

Overview

- This allocation strategy is issued by the Humanitarian Coordinator (HC), in consultation with the Clusters and Advisory Board of the Iraq Humanitarian Fund (IHF), to set the **IHF funding priorities for the 2021 1st Standard Allocation to support the 2021 Iraq Humanitarian Response Plan, addressing key response gaps.**
- A total amount of up to **US\$13.5 million** is available under this allocation. The strategy outlines the allocation's strategic direction and priorities, the rationale for the prioritization, and a timeline and procedure for the allocation process.

1. Humanitarian Context

Overview of Humanitarian Situation

More than three years after the end of large-scale military operations against the Islamic State of Iraq and the Levant (ISIL), the humanitarian context in Iraq remains fragile, characterized by protracted, widespread internal displacement, ongoing but limited returns due to security concerns, disrupted access to basic services and destroyed livelihoods in the areas of origin, eroded national social cohesion, and increased protection risks. Approximately 1.3 million people remain internally displaced within Iraq and 4.1 million people need some form of humanitarian assistance, including 2.4 million people with acute humanitarian needs.

While the total number of people in need remained similar over the last year, the severity of those needs increased, largely due to the impact of COVID19 and economic crisis on top of an existing humanitarian crisis, leading to large-scale loss of livelihoods. As a result, reliance on negative coping mechanisms and psychological trauma, stress and anxiety have increased. Further, the sudden, uncoordinated closure of 14 Internally displaced person (IDP) camps across Iraq since mid-October 2020 led to increased population movements, including pre-emptive and premature returns and secondary displacement.

The most acute humanitarian needs are found in the five governorates (Al-Anbar, Diyala, Kirkuk, Ninewa and Salah Al-Din) that were directly affected by the counter-ISIL military operations from 2014 to 2017, as well as in the governorates that received and hosted significant numbers of the displaced i.e. those named above plus those in the Kurdistan Region of Iraq (KRI). Further, a recently completed 2020 HRP gap analysis by the Inter-Cluster Coordination Group (ICCG) found response gaps to be particularly high among out-of-camp IDPs and returnees in acute need, especially in underserved districts with limited partner presence and/or COVID19-linked response challenges.

Humanitarian Response Plan

Addressing the continuing humanitarian consequences of the 2014-2017 crisis and related displacement, as well as the compounding humanitarian impacts of the COVID19 pandemic, are the central priorities for humanitarian action in Iraq in 2021. The [2021 Iraq Humanitarian Response Plan](#) (HRP) aims to address the most critical humanitarian needs for 1.5 million people, including 221,000 IDPs in formal camps, 295,000 IDPs living in out-of-camp areas, and 966,000 returnees, with a total funding requirement of US\$607.2 million.

This will be achieved through a three-pronged approach, detailed through three Strategic Objectives: firstly, the most acutely vulnerable displaced and returnee families living will be provided with food, livelihoods support and temporary income sources that will enable them to meet their basic needs. Secondly, the most acutely vulnerable displaced and returnee families will be supported to access quality essential services, including primary and secondary health care, education, water and sanitation. Thirdly, the most acutely vulnerable displaced and returnee households continuing to live in unsafe and undignified living environments, exposed to the risks of climatic elements and physical and psychological threats, will be supported to live in safety and dignity.

While ensuring a tightly focused humanitarian response, the humanitarian community will work closely with stabilization, durable solutions and development actors to facilitate a coordinated approach to addressing the drivers of humanitarian need and facilitating efforts to end displacement.

1. Allocation Strategy

Strategic Statement

This allocation aims to **provide vulnerable returnees and out-of-camp IDPs in Iraq in underserved locations with targeted protection assistance, improved access to essential health and WASH services, and emergency livelihood support through humanitarian partners investing in localized response.** The allocation has an overall objective to address issues driving an increase in severity of humanitarian needs in Iraq over the past year, such as increased protection concerns, deteriorated access to key Health and WASH services, and loss of income, which result in increased negative coping mechanisms. It will jumpstart the implementation of key recommendations from the recently completed 2020 HRP gap analysis of the ICCG, through strategically targeting returnees in severe need and out-of-camp IDPs in underserved locations with focused sectoral response prioritized under the 2021 HRP. Beyond immediate operational priorities, the allocation will support the IHF's continued pursuit of the Grand Bargain commitment on localization through promoting multi-NGO consortia as a preferred funding modality, aimed at enhancing the participation and capacity of national partners. Finally, in line with the Fund's second strategic objective for 2021, the allocation aims to channel funds to underfunded areas of humanitarian response, through prioritizing projects which mainstream gender (especially women and girls), specific needs of persons with disability, and GBV.

