



**Immediate
Response Plan
(IRP) for the IDPs
crisis in the KR-I
15 Sept- 15 Nov 2014**



Ministry of Planning/KRG



United Nations

Background	2
Total IDPs in the Kurdistan Region of Iraq (KR-I):	3
Planning assumptions	3
Objectives to be achieved by 15 November 2014	3
Current situation	4
Shelter	4
Food	4
Water, sanitation and hygiene (WASH)	5
Health	5
Education	5
Estimated funding requirement in the four sectors covered by the KR-I operation plan	6
Annex 1 – Sector plans: objectives, activities and challenges	8
Shelter	8
Water, sanitation and hygiene (WASH)	9
Food	11
Health	13
Education	16
Annex 2 – IDP Camp List	18

Background

Since January 2014, of the estimated 1.8 million Iraqi Internally Displaced Persons (IDPs) who have fled violence and unrest, the Kurdistan Region of Iraq (KR-I) has received nearly half of the displaced, some 860,000, in successive waves. The newly displaced persons are in addition to the over 200,000 IDPs from previous waves of violence since 2003 and over 200,000 refugees from Syria.¹

This massive influx of people in a short period has created a grave humanitarian crisis and is pushing to the limits the capacity of the Kurdistan Regional Government (KRG), the United Nations, the larger humanitarian community and indeed, the people of the Kurdistan region, to meet even the basic needs of the IDPs. The situation remains fluid as the IDP population remains widely dispersed, mobile and in great need.

Given the enormous needs, the limited available resources, and the urgency to find solutions ahead of the oncoming winter, this two-month operational plan will focus on the most vulnerable of the IDPs in KR-I:

- IDPs living in schools;
- IDPs living in the open air;
- IDPs in unfinished buildings.

It is particularly urgent to find immediate solutions for those hosted in schools, as these facilities need to be vacated and made ready to start the - already delayed - academic year.

The purpose of this IDP Immediate Response Plan for KR-I, the result of a joint effort of the KRG government and the United Nations, with NGO participation, is to lay out a plan of priority actions to be taken between now and 15 November 2014 to meet the most urgent needs for shelter, food, health, water and sanitation. Education is also a priority and some preliminary indications of needs are also included in the document. It is well understood that much more needs to be done in these and other sectors; additional and longer range needs will be addressed in the countrywide Humanitarian Country Team (HCT) Strategic Response Plan (of which this plan is a subset), which will be published in early October. This plan is a work in progress and will be updated as new information develops, gaps filled, etc.

The document includes tables that describe the available resources a funding gap of almost USD 360 million just for urgent interventions ahead of the harsh winter season. The plan also contains indications of running costs by the authorities as well as details of needs, timelines for assistance delivery for which funding is available, and gaps for each prioritized activity, for each of the four sectors this plan addresses.

An additional factor is the continuing impasse between the Federal government in Baghdad and the KRG authorities regarding payment of salaries that are months overdue and resolution of the budget support funds due Erbil. Additional details on this gap are detailed in a separate section.

¹ Numbers used in this plan have often been rounded up; they are the best currently available and are will be updated as planning matures.

This plan does not reflect other sectors and projects which need to continue or be stepped up, nor contingencies for any additional possible wave of displacement, nor of return. Discussions between authorities and humanitarian partners on these subjects are ongoing.

Total IDPs in the Kurdistan Region of Iraq (KR-I):

The KRG Ministry of Planning and IOM have carried out an exercise to identify the current caseload of displaced people across the three northern governorates, which have been agreed by all stakeholders. These numbers are an estimate; a joint registration exercise is essential in order to most efficiently meet humanitarian needs especially that of women and children.

Of the estimated 1.8 million people in all of Iraq who have been displaced since early 2014, there are 862,000 IDPs or 143,800 households (HH) in KR-I. Duhok has the highest number of displaced (63 per cent) followed by Erbil (20 per cent) and Sulaymaniyah (16 per cent).

Registration of IDPs in camps and in non-camp settings is a vital tool for determining gaps and needs. Until a robust registration process is completed, total gaps and needs will be uncertain.

Planning assumptions

- There will be no more significant waves of displacement between now and 15 November;
- The security situation will remain unchanged and IDPs are unlikely to return in number to places of origin in the coming 3-6 months;
- The KRG and the United Nations will receive the necessary resources to fill the gaps identified in this plan;
- Supplies and materials are readily available locally or through overseas procurement;
- Traditional and non-traditional resources will be mobilized, including the private sector, to ensure an adequate response.

