. Female-headed HHs and families perceived to be affiliated to extremist groups are among the most vulnerable and at risk of GBV, particularly in informal settlements with poor living conditions and limited or no source of income. Alarming reports from partners indicate an increase in domestic violence linked to HHs tensions during the COVID-19 outbreak.

The imposed confinement compounded with the low or loss of livelihood opportunities pose new risks for some forms of GBV, including exploitation, sexual violence and transactional sex. GBV lifesaving interventions remain critical, especially in areas mostly affected by COVID-19 and where the presence of GBV actors is very limited, if not existent (such as Al-Najaf, Karbala, and Babil governorates). Multisectoral interventions with substantial livelihood, cash, and legal components are needed to support the GBV interventions to address the needs of GBV survivors and mitigate the risks of GBV in the prioritized locations.

Key Issues and Priorities to be addressed in this Allocation:

This allocation will ensure the access of around 22,000 beneficiaries to GBV lifesaving activities, including comprehensive GBV case management services, structured psychosocial support and strengthened referrals to multisectoral services. Other priorities include the distribution of dignity kits to women and girls of reproductive age facing financial hardship to meet their essential needs for sanitary and hygiene supplies.

Awareness raising on GBV prevention and mitigation and promotion for positive ways to cope with the stress caused by COVID-19 measures will also be a priority for this allocation. The interventions will be survivor-centred and in line with the GBV standards and guiding principles. This allocation will focus on prioritized areas with high GBV needs and no presence of GBV actors, particularly in informal settlements and those affected directly with the COVID-19 outbreak.

Child Protection Allocation \$1,000,000Cluster needs' and gaps outlined in the HRP for 2020

Child Protection Sub-Cluster needs targeted a total of 27,000 extremely vulnerable children in need of case management support during 2020. CP actors' ability to provide this assistance has been severely restricted by the COVID-19 movement restrictions and preventative measures. Currently, child protection risks are expected to increase due to the risks presented by COVID-19 and related control measures, including an increase in violence against children, such as domestic violence, separation of children from their caregiver due to the isolation or quarantine of the child or caregiver, psychosocial distress and the adoption of negative HHs coping strategies due to the loss of livelihoods, such as child labour.

In response to the risk of separation, safe and appropriate forms of alternative care are required to be identified to ensure that children have access to appropriate care and can be reunified quickly with their caregivers once recovered. Low child protection partner presence to deliver lifesaving activities in the locations of Baghdad, Najaf and Kerbala remains a major gap in CPSC response.

Key Issues and Priorities to be addressed in this Allocation:

Full case management services for the most vulnerable girls and boys represent the main gap and top priority to be addressed by the allocation, with a focus on out of camp areas impacted by COVID-19. The selected locations of Baghdad, Najaf and Kerbala have a very low child protection partner presence and there is low capacity to respond to the emerging child protection risks associated to COVID-19. Delivery of comprehensive case management services including alternative care for children who become separated due to COVID-19 is a priority, as well as the delivery of psychosocial support and awareness raising to address emerging child protection risks. Delivery of services will be through face to face or adapted remote modalities as the COVID-19 situation and sub-cluster determines.

Water, Sanitation and Hygiene Allocation \$1,500,000Cluster needs' and gaps outlined in the HRP for 2020

The COVID-19 outbreak has weakened the limited coping capacities for the most vulnerable people, especially those in hard to reach locations, and further increases the risk of water- and vector-borne diseases. Thirty-two locations in Ninewa, Salah Al-Din, Al-Anbar, Diyala, Kirkuk and Baghdad are identified as priority locations with critical WASH needs, that require a scale-up of WASH partner presence to meet these needs. CCCM mission report (March 2020) to Anbar highlighted significant WASH needs in out of camp locations ranging from lack of waste disposal and improper sewage system to the need for safe drinking water.

Travel restrictions/curfews related to COVID-19, has prevented WASH actors from rapidly distributing hygiene kits to vulnerable households. All WASH activities in schools have been halted and typical measures of sharing hygiene messages are limited, as mass gatherings have been banned. Pausing infrastructure rehabilitation in areas of returns leaves those returnees at higher risk of COVID-19 infection, as well as other endemic diseases such as cholera due to unsafe and insufficient water. Essential activities, such as rehabilitation of WASH facilities in health care facilities and WASH response in informal settlements, remains a gap that must be addressed rapidly to mitigate the risks of COVID-19.