Allocation Parameters and Prioritization Criteria

The HC in discussion with the IHF Advisory Board has set the Allocation criteria and priorities as follows:

- All projects to target **returnees in critical shelter** (note: living in critical shelter reflects cross-cutting PiN targeting criteria, and does not suggest specific S/NFI support) **and out-of-camp IDPs in underserved locations** (the latter determined based on the ICCG gap analysis on underserved locations).
- **Consortium approach**: multi-NGO consortia including NNGO partners will be prioritized, with mandatory capacity-building component to be included in the project logframe and budgeted accordingly. Project budget ceiling to be increased for consortia to the maximum combined ceiling of consortia partners. The IHF will not be conducting capacity assessments of new partners prior to this allocation; however, non-assessed partners can be part of a consortium led by an eligible partner. See further details in the section below (Consortium Projects).
- Projects directly working on **gender (especially women and girls), specific needs of persons with disabilities, and gender-based violence (GBV)** will be prioritized (to be reflected in the Strategic Review scorecard). Note that all IHF projects must cross-cut Gender and Age Marker as per IASC guidelines.
- **Cluster prioritization**: Based on the above and given the limited funds available, as well as recent funding trends and context, a limited number of clusters will be covered as below. See further details in Section 3 (Cluster Breakdown and Priorities) and Annex 1 of this strategy.
 1. Protection: General Protection, GBV, and Child Protection (CP) – particularly HRP Specific Objective (SPO) 3.2, 3.3 and 3.4
 2. Health – particularly HRP SPO 2.1 and 3.4
 3. WASH – particularly HRP SPO 2.1
 4. Emergency Livelihoods and Agricultural Livelihoods under Food Security: provision of temporary income to address the immediate needs of the most vulnerable in line with critical priorities under HRP SPO 1.2 (and possibly 1.3 if relevant).

Consortium Projects

In line with the IHF's continued commitment to promoting localization since 2019, the HC and AB for this allocation have endorsed the consortium 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: (1) to channel funds to and build operational and institutional capacities of national NGOs; (2) to enhance the efficiency of allocation processes and ensure timely disbursement of funds to prioritized projects; and (3) to enhance coordination between partners and the response as a whole.

While consortia are the preferred modality for this allocation, consortia lead and member organizations need to ensure that consortia function effectively as more than an administrative entity to bring operational value and truly draw on the benefits of the modality described above. 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 3 partners must include at least 1 NNGO. Consortia of 4 or more partners must include at least 2 NNGOs. Consortia of 6 or more partners must include at least 3 NNGOs.
- ✓ Projects led by international actors must include activities for capacity building of consortium members with an emphasis on NNGOs in the proposal logframe and budget.
- ✓ Consortium lead agencies are encouraged to share a proportion of the 7 per cent program support costs in agreement with consortium members.
- ✓ Maximum allowable consortia project budget is the sum of the individual partner allowable budgets as per IHF Operational Modalities (see page 12 of the [IHF Operational Manual](#)). Non-assessed partners can be part of a consortium led by an eligible partner and their sub-budget ceiling will be the same as a high-risk partner's budget ceiling.
- ✓ 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 one consortium (or stand-alone) project under this allocation, but a partner may lead a consortium and be a member of another consortium, or be members of multiple consortia.

2. Cluster Breakdown and Priorities

IMPORTANT: Please refer to Annex 1 of this allocation strategy for the detail of cluster priorities, geographic locations and activities to be prioritized under this allocation.

Cluster	Sub-sector/cluster	Funding envelope (US\$)
Protection	General Protection	\$1,500,000
	GBV	\$1,300,000
	Child Protection	\$1,650,000
Health		\$4,050,000
WASH		\$2,000,000
Emergency Livelihoods		\$1,500,000
Food Security	Agricultural Livelihoods	\$1,500,000
TOTAL		\$13,500,000

Protection (including General Protection, GBV and Child Protection)

A) Cluster needs and gaps outlined in the 2021 HRP and recent ICCG gap analysis:

General Protection: In addition to the enduring socioeconomic impact of the COVID19 pandemic, coerced returns and secondary displacement resulting from camp closures significantly destabilized access to food and basic services for affected households, triggering an increase in protection risks, including various negative coping mechanisms. Coerced and premature returns have had severe impacts on the physical and psychological well-being of affected individuals, including risks of evictions and acts of revenge and retaliation, as well as compound effects on trauma, stress, anxiety and overpressure to undergo tribal renunciation procedures. Need for specialized assistance for persons with disabilities remains a key concern, especially considering that one out of four households who departed from camps due to camp closures reported having at least one member with disability. The lack of core civil documentation has affected people's ability to attain safe and dignified living standards, access and exercise their basic rights, and return to areas of origin. Social conflicts and tensions have limited people's abilities to exercise their rights and benefit from durable solutions, including due to blocked returns or risk to their safety in case of premature returns. People with perceived affiliation to extremists are among the most vulnerable and continue to be subject to marginalization and rights violations.