Objectives to be achieved by 15 November 2014

- 1. Approximately 390,000 vulnerable IDPs will be provided with shelter solutions before the onset of the winter;**
- 2. IDPs will have access to basic services, including water and sanitation, health, nutrition, schools and food;**
- 3. The impact of the crisis on provision of social services for the host community is minimized;**
- 4. All IDPs in schools will be relocated as soon as possible to allow for the schools to be rehabilitated and the 2014/2015 academic year to commence;**
- 5. Registration of all IDPs will be prioritized.**

Current situation

Shelter

Providing shelter for the most vulnerable IDPs is the most critical humanitarian need. Great credit is due to the people of Kurdistan who opened their homes to the IDPs, accommodating up to one third of the displaced population in the initial waves of displacement. As the absorptive capacity of host communities has been saturated, more recent displacements have seen people forced to choose different options such as unfinished buildings, informal settlements, collective centers and other precarious arrangements. Of the total displaced population in KRI, 45 per cent are currently living in vulnerable shelter arrangements. These numbers are best estimates available pending a registration exercise.

The IDP population is highly mobile and widely dispersed in over 1,000 locations. Under such circumstances, it is necessary to consider a wide range of approaches to address the immediate shelter needs of the displaced. Shelter partners will prioritize families living in schools, in the open air, squatting in parks, living in unfinished buildings, and informal settlements in substandard living conditions and with no proper access to services including water and sanitation.

The most-at-risk groups include ethnic minorities with little or no established links with the host communities or in overcrowded conditions which can lead to psychosocial trauma and Gender-Based Violence (GBV).

The extreme temperature in KRI (temperatures surpassing 45 C plus), and sub-zero temperature during winter, combined with inadequate shelter conditions, pose significant health risks particularly for the young, the elderly, pregnant and disabled persons. Winterization actions must be built into the humanitarian response from the outset. Ensuring reliable national, regional and international supply lines is essential for the winterization strategy due to significant Shelter and Non-Food Items (NFI) requirements.

Food

Some authorities report being overwhelmed by the need to provide food assistance to IDPs due to their numbers and dispersed locations. Many IDPs are food insecure and will remain so for the foreseeable future. WFP has mounted a major food distribution effort using a combination of Family Food Parcels (FFP), Immediate Response Rations (IRR) and field kitchens serving hot meals.

In the month of August alone, WFP provide food assistance to 550,000 people. Local authorities and charities provide food to 250,000 IDPs. Looking ahead additional efforts need to be put in place to ensure that not only standard food ration of 2,100 kcal per person per day is assured but also that options are explored to guarantee complementary interventions including cash assistance and vouchers. In addition to that, contingencies need to be built to phase any sudden population movement.

Water, sanitation and hygiene (WASH)

The influx of more than 850,000 IDPs into KR-I has severely tested the capacity of KRG authorities and humanitarian partners to provide clean water and sanitation to the affected populations. During the period of this plan, partners engaged in water and sanitation interventions are targeting 530,000 of the total IDP population assistance that is in line with Sphere standards.

Health

The rapid increase of IDP population has overwhelmed the available health services (both preventive and curative), medicine and medical supplies and human resources availability, especially taking into account the fact that the Baghdad-based supply chain has been disrupted from, salaries of health personnel has not been paid for months in a row.

With most IDPs living in compromised living conditions:

- The prevalence and incidence of communicable diseases (diarrhea, hepatitis, typhoid, measles, etc.) have shown substantial increases;
- People suffering from chronic diseases (diabetes, hypertension, etc.) have limited access to treatment;
- The high mobility and the lack of knowledge of the health services deprive IDPs access to reproductive health services;
- The situation has put tremendous psychological strain on the displaced population and many are suffering from Post-Traumatic Stress Disorders;
- The burden on the existing health system is greatly affecting the availability of services for the host communities.

Education

The conflict has affected more than 17 million people and displaced an estimated 1.8 million. More than 860,000 IDPs have found refuge in KR-I. Of these, an estimated number of 129,000 are children under 5 years of age and an estimated 344,000 are children under 18 years of age.

Education is a priority for the resident and IDP population and is a key element to address the trauma that kids have experienced over the last months of conflict. Failure to resolve education challenges increase the risk of social tensions.

The plan includes only preliminary costing for refurbishment of schools currently occupied by displaced. Running cost for education for displaced and other affected children will be determined shortly.

Estimated funding requirement in the four sectors covered by the KR-I operation plan

Below is a table indicating the overall urgent requirements for addressing immediate needs in the key sectors. Details for objectives, actions and budget costing and activities are indicated in the sector plans. Additional information on estimated recurrent expenses borne by the authorities for supporting the IDP caseload is also indicated in this chapter.