Key Issues and Priorities to be addressed in this Allocation:

WASH Cluster urgently prioritizes the implementation of the critical HRP activities with a direct link to preventing further spread of COVID-19 and mitigating potential negative health outcomes among the most vulnerable populations, especially in out of camp and hard to reach locations.

- To mitigate any outbreak of waterborne diseases as well as spread of COVID-19, the WASH Cluster will prioritise emergency WASH provision such as emergency safe water deliveries, water quality safeguards (treatment, testing and monitoring) including distribution of basic hygiene items are needed to mitigate further diseases spread including avoid potential outbreak of cholera and other water borne diseases. The strengthening of community-based hygiene promotion through context specific approaches and community-based structures while integrating aspect of Risk Communication and Community Engagement (RCCE).
- Integrated WASH interventions (WASH in health care facilities) will be promoted to increase impact and coverage. The WASH Cluster will continue to collaborate with Health Cluster to prevent duplication and improve essential technical and behavioral WASH interventions in health care facilities. WASH Cluster partners will ensure sufficient safe drinking water, availability of PPE and sound hygiene practices at selected health facilities.
- WASH cluster will emphasize a strengthened focus on inclusive services that take into account gender and cultural needs of users, mitigate against risks to GBV, address the needs of people with disability. WASH cluster shall continue to assure robust coordination at an inter-cluster level, particularly with CCCM, Health and Protection as well as strengthened coordination with government and local authorities as the main duty bearers for provision of WASH services.

Prioritization of Projects

The prioritization of project proposals is made in accordance with the programmatic framework and focus described in the Revised CBPF Operational Manual and on the basis of, the following criteria and as outlined in the Strategic Scorecard (see annex 4).

- ✓ **Protection Mainstreaming:** incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.
- ✓ **Access:** accessibility and/or physical presence to areas of operation; the location of the project is clearly identified.
- ✓ **Accountability to affected populations:** establishing appropriate mechanisms through which affected populations can evaluate the adequacy of interventions, and address concerns or complaints. Commitment to coordinate with IDP Call Centre.
- ✓ **Strategic relevance:** clear linkage to the 2019 HRP strategic and Cluster objectives, compliance with the terms of this allocation strategy, and alignment with Cluster activities described in Annex 1.
- ✓ **Needs-based:** the needs are well explained and documented, and beneficiaries are clearly described
- ✓ **Appropriateness:** the activities are adequate to respond to the identified needs
- ✓ **Technical soundness and cost effectiveness:** the proposal meets technical requirements to implement the planned activities; and the budget is fair, proportionate in relation to the context
- ✓ **Risk management:** assumptions and risks are comprehensively and clearly spelled out, along with risk management strategies
- ✓ **Monitoring:** a realistic monitoring and reporting strategy is developed in the proposal

Project Proposal Preparation and Submission

Proposal Preparation

1. All project proposals should be submitted via Grant Management System (GMS) **by Sunday 7th June 23:59 Iraq time. Any submission after this date will not be accepted.** GMS registration is obligatory for all eligible partners prior to the project proposal submission with **due diligence component approved.** GMS is a web-based platform that supports the management of the entire grant life cycle for the HF. <https://cbpf.unocha.org/>
2. Once you complete your registration on the GMS, please login to CBPF GMS Support portal and read instructions on how to submit a project proposal. <http://gms.unocha.org/content/partner>
3. Project proposals should be prepared in line with the objectives of the 2020 Humanitarian Response Plan and the priorities of this Allocation Paper. This needs to be supported by clear log frames with outcomes, outputs, SMART indicators and detailed activities. (Please refer to Annex 8 of the Global Guidelines for a sample Project Proposal Template).
4. Implementing partners **may not apply for more than one project for this allocation** with a maximum budget as per the IHF operational modalities – see page 13 of the IHF Operational Manual.
5. Organisations should consult with relevant cluster coordinators during the project proposal preparation phase.