GBV: The 2021 HRP indicates that 1.32 million people (75 per cent women/adolescent girls, 25 per cent men/adolescent boys) are at risk of different forms of GBV. Seventy-seven per cent of GBV incidents are linked to domestic violence, which has reportedly increased during COVID19. Loss of sources of income or livelihood opportunities, confinement within the household, increased stress and anxiety are some of the key causes of the reported increase in GBV. Women and girls, in particular female-headed households and those perceived to be affiliated with extremist groups, are at heightened risk of GBV. Transactional

sex is reportedly used as a negative coping strategy for survival, largely because of economic hardship and protracted displacement. Moreover, 45 per cent of female-headed households reported missing at least one key civil and legal document, which is a barrier to accessing services. Women have also reported limited /restricted access to protection, cash, livelihood, shelter, specialized mental health and legal assistance. The lack of, or hindrances to, these essential services increase their exposure to certain types of GBV risks, as well as negatively impacting GBV survivors' recovery and reintegration efforts.

CP: In 2020, over 44,000 IDP children out of camps with over 101,000 children in return areas targeted by the HRP were not reached with assistance due to funding gaps, limited CP actor presence, and COVID19 movement restrictions and preventative measures. Sudden camp closures and population movements have exacerbated the risks presented by COVID19 and related control measures, including an increase in violence against children such as domestic violence, psychosocial distress and the adoption of negative household coping strategies due to the loss of livelihoods such as child labour. Under the 2021 HRP, the Child Protection Sub-Cluster aims to reach 27,000 extremely vulnerable children in need of case management support in 30 prioritized districts, with a focus on those in the areas with major response gaps, including out-of-camp children in Salah al-Din, Sulaymaniyah and Anbar governorates and returnee children in Ninewa and Anbar governorates.

Key issues and priorities to be addressed in this allocation:

General Protection: Protection Monitoring at both the HH and community level (protection monitoring at HH level should be linked to direct service provisions and/or referral and community-level monitoring may be conducted through the NPC Protection Monitoring System as appropriate); Case Management (with emphasis on ensuring continuity of case management services between area of displacement and area of return if/when relevant); Referrals of cases to specialized services; Cash for protection (with emphasis on addressing immediate protection risks, such as risk of eviction, protection-related negative coping mechanisms, etc.); Legal assistance (Detention representation) and Legal assistance for civil documentation (focus on addressing identified key barriers for effective access to CADs, such as distance and cost of transportation, lack of information etc.); Psychosocial Support (both individual counselling and group-based PSS support in line with COVID19 Health regulations); Community-based protection activities (emphasis on the importance of having complementary funding to ensure the continuity of community-based protection beyond the scope of the IHF project). The main target groups will be IDPs in out-of-camp locations (including in informal sites/settlements) and returnees in the areas identified in Annex 1.

GBV: The GBV SC response for this allocation will focus on the top-most underserved regions among the prioritized districts. Special attention will be given to GBV survivors with increased vulnerabilities such as persons with disabilities, persons with perceived affiliation to extremist groups, female-headed households and child survivors. Through the allocation, the GBV SC in coordination with other sectors will aim to: (i) strengthen existing service delivery in the underserved locations and improve survivor access to dignified and safe specialized GBV and multi-sector services in line with GBV Guiding Principles and Survivor-Centred Approaches; (ii) enhance the capacities of GBV partners, key clusters and local authorities on core interventions for GBV prevention and response; (iii) reinforce GBV prevention and risk mitigation measures as well as the provision of dignity kits, cash for protection, skills-based vocational activities to help reduce survivors' reliance on negative coping mechanisms and socio-economic dependence upon perpetrators of violence.

CP: Full case management services for the most vulnerable girls and boys represent the main gap and top priority to be addressed by this allocation, with a focus on out-of-camp and return locations which are considered gap locations in the 2020 HRP Gap Analysis. The selected locations of Salah al-Din, Sulaymaniyah, Anbar and Ninewa governorates have very low child protection partner presence in general. Delivery of comprehensive case management services, including children driven to negative coping mechanisms due to COVID19 or economic situation, is a priority. Further, psychosocial support to address child protection risks is complementary to case management. The recent population movement has scattered the community-based child protection structures. Thus, CP actors need to establish and support new community structures in order to prevent and respond to negative CP coping mechanisms. The structures will also support CP actors in risk identification and referrals to specialized services.