Table 1. Estimated funding requirement in the four sectors covered by the operation plan

Sector	Gap (USD)
Shelter	288 million
Water and sanitation	20 Million
Food	0*
Health	30.5 million**
Education	20 million
TOTAL	358.5 million

** If the Public Distribution System is resumed, current resources for food will last long than the duration of this plan. This includes only WFP food ration and not complementary food . ** The budget for health would be reduced to USD 16.5 million if the full allocation of medicines from the Federal level is received. It would be further reduced to USD 11.5 million if the Federal MoH provides medicines and covers part of immunization campaign costs.

KRG authorities estimate that the cost for each IDP to the KRG is approximately USD 282 per person per month. This includes subsidized services, security, direct and indirect support. Local governmental resources to meet IDP needs are exhausted.

Table 2. Estimated Cost to KRG of Providing Services for IDPs (USD)

Type of service	Cost person / Month	Number of IDPs targeted	Cost / Month	Cost for 2 months
Protection Security and Policing	38	850,000	32,300,000	64,600,000
Health	35	850,000	29,750,000	59,500,000
Food	21	500,000	10,500,000	21,000,000
Basic Needs including, Electricity , Fuel, Kerosene, Camp management	105	390,000	40,950,000	81,900,000
Water Sanitation and Hygiene Including water connection	47	500,000	23,500,000	47,000,000
Education	36	250,000	9,000,000	18,000,000
Total	282		146,000,000	292,000,000

The budgets indicated above does not take into consideration a possible positive resolution of the ongoing discussions between KRG authorities with Federal level counterparts in Baghdad regarding payment of back salaries, overdue budget support, camp construction and any additional assistance to the KRG to compensate for their expenditures on behalf of the IDPs. As of this writing, details of activities, funds available, timing, etc. of such

assistance remains unclear. Resolution of these issues will significantly assist humanitarian planning and programming.

One additional factor that would assist in the relief effort is the resumption of Federal support for more than 4,000 basic infrastructure projects that are on hold pending resumed Federal support. If these projects were to be funded, it would lead to increased job opportunities which would benefit IDPs as well as have a positive impact on the provision of services as many of these initiatives are related to construction of health services, water and electricity supply, etc.

Annex 1 – Sector plans: objectives, activities and challenges

Shelter

Priorities

- Families living in schools;
- Families living in the open, squatting in parks;
- Families residing in unfinished or abandoned buildings, and informal settlements in substandard living conditions and no proper access to services including water and sanitation.

Objectives

- By 15 November, 390,000 most vulnerable IDPs will receive proper shelter and core relief items support;
- By end of November, 480,000 persons (80,000 families) will receive a winterization package enabling them to go through winter season (including those in host communities);
- Ensure IDPs are relocated from schools to alternative accommodation in order to allow schools to resume, and schools are rehabilitated according to a joint school relocation and rehabilitation plan.

Standards

- All affected individuals have an initial minimum covered floor area of 3.5 square meters per person²;
- Enable safe separation and privacy as required between the sexes, between different age groups and between separate families within a given household as required;
- All affected individuals have access to shelter and relief items for specific climatic conditions for all seasons such as optimal thermal comfort, ventilation and protection;
- All camps will be provided with security, roads and electricity.

Actions required

Twenty-six campsites have been identified by local authorities in three governorates (16 in Duhok, 5 in Erbil and 5 in Sulaymaniyah) with the capacity to host 224,000 people. Organization has stepped forward to construct five of the 26 camps. Additional shelter solutions, including land for the construction of additional camps, will need to be identified by the authorities in collaboration with shelter partners.

Table 3. Shelter Actions

Action	Current situation	Plans	Gap
S1. Shelter solution for 390,000 IDPs	35,500 Individuals currently accommodated in camps	Approx. 173,000 IDPs will be accommodated in camps currently in place or under construction.	If all 26 camps are built, their absorptive capacity is 224,000 leaving a gap of 166,000. This includes camps, and any other alternative shelter solution. – USD 253 million

² As per UNHCR Handbook on Emergencies

S2. Winterization kits for 480,000 IDPs	0	240,000 IDPs received winterization kits by 30 November	There is an estimated gap of 240,000 kits - USD 35.1 million
--	---	---	---

Table 4. Timeline for shelter actions for which resources are available

	By 30 Sept	By 15 Oct	By 31 Oct	By 15 Nov
S1. Approx. 173,000 IDPs will be accommodated in camps completed or under construction	47,000	30,000	52,000	44,000
S2. 240,000 IDPs have received winterization kits	0	0		240,000

Challenges/concerns/issues

- Identifying the resources and location for the 166,000 IDPs for whom a shelter solution has not been found.
- Limited number and capacity of partners in service delivery.
- Coordination.
- Central government support and planning.
- Time constraints and camp development timelines (speed).