Budget Preparation

6. All project proposals must have a detailed budget outlining all the project related expenditures under relevant budget lines. Please refer to Operational Manual Annex 13 Project Budget Template for further details.
7. Budget proposals must reflect the correct and fair budget breakdown of the planned costs and clearly outline units, quantities and percentages. When budget lines contain costs of multiple items greater than US\$10,000, a budget breakdown should be included in the GMS BOQ tool, listing item, unit, quantity, cost (per unit and total cost).
8. Provide a budget narrative (as an essential component of the budget) that clearly explains the object and the rationale of any budget line. For example, shared costs, large/expensive assets, and costs/equipment required to support the regular operation of the implementing partner, are clear cases where the provision of details will be necessary in the budget narrative.
9. Project proposals that do not meet the above requirements or with missing financial and budgeting information will not make it to the strategic review stage and those project proposals will be eliminated.
10. For further guidance on budgeting (eligible and ineligible costs, direct or indirect costs) please also refer to the Revised Operational Handbook for CBPFs pages 39-44.

Start date and eligibility of expenditure

11. The HFU will liaise with the implementing partner to determine the start date of the project. The agreed-upon start date will be included in the grant agreement. If the signature of the grant agreement occurs after the agreed-upon start date, the date of the signature of the grant agreement takes precedence. The HC can then sign the grant agreement.
12. Upon signature by the HC, the HFU notifies the partner that the project has been approved and sends the agreement for counter signature. Once the partner has countersigned, the agreement will be sent to OCHA for Executive Officer Approval. Eligibility of expenditures will be determined by the date of implementing partner's signature of the grant agreement.

Contacts and Complaints Mechanism

All correspondence regarding the Iraq Humanitarian Fund should be sent to ihpf@un.org. Complaints from stakeholders regarding the IHF allocation process should be sent to feedback-ihpf@un.org. The OCHA Head of Office will receive, address and refer any critical issues to the HC for decision-making.

Timeline and procedure

PROPOSAL DEVELOPMENT	Launch Allocation Strategy paper – Call for Proposals	HC, HFU OCHA	17th May
	Proposal Development Phase (note Eid Holiday 22 nd & 23 rd May)	IPs	17th May to 7th June
	Deadline for submission of Project Proposals	IPs	7th June
REVIEW PROCESS	Strategic and Technical Review	Clusters, OCHA	14th June
	Partner Proposal Revision and Adjustments	IPs	14th June to 21st June
	Final Technical and Finance Review	TRCs, OCHA HFU	21st June
APPROVAL PHASE	Budget Approval	OCHA	28th June
	Grant Agreement (GA) preparation	OCHA HFU	30th June
	HC signs GA / Final approval	HC	5th July
	GA countersignature	IPs	9th July
DISBURSMENT	GA final clearance	OCHA	From 9th July
	First disbursements	OCHA	From 19th July

Annex 1 – Summary of Cluster Projects for Funding

Cluster	Priority Needs/Gaps	Location(s)	Prioritised Activities	Funds Required
Camp Coordination Camp Management	IDPs in informal sites unable to meet minimum living standards IDPs in informal sites with major protection concerns	Ramadi (Anbar) Al-Adhaim, Al-Khalis, and Baquba (Diyala) Balad (SAD) Kirkuk (Kirkuk) Zakho and Bidari, Zakho; Zawita and Dohuk, Dohuk; Faida, Sumel, Shariya and Siji, Sumer (Dohuk)	Mobile CCCM intervention in informal settlements and host communities Through: information, coordination, monitoring and advocacy, site risk reduction works, CwC and promotion of self-reliance...	\$1,000,000
	Lack of informal site information to plan and understand the context, to support a strong prioritization for delivery of humanitarian assistance	Nation-wide	Data collection in informal sites (RASP, and intentions)	\$100,000
Coordination and Common Services	Coordination and Advocacy	Nationwide coverage. IIC located in Erbil.	Two-way communication mechanism to support the HRP and COVID-19 responses. Upscaled Communication with Communities approaches and mass information campaigns in formal camps and informal sites, through bulk SMS. Hotline to refer to protection cases to partners handling case management. Data analysis of the COVID19 crisis impact on the lives of the affected population and service gaps in the response	\$200,000
	Support to NGO access letter administration; minimizing admin hurdles by systematizing and introducing stability to request process.	Centralized (NCCI Bahgdad)	Setting up of Access Letter Unit	\$400,000