Health

A) Cluster needs and gaps outlined in the 2021 HRP and recent ICCG gap analysis:

Based on the HRP 2020 response gap analysis, the following locations were identified with the largest gaps in response, due to funding shortages, access challenges, reprioritization of locations, lack of partner presence and COVID19-related movement restrictions:

- Out-of-camp IDPS: Duhok (Duhok, Sumel and Zakho districts); Erbil (Erbil district); and Ninewah (Al Hamdaniya and Aqra districts)

- Returnees: Al Anbar (Al Fallujah district); Erbil (Makhmour district); Kirkuk (Al Hawiga and Kirkuk districts); Ninewah (Telafer district); and Salah Al-Din (Shirqat and Tikrit districts)

However, while the focus will be on the most underserved locations as mentioned above, the Cluster will target locations based on emerging needs identified by the Directorates of Health (DoHs) among out-of-camp and returning populations, where services are not available or access to existing services is encumbered. This will fall in line with the allocation priorities and the HRP 2021 SPO 2.1 and 3.4, under which, the Cluster aims to facilitate availability to quality essential Primary Health Care services for out-of-camp IDPs and returnees to enable them to manage stress, trauma and anxiety, thus reducing the use of negative coping mechanisms to maintain their mental, psychosocial and physical well-being.

B) Key Issues and Priorities to be addressed in this allocation (within the parameters of HC/AB-endorsed priorities for this allocation):

Ensuring availability of essential PHC services to displaced and returning populations, including outpatient consultations; vaccinations and nutritional screening/interventions to children; reproductive health to women of childbearing age; and mental health and psychosocial support services will be the package of services prioritized to be provided.

This will be through mobile medical clinics since many among these population groups are situated far from public health facilities. In locations where the displaced population is within access to public health facilities, coordination with the DoH will be done to ensure the availability of services. However, since these individuals would have lost their official IDP status (UNHCR ID cards), partners will support PHC services inside the health facilities to ensure populations receive services free of charge.

WASH

A) Cluster needs and gaps outlined in the 2021 HRP and recent ICCG gap analysis:

According to the 2021 HRP, 1.2 million vulnerable people are in need of water, sanitation and hygiene support. The WASH Cluster aims to operate and sustain services to conflict-affected populations in camps and informal settlements; provide emergency WASH services to communities affected by COVID19 and other emergencies/risks; and ensure the provision of sustainable, durable and cost-effective WASH services for out-of-camp IDPs and returnees. The recent closure of camps in federal Iraq, coupled with insufficient funding for IDPs living in informal settlements or other out-of-camp displacement and those recently returned to conflict-affected locations remain in need of essential service provision to meet their immediate needs. Through a recent gap analysis conducted with the ICCG, IDPs living out of camp and returnees were impacted due to a lack of funding and partner presence. Needs remain unmet in Anbar (Al-Ramadi, Haditha, Falluja), Baghdad (Al-Kadhmiyah, Al-Mahmoudiya, Al-Karkh), Diyala (Khanaqin, Maqdadiya), Duhok (Sumail, Zakho), Ninewa (Telafar, Al-Mosul, Sinjar, Al-Hamdaniya, Al-Baaj, Al Hatra) and Salah al Din (Beygee, Tikrit, Balad, Tooze). Additionally, camp closure and consolidation have led to a growth in needs for recent returnees, particularly in Diyala, Ninewa, and Salah al-Din.

B) Key Issues and Priorities to be addressed in this allocation (within the parameters of HC/AB-endorsed priorities for this allocation):

The WASH Cluster urgently prioritizes the implementation of critical HRP activities for out-of-camp IDPs and returnees, with a focus on informal settlements, recently secondarily displaced IDPs, and recently returned populations. The priority activities are as follows:

- Operation and maintenance of water and sanitation services in informal settlements remain a high priority. Provision of safe drinking water and good water quality has been observed as a major concern in some locations. In many identified priority out-of-camp locations, critical WASH needs, especially in water supply, remain unaddressed. Lack of partner presence in some of these locations in comparison to the severity of needs has exacerbated the situation of the most vulnerable populations in these areas.
- Service provision is needed in areas of return for recently returned populations living in critical shelters. Surveys conducted with returnee households following camp closure reported to 36 per cent did not have regular access to sufficient drinking water, and 55 per cent did not have access to sufficient hygiene items. With the ongoing COVID19 outbreak with the escalation of the second wave of infections, returnee households need to receive immediate support for their water, sanitation and hygiene needs.
- To better ensure dignified access to and equitable coverage of services, 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 persons with disabilities, and respond to seasonal and climatic variances in water demand. The WASH cluster shall continue to assure robust coordination at an inter-cluster level, particularly with CCCM for informal

settlements, Shelter/NFI, Health and Protection as well as strengthened coordination with government and local authorities as the main duty bearers for provision of WASH services.

Emergency Livelihoods

A) Cluster needs and gaps outlined in the 2021 HRP and recent ICCG gap analysis:

Approximately 3.4 million IDPs and returnees across Iraq need livelihoods assistance. Among them, 2 million people are estimated to be in acute need because they lost employment and are accumulating debt, resulting in an inability to meet basic needs. Vulnerable populations need alternative livelihood opportunities to generate income and independently access basic essential goods and services. Access to livelihood opportunities is one of the major drivers of the severity of humanitarian needs among returnees and other conflict-affected populations. This was further exacerbated during the government-imposed lockdown for vulnerable groups.

Out of 2 million people identified with an acute need of emergency livelihoods assistance, only 200,000 are to be targeted under the HRP. The primary issue flagged by Emergency Livelihoods Cluster (ELC) partners is the lack of funding compared to prevalent and widespread livelihood needs. Scarce local income-generating opportunities, damaged infrastructure, and other existing factors that stagnate the economy of Iraq limit options for affected population to independently access income and basic services in areas of origin and informal settlements. In addition, the operation of (I)NGO in some priority areas are limited due to volatile security environment. Other aspects flagged by 34 partners supporting the process of gap and needs analysis included: a) Strengthen the synergy between emergency livelihood and food security interventions; b) Foster access of women and persons with disabilities to EL assistance especially in urban and peri-urban areas; and c) Consider the beneficiaries who received cash assistance in 2020 to be reevaluated for asset replacement assistance in 2021 (the referrals may be received by cash actors such as the Cash Consortium of Iraq). Provision of the support shall be well sequenced, first rehabilitating the pre-existing livelihoods, followed by diversification of income sources.

B) Key Issues and Priorities to be addressed in this allocation:

Under this allocation, ELC partners will work towards HRP SPO 1.2 and 1.3 by a) providing immediate income opportunities for populations in need, and b) protecting existing and newly emerging enterprises. The selection of locations and activities is based on a comparative analysis of the concentration of people in need in the areas identified in the HRP and ICCG gap analysis with a focus on locations with the highest number of out-of-camp IDPs and returnees not reached. Partners' operational capacity and insights on the context were also factored into geographic and activity prioritization.

Food Security (Agricultural Livelihoods)

A) Cluster needs and gaps outlined in the 2021 HRP and recent ICCG gap analysis:

Out of 6 million conflict-affected people, about 731,000 people are food insecure, including 435,000 who require immediate food and livelihood assistance (HNO 2021). Of that total, the food security cluster targets around 200,000 out-of-camp IDPs and returnees with agriculture-based cash for work, agriculture inputs distribution and Cash+ activities.

In 2020, only 10 per cent of the populations targeted under the planned agriculture-based activities were reached, creating a significant gap in the FSC response to the needs of out of camp IDPs and returnees living in critical shelter and sub-standard accommodation. The 2020 HRP gap analysis indicates that Salah Al-Din, Diyala, Kirkuk and Ninewa governorates are the locations with the largest underserved out-of-camp IDPs and Returnee populations.

With the COVID19 impact on food availability, access and market stability, the camp closures and the recent currency devaluation, vulnerable returnees and out-of-camp IDPs are more prone to food insecurity, therefore, safeguarding the livelihoods of those populations is more essential than ever to prevent further deterioration of their food security status.

B) Key Issues and Priorities to be addressed in this allocation:

- Cash Plus: Cash transfers paired with agriculture inputs/trainings will provide an immediate income for vulnerable out of camp populations to smooth consumption patterns and reduce the impact of the COVID19 shock, while simultaneously boosting agricultural livelihoods for longer-term, durable solutions. Provision of agricultural and livestock inputs/assets and agriculture-based income-generating activities, such as agriculture and livestock production, marketing and food processing to achieve self-reliance to meet the food needs of vulnerable out-of-camp IDPs and returnees.
- Agriculture-based cash-for-work activities: the rehabilitation of agricultural and irrigation infrastructures will directly support the beneficiaries with meeting their basic needs through temporary income generation activities.

3. Project Submission and Review/Guidance to Applicants

Proposal Preparation

1. All project proposals should be submitted via the IHF Grant Management System (GMS) (<https://cbpf.unocha.org>) **by Wednesday, 26 May 2021 at 23:59 (Iraq time)¹. 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 IHF.
2. Once you complete your registration on the GMS, please log into CBPF GMS Support portal (<http://gms.unocha.org/content/partner>) and follow the instructions on how to submit a project proposal.
3. Project proposals should be prepared in line with the objectives of this Allocation Strategy and Annex. This needs to be supported by clear log frames with outcomes, outputs, SMART indicators and detailed activities. Please refer to the CBPF Operational Handbook [Annex 8](#) for a sample Project Proposal Template (available at <https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf/cbpf-guidelines>).
4. Partners should consult with relevant cluster coordinators during the project proposal preparation phase to receive further details of the cluster priorities for the allocation.