Education	Continued access to education through Educational TV for the most vulnerable children	Federal Iraq but also accessible to children displaced in KRI	<p>Production of quality, curriculum -based lessons for the Education TV channel to cover all grades and subjects including ALP classes to support the learning of children</p> <p>Broadcasting PSS and key COVID prevention messages on the Educational TV channel</p> <p>Upgrading the studio with modern equipment and tools to produce quality lessons with locally sourced equipment</p> <p>Promoting and announcing the TV channel new contents and schedules in order to raise awareness among children, parents and other caretakers</p> <p>Monitoring the production of lessons for quality assurance</p> <p>Support feedback mechanisms for accountability.</p>	\$1,000,000
	Self-Learning Materials and Learning Support	Areas with high rates of return following camp closure: Hatra, Tel Afar, Sinjar (Qayrawan), Ba'aj, Samarra and Balad	<p>Printing and distribution of self-learning materials to the most vulnerable children</p> <p>Supporting learning by utilising existing teachers and schools WhatsApp groups in coordination with MoE and DoEs</p> <p>Development of guidance notes for self-learning for students and their caregivers, including guidance on safe use of social media</p>	\$500,000
Food Security	Strengthened technical capacities for improved productivity and production; and marketable skills that increase agricultural incomes and improve livelihoods.	Snuny sub-districts; Alshemal sub-districts, Sinjar District, Ninewa Governorate	Provide agricultural inputs, with a focus on homestead and small-scale food production to improve access to diversified and nutritious foods at the household level	\$600,000
	Food Security: Provision of agriculture inputs and assets	Tilkeif district, Wana Sub-district Mosul District, Bashiqa Sub-district. Sinjar District, Sinuni Sub-district.	<p>Support 75 family farms with Irrigation systems, seeds, fertilizer, pesticides and cash for land preparation</p> <p>Provide inputs for 150 rain-fed farms including seeds, pesticides and fertilizers and cash for land preparation</p>	\$500,000
MPCA	MPCA to around 1,313 vulnerable households to cover basic needs including Food, NFIs, rent, medicine and other expenses.	Al.Falluja, Al.Kaim, Al.Ramadi , Al.Rutba, Ana, Heet, Al.Sulaymaniya, Al.Kadhmiyah, Al.Mahmoudiya, Al.Muqdadiya, Khanaqin, Duhok, Sumail, Zakho, ErbilMakhmour, Al.Hawiga , Kirkuk, Al.Mosul, Al.Shikhan, Sinjar, Telafar, Tilkaef, Al.Shirqat, Balad, Beygee, Tikrit, Tooz.Khurmato	<p>Multipurpose cash Assistance to cover basic needs</p> <p>Each eligible household will receive 800usd upfront covering their basic expenses at least for two months.</p>	\$1,500,000

Health	Disease outbreak contingency and response	Baghdad, Najaf, Basrah, Dahuk, Sulaymaniyah, Erbil and Kirkuk	Communicable disease surveillance Infection Prevention and Control	755,000
	Awareness raising of communities	Previously conflict-affected governorates	Awareness raising of the general public focusing on selected high-risk communities to address issues around IPC, stigma, and continuity of health care services Support the dissemination of COVID-19 health related guidelines and online training of the counterpart partners and private sector	120,000
	Secondary Healthcare services	Baghdad, Najaf, Basrah, Dahuk, Sulaymaniyah, Erbil and Kirkuk	Equipping ambulances and training health workers on proper use of PPEs	250,000
	Training of healthcare workers	MoH staff in GoI and KRG. Health workers supported by partners	Training of health workers on COVID-19 case management	180,000
	Continuity of service provision	Previously conflict-affected governorates	Ensure continuity of primary health care services in the previously conflict-affected areas and governorates/districts reporting high numbers of COVID-19 cases	165,000