Budget Preparation

5. All project proposals must have a detailed budget outlining all the project-related expenditures under relevant budget lines. Please refer to the CBPF Operational Handbook [Annex 13](#) Project Budget Template for further details.
6. 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).
7. 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.
8. 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 will be rejected.
9. For further guidance on budgeting (eligible and ineligible costs, direct or indirect costs), please also refer to the CBPF Operational Handbook pages 39-44.

Start date and eligibility of expenditure

10. 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. Under the updated Grant Agreement, the earliest possible start date of the project (and validity of the expenditure) is the date of budget approval in GMS. However, the Grant Agreement is valid and becomes legally binding only after both parties have signed it.
11. 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 Headquarters for Executive Officer Approval.

Prioritization of Projects

The prioritization of project proposals is made in accordance with the programmatic framework and focus described above, and on the basis of the IHF Allocation Criteria (see section 4.2 on page 6 of the [IHF Operational Manual](#)), which will be reflected in the Strategic Review scorecard of this allocation.

¹ Extended by one week from originally set 19 May in light of the 10-day lockdown in federal Iraq over the Eid holidays to allow partners to complete rapid needs assessments for the projects to be submitted.

4. Process and Timeline

Phase	Step	Who	Date
ALLOCATION DEVELOPMENT	Agree on Strategic Priorities and Timeline for the Allocation	HC, OCHA, AB	By 24 March
	Allocation priorities, Timeline and Prioritization Template shared with Clusters	OCHA, HC	25 March
	Deadline for Clusters to return Prioritization Template to HFU	Clusters	1 April
	Allocation Strategy Developed and shared with ICCG for feedback	OCHA	12 April
	ICCG Feedback on Allocation Strategy Shared with HFU	Clusters	15 April
	Allocation Strategy shared with HC/AB for endorsement	OCHA	20 April
	Allocation Strategy finalised incorporating any AB feedback and approved by HC	HC, AB, OCHA	25 April
PROPOSAL	Allocation Launch – Call for Proposals	HC, OCHA HFU	26 April
	Proposal Development Phase (note Eid Holidays around 13 May) ²	Partners	26 April to 26 May
	Deadline for submission of Project Proposals	Partners	26 May³
REVIEW	Strategic and Technical Review (STR)	Clusters, STR committees, HFU	27 May to 3 June
	Partner Proposal Revision and Adjustments (rolling basis)	Partners	6 to 9 June
	Final Technical and Finance Review (rolling basis)	TRCs, OCHA HFU	9 to 15 June
APPROVAL	Budget Approval	OCHA HQ	16 to 18 June
	Grant Agreement (GA) preparation	OCHA HFU	20 to 21 June
	HC signs GA / Final approval	HC	22 June
	GA countersignature	Partners	23 to 24 June
DISB/MENT	GA final clearance and EO signature	OCHA HQ	24 to 25 June
	Disbursements	OCHA HQ	From 2 July

5. Contacts and complaints mechanism

All correspondence regarding the IHF 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.

² Partner training on the allocation and cluster briefing on Strategic and Technical Review process to take place during the first week of the project proposal phase.

³ Extended by one week from originally set 19 May in light of the 10-day lockdown in federal Iraq over the Eid holidays to allow partners to complete rapid needs assessments for the projects to be submitted.

	Cluster Priority	Location	Recommended activities	Budget
General Protection	<p>Emergency and/or full case management, including through the identification and referrals to multi-sectoral interventions (livelihood, multipurpose cash, etc.) and cash for protection, as well as PSS for adults.</p> <p>Provision of legal assistance: civil documentation, family law, and detention</p> <p>Community-based activities</p>	<p>Ninewa governorate: Hatra district, Sinjar district (in particular, Qayrawan sub-district), Hamdaniya district, Shikhan district, Telafar district, Tilkaef district, Mosul district (in particular informal sites - Tal Alroman, Rajm Hadeed, Yarimja Al Sharqiya, Arbajeyah, Shohadaa, Msherfal, Khwaitla, jlewkhan, Shahrazad, Somer, Qadisseyah II, Murour, Ekhaa, Falah)</p> <p>Anbar governorate: Falluja district (including informal site - Hsay), Ramadi district (including informal sites - Kilo 7 and Kilo 18), Haditha district, Qaim district, Ana district, Heet district.</p> <p>SAD governorate: Balad district, Shirqat district, Beyee district, Samarra district, Tikrit district, Tuz Khurmatu district (including informal sites - Complex one neighborhood and Abbas Restaurant Complex).</p> <p>Baghdad governorate: Mahmoudiya district.</p> <p>Diyala governorate: Muqjadiya district, Khalis district, Baquba district (including informal sites - Old Muasker Saad, Dor Al-Jahzeh, Hay Al-Katoon sector 4000, Al-Fares Neighborhood, Al-Mujama'a Al-Sena'aie, Um Al-Etham Village, Hay Al-Katoon Sector 7000, Hay Bab Al-Darob, Al-Mua'alamien Neighborhood, Al-Mafraq, Jurf Al-Meleh), Khanaqin district (including informal sites - Tola Froosh, Hay Ravereen + Hay 7 Nessian, Hay Imam Abbas, Hay Serwan, Hay Al-Shorta, Hay Bekteary, Hay Banmeel).</p> <p>Erbil governorate: Erbil, Makhmour districts.</p> <p>Kirkuk governorate: Hawiga district, Kirkuk district (including, Sayadaa complex, Sayadaa village, Huzairan neighborhood, Panja Ali neighborhood, Failaq neighborhood, Zawraa neighborhood).</p> <p>**partners are encouraged to select minimum 2 to maximum 4 locations/districts for the project proposal. Project proposals need to show partners' ability to implement activities and deliver based on set targets.</p>	<ul style="list-style-type: none"> • Protection Monitoring at household level* • Case Management • Cash for protection (emergency cash) • Referrals of cases (referral support to services) • Legal assistance (Detention representation) • Legal assistance – documentation • Psychosocial Support • Community-based protection activities <p>*Selected IHF partners also part of the NPC Protection Monitoring System will be required to conduct community-level monitoring, as per PMS framework and appropriate).</p>	\$1,500,000

	Cluster Priority	Location	Recommended activities	Budget	
GBV	Strengthen existing service delivery in the underserved locations and improve survivor access to dignified and safe specialized GBV and multi-sector services in line with GBV Guiding Principles and Survivor-Centred Approaches	<p>Ninewa governorate: Mosul, Ba'aj (Qahtania), Telafar and Sinjar (Qayrawan) districts</p> <p>Diyala governorate: Khanaqin district</p> <p>The locations are based on DTM most recent data, but also based on conversation held with the WGs coordinators.</p> <p>Kindly note that we have the IHF-eligible cluster partners who operate in those locations with established access and the capacity to deliver the response.</p>	<ul style="list-style-type: none"> • Provision of dignity kits • Case transfer of open GBV cases from the areas of departure of newly arrived areas (GBV Case Management) • Structured Psychosocial Support • Cash for protection - GBV survivors (support referrals and immediate needs of survivors, need-based) • Legal assistance for GBV survivors • Inter-agency referrals and follow-up 	\$1,300,000	
	Reinforce GBV prevention and risk mitigation				<ul style="list-style-type: none"> • GBV Mainstreaming and integration efforts of GBV risk identification, mitigation and referral support to survivors of GBV through: <ul style="list-style-type: none"> ○ Training and capacity building; ○ Coaching and mentoring
	Provision of tangible GBV support to limit further exposure to risk of harm, address negative coping mechanisms and create protective environment for vulnerable and at-risk groups of GBV				<ul style="list-style-type: none"> • Support for income-generating opportunities (job placement)
CP	Full case management services complemented by delivery of awareness raising and psychosocial support to address child protection risks. Also, strengthen community level prevention and response to negative coping mechanisms through community-based structures.	<p>SAD governorate: Tikrit, Samarra, Shirqat districts</p> <p>Sulaymaniyah governorate: Al-Sulaymaniyah district</p> <p>Ninewa governorate: Telafar & Tilkaef districts</p> <p>Anbar governorate: Ramadi & Falluja districts</p>	<ul style="list-style-type: none"> • Comprehensive case management services • Psychosocial Support Targeting Children • Parenting Program (PSS) • Establish & Support Child Protection Community Based Structures • Referral to specialized services 	\$1,650,000	