General Protection	<p>Community-based activities and awareness-raising</p>	<p>Duhok: Districts of <u>Sumail</u> (<i>Bateel, Fayde, Sindi</i>) and <u>Zakho</u> (<i>Dercar, Marcar Zakho, Batifa</i>)</p> <p>Erbil: District of <u>Erbil</u> (<i>Markaz Erbil, Qushtappa, Dibaga*, Gwyer*</i>)</p> <p>* Only for case management, PSS and Emergency Cash)</p> <p>Ninewa: Districts of <u>Telafar</u> (<i>Zummar, Al-Ayadiya, Markaz Telafar, Rabia</i>) and <u>Tilkaef</u> (<i>Markaz Tilkaef, Al-Qosh, Wana</i>)</p> <p>Anbar: Districts of <u>Al-Fallujah</u> (<i>Al-Amirya, Markaz Al-Fallujah</i>), <u>Al-Ramadi</u> (<i>Al-Habbaniya, Markaz Al-Ramadi, in particular Kilo 7 and Kilo 18 informal settlements</i>) and <u>Ana</u> (<i>Markaz Ana</i>)</p> <p>Kirkuk: District of <u>Al-Hawiga</u> (<i>Al-Abbassi, Al-Riyadh, Al-Zab</i>)</p> <p>Salah Al-Din: Districts of <u>Balad</u> (<i>Yathreb</i>) and <u>Beygee</u> (<i>Al-Synia, Markaz Beygee</i>)</p>	<p>Community-Based Activities including community-based protection committees and peaceful co-existence interventions</p> <p>Awareness-raising activities (including on HLP issues) and Communication with Communities</p> <p>Support to Community-centres</p> <p>Mine Risk Education</p> <p><i>Note: If and as relevant, partners are expected to adapt modalities of interventions by opting for individual rather than group activities during outreach activities and at community centres, and also by using virtual means of remote communication over face-to-face interactions for awareness-raising and communication with communities.</i></p>	\$ 200,000
	<p>Case management, including through referrals to multi-sectoral interventions, cash for protection, as well as PSS for adults</p>	<p>Diyala: District of <u>Al-Khalis</u> (<i>Al-Masouriah, Markaz Al-Khalis</i>)</p> <p>Baghdad: Districts of <u>Al-Kadhmiyah</u>, <u>Al-Mahmoudiya</u></p>	<p>Case management</p> <p>Referral to specialized services or assistance</p> <p>Cash for protection</p> <p>Disability-specific services¹</p> <p>PSS for adults</p> <p><i>Note: If and as relevant, partners are expected to adapt modalities of interventions by opting for individual rather than group activities for PSS and by using virtual means of communication over face-to-face interactions throughout the case management process.</i></p>	\$ 450,000
	<p>Provision of legal assistance: civil documentation, family law, and detention</p>		<p>Deployment of legal mobile teams and/or support to mobile documentation activities</p> <p>Provide legal assistance and counselling</p> <p>Follow up with government departments for issuance of civil documents</p> <p>Monitor and follow up detention cases</p> <p><i>Note: If and as relevant, partners are expected to adapt modalities of interventions by using virtual means of remote communication over face-to-face interactions for legal counselling, by limiting mobile missions to individual interactions only and by preparing and following up on legal cases during the temporary closure of Courts and Civil Affairs Directorates.</i></p>	\$ 350,000

¹ Joint project with Health Cluster.