	Cluster Priority	Location	Recommended activities	Budget
Health	Ensure provision of a package of quality essential primary healthcare services to populations in secondary displacement and returnees with no access to services	Anbar – Al Qaim district – Al Karabella sub district – Al Sadaa Anbar – Ramadi district – Al Rahalyia Diyala - Al-Muqdadiya district (2 mobile medical clinics) Diyala - Al-Khalis district (2 mobile medical clinics) Erbil – Khabat, Harsham 3, Binslawwa Debaga Town and Sarkarez Kirkuk - Hawija (Houd 6 in Hawija 1, Houd 16 and al dhiban in Hawija 2) Kirkuk – Shmeet Ninewah - Ba’aj-Kahtaneya-fixed PHCC Ninewah - Talafar- Zummar- 2 MMCs Duhok - Zakho district / Zakho center primary health care facility Duhok - Sumel district / Faida sub district- Siena village and Seje village MMC Duhok - Sumel district / Khanky sub district PHC Duhok - Shikhan district / Mahat village MMC or PHC Salah Al Din - Shirqat district – Left side – Kanoos village Salah Al Din - Touz Khurmatoo- Al Dawoodia subdistrict – Omar Al Soofi village Sulaymaniyah - Bazyan & Barda Qaraman Sulaymaniyah - Kalar Sulaymaniyah - Sulaymaniyah Center	<ul style="list-style-type: none"> • Outpatient consultations • Laboratory investigations • Prescription and provision of essential medicines 	\$ 2,380,000
		Out-of-camp IDPs: <ul style="list-style-type: none"> • Duhok: Duhok, Sumel and Zakho districts • Ninewah: Al Hamdaniya, Al Ba’aj and Aqra districts Returnees: <ul style="list-style-type: none"> • Al Anbar: Al Fallujah and Al Qa’im districts • Kirkuk: Al Hawiga and Kirkuk districts • Ninewah: Telafer district 	<ul style="list-style-type: none"> • Vaccination of under-five children against polio/measles • Screening and management of malnutrition 	\$780,000
		Anbar – Al Falluja district – Al Shuhadaa neighborhood Duhok - Dohuk maternity hospital - out of camp IDPs Duhok - Zakho maternity hospital - out of camp IDPs Ninewah - Makhmour district delivery room - returnees Kirkuk - Three RH clinics in Hawiga district - returnees	<ul style="list-style-type: none"> • Reproductive health and family planning service-provision 	\$510,000
		Ninewah – Talafar – Talafar city Ninewah – Sinjar – Sinjar City Ninewah – Mosul Anbar – Ramadi Kirkuk – Hawija	<ul style="list-style-type: none"> • Provision of mental health and psychosocial support services 	\$380,000

	Cluster Priority	Location	Recommended activities	Budget
WASH	Operate and sustain quality services meeting minimum cluster standards of water and sanitation services and good hygiene practices to conflict affected populations. Partners should focus on informal settlements and recent returnees living in critical shelters.	Diyala (Khanaqin, Maqdadiya) Anbar (Falluja, Ramadi, Rutba) Ninewa (Telafar, Sinjar, Al-Hamdaniya, Al-Baaj, Al Hatra) Baghdad (Al-Mahmoudiya, Al-Kadhmiyah, Al-Karkh) Kirkuk (Daquq, Al-Hawiga), Salah Al-Din (Beygee, Balad, Tooz Kharmato) Duhok (Sumail, Zakho)	<ul style="list-style-type: none"> • Water provision <ul style="list-style-type: none"> ○ Minor WTP and water network rehabilitations ○ Provision of water tanks ○ RO systems ○ Water trucking (as needed) • Sanitation <ul style="list-style-type: none"> ○ Desludging ○ Waste collection ○ Minor rehabilitation of sanitation infrastructure (WWTP, latrines, showers) • Hygiene <ul style="list-style-type: none"> ○ Hygiene kit distributions ○ Hygiene promotion (in line with WASH Cluster COVID19 guidance) ○ MHM 	\$2,000,000
Emergency Livelihoods	Provide immediate income opportunities for returnee and out-of-camp IDP families	Ninewa: Telafar, Ba'aj Anbar: Fallujah Salah Al-Din: Tooz Khurmato Kirkuk: Al-Hawiga, Diyala: Khanaqin	<ul style="list-style-type: none"> • Cash for work 	\$1,065,000
	Protect existing and newly emerging enterprises of returnees and out-of-camp IDP families	Ninewa: Telafar, Ba'aj Anbar: Fallujah Salah Al-Din: Tooz Khurmato Kirkuk: Al-Hawiga Sulaymaniyah: Sulaymaniyah Markez	<ul style="list-style-type: none"> • Asset replacement/small grants for enterprises 	\$435,000
Food Security (Agricultural)	Provision of 'Cash Plus' for out-of-camp IDPs and returnees Cash-for-work activities for vulnerable out-of-camp IDPs and returnees	Ninewa (Hamdaniya, Telafar, Tilkaef) Salahadin (Beygee, Balad, Tooz Khurmatoo, Shirqat, Tikrit, Samarra) Kirkuk (Kirkuk) Anbar (Al Ramadi, Al Falluja)	<ul style="list-style-type: none"> • Cash+ package providing cash assistance (unconditional cash grants at a value of US\$340) and agricultural inputs, assets and/or training. • Cash-for-work activities, irrigation schemes rehabilitation and cleaning of irrigation canals. 	\$1,500,000
TOTAL				\$13,500,000