Housing Land and Property	<p>Legal counselling of HH threatened with eviction due to COVID-19 lockdown</p>	<p>Anbar: Heet, Fallujah, Ramadi districts Kirkuk: Kirkuk, Hawija and Daquq districts Ninewa: Mosul, Sinjar (Sinjar and Sinune), Tel Afar and Ba'aj Salah Al-Din: Balad, Tikrit and Tooz districts</p>	<p>Deployment of HLP teams</p> <p>Provide legal assistance and counselling remotely or from distance to inform HHs on their rights, obligations, draft rental agreement, and protect them from rental increases and evictions.</p> <p>Negotiate rental agreements between landlords and tenants.</p>	\$ 250,000
	<p>Setup of referrals of cases to deliver cash for rent support</p>	<p>Anbar: Heet, Fallujah, Ramadi districts Kirkuk: Kirkuk, Hawija and Daquq districts Ninewa: Mosul, Sinjar (Sinjar and Sinune), Tel Afar and Ba'aj Salah Al-Din: Balad, Tikrit and Tooz districts</p>	<p>Set up referral pathways and referral of cases for HHs who are unable to pay rent for their accommodation and refer them to partners who can provide cash for rent</p> <p>Engage with Cash Working Group and its partners to seek support in regard to cash for rent/HLP.</p>	\$ 250,000
Child Protection	<p>Full case management services in locations at high risk of COVID-19 complemented by delivery of awareness raising and psychosocial support to address child protection risks directly increased by COVID-19</p>	<p>Baghdad (All sub-districts in Resafa, Baghdad, Mahmoudiya and Karkh, Kadhimia districts) Kerbala (All sub-districts in Kerbala district) Najaf (All sub-districts in Najaf district)</p>	<p>Provide comprehensive case management services</p> <p>Alternative care (All sub-districts in Kerbala district only)</p> <p>Provide psychosocial support</p> <p>Deliver awareness raising messages</p>	\$1,000,000
Gender Based Violence	<p>Comprehensive survivor-centred interventions, including case management services, structured psychosocial support, and referrals to multisectoral services based on the needs of the survivors. Awareness raising activities on GBV prevention and distribution of dignity kits.</p>	<p>Anbar: Districts of <u>Al-Ramadi</u> (<i>Markaz Al-Ramadi sub district in particular Kilo 7& 18 informal settlement</i>), <u>Al-Fallujah</u> (<i>Al-Amirya sub district in particular Bzebiz informal settlement</i>), <u>Al-Kaim</u> (<i>Al-Kaim center, Al-Karabla area, Al-Rihana area and Al-Rumana sub district</i>), <u>Heet</u> (<i>Heet center, Hay Al-Baker, Al-Fourat sub-district, Al-Mohammdi sub-district and Kubisa sub-district</i>).</p> <p>Salah Al-din: Districts of <u>Balad</u> (<i>Ishaqi informal settlement, Balad station (Train Station informal settlement)</i>), <u>Samarra</u> (<i>Markaz Samarra sub district</i>), <u>Tooz Khurmato</u> (<i>Markaz Tooz and Suleiman Beg sub districts</i>)</p> <p>Kirkuk: District of <u>Debes</u> (<i>Markaz Debes and Altun Kupri sub districts</i>), <u>Al-Hawiga</u> (<i>Al-Abassy sub district</i>)</p> <p>Diyala: Districts of <u>Khanaqin</u> (<i>Jalwlaa and Saadiya subdistricts</i>), <u>Al-Khalis</u> (<i>Mansoriya, Al-Adheem, Hibhib and Markaz Al-Khalis sub districts</i>)</p> <p>Al-Najaf : <u>Al-Najaf</u> district.</p> <p>Babil: <u>Al-Mussyab</u> district.</p> <p>Kerbala: Districts of <u>Al-Hindiya</u> and <u>Kerbela</u>.</p>	<p>Provision of GBV case management services</p> <p>Provision structured PSS and PFA services.</p> <p>Strengthening of referral pathways to health (including mental health), legal, livelihood actors, cash assistance as well as safety/security.</p> <p>Distribution of dignity kits to women and girls of reproductive age.</p> <p>GBV awareness raising on prevention and mitigation of stress caused by COVID-19 measures.</p>	\$1,000,000

WASH	<p>Integrated WASH interventions, especially in health facilities to increase WASH service impact and coverage in hard to reach locations/governorates.</p>	<p>Al-Anbar (Al-Falluja, Al-Ramadi, Haditha, Al-Rutba, Ana Al-Qaim) Ninewa (Telafar, Al-Mosul, Sinjar, Al-Hamdaniya, Tilkaef, Al-Baaj, Al Hatra) Baghdad (Al-Mahmoudiya, Al-Kadhmiyah, Al-Karkh) Kirkuk (Kirkuk, Al-Hawiga), Al-Sulaymaniyah (Al-Sulaymaniyah, Kalar) Salah Al-Din (Beygee, Tikrit, Al-Shirqat)</p>	<p>Rehabilitation of water and sanitation facilities in only selected health facilities.</p> <p>Sanitation services in health care facilities including waste disposal.</p> <p>Health care facilities provide handwashing facilities with soap and water at toilets used by patients as well as other visitors who may be tending to patients' needs (including PPE to health personnel).</p>	\$500,000
	<p>Emergency water and sanitation services for highly vulnerable populations in high risk areas and population experiencing shocks from COVID19 outbreak.</p>		<p>Providing safe emergency water supply (water trucking etc.) and emergency sanitation facilities at isolation units.</p> <p>Emergency repair of dysfunctional water and sanitation facilities in informal settlements/centres, including limited solid waste management/ desludging.</p> <p>Monitoring water supply distributions and service provision. This include regular testing and monitoring of water quality.</p> <p>Targeted hygiene promotion activities including distribution of emergency basic and consumable hygiene Kits to most vulnerable households in hard to reach locations and informal settlements.</p> <p>Where possible, use of cash/voucher mechanism as replacement of direct kit distributions.</p> <p>Development and dissemination of risk communication materials and messages.</p> <p>Promoting safe water handling and good water quality through water treatment, regular quality testing water, monitoring and reporting of water quality results.</p>	\$1,000,000