Water, sanitation and hygiene (WASH)

Objectives

For the immediate target population of 530,000:

- The most vulnerable have access to safe and sufficient water for drinking, cooking and maintaining personal hygiene.
- The most vulnerable IDPs have access to sanitation and solutions, that are culturally appropriate, secure, hygienic, gender appropriate and including within education environments.
- Affected population receives critical WASH related information to prevent illness, especially diarrhea.

Priorities

- Primary target individuals in schools and without shelter. Secondary target are in unfinished buildings and collective centers;
- Strategies to accelerate sanitation provision;
- Incorporating a stronger hygiene promotion component;
- Acceleration of implementation of wash services in camps;
- Increase coordination at the governorate level, including on more accurate targeting, identification of needs and prioritization.

Standards

Immediate emergency WASH interventions will be in line with key sphere standards.

- Latrines: 50 people for 1 latrine for immediate response. Once all are covered move to a standard of 20:1;
- Water: 20 liters per person per day as a minimum. Moving to 50 liters/person/day;

- Bathing Facilities: 50 people for 1 shower for immediate response. Once all are covered move to a standard of 20:1.

Actions

After consultations with the KRG and UN agencies and NGOs, below is a framework for WASH interventions up to 15 November, with budgets estimates included. More detailed implementation plans can only be done at governorate level and in harmonization with other cluster, in particular shelter and education.

Table 5. WASH actions

Action	Current situation	Plans	Gap
W1. Provision of water in camps for 530,000 people	330,000 people - USD 1.5 million	160,000 people - USD 4.5 million	40,000 people - USD 1 million
W2. Provision of sanitation facilities for 530,000 people	127,000 people - USD 5 million	260,000 people - USD 11 million	143,000 people - USD 18.4 million*
W3. Provision of Hygiene Supplies and Hygiene Promotion for 530,000 people	325,000 people - USD 1.1 million	530,000 people - USD 1.8 million**	180,000 people - USD 0.6 million

*This is a gap for the provision of sanitation services in camps in line with sphere standards (50:1). This gap will be even greater, by an estimated USD 30m, if we move to a standard of service provision of 20 people: 1 facility. An additional funding gap for maintenance and desludging will be calculated at a later stage depending on results of monitoring.

**With funding available full coverage till 15 October is guaranteed. This is not the case for the following months.

Table 6. Timeline for WASH actions for which resources are available

	By 30 Sept	By 15 Oct	By 31 Oct	By 15 Nov
W1. Provision of water (no of people)	360,000	410,000	450,000	490,000
W2. Provision of sanitation (no of people)	195,000	263,000	331,000	387,000
W3. Provision of Hygiene Supplies and Hygiene Promotion (no of people)	325,000	530,000	530,000	530,000

Challenges/concerns/issues

- Capacity to meet needs of the non-camp populations while establishing camps simultaneously;
- Ensuring all parties agree on design of WASH facilities in-line with sphere standards;
- Coordination between camp selection, building shelter and implementation of WASH structures;
- Expected duration of camps – medium to longer-term strategy required. Ensuring long term solutions to operations and maintenance costs;
- Identification and prioritization of IDPs.

Food

Some authorities are reporting difficulty in delivering appropriate assistance to the affected population, and food insecurity and displacement are expected to continue across the country for the foreseeable future.

Priorities

- Increased coordination at field level.
- Attention to IDPs registration.
- The food security needs of the IDPs population, the hosting community and the existing Syrian refugees.
- Close monitoring of the impact the crisis is having on the local economy.
- Provision of stoves to all IDP families to assure an adequate transition from hot meals/IRRs to dry food (FFR) allowing families to cook for themselves.
- The Government should assure the provision of fuel for stoves
- Information sharing regarding Government's actions for improved coordination and effective response.

Assumptions

Up until 15 November – the period of the IDP Immediate Response Plan – three possible scenarios are outlined below, with the primary scenario being the one highlighted above.

Scenario 1 - In the next two months the humanitarian situation remains stable:

Table 7. Food actions

Action	Current situation	Plans	Gap
Food Assistance to 860,000 individuals (total need)	Food Assistance Provided to 842,000 individuals per month	667,000 Assisted by WFP; 125,000 assisted by Authorities; 50,000 Assisted by other NGOs / Agencies per month	5per cent gap – to be addressed by improved access

Table 8. Timeline for food actions for which resources are available

	By 30 Sept	By 15 Oct	By 31 Oct	By 15 Nov
Food Assistance to 860,000 individuals (people)	842,000	860,000	860,000	860,000

Table: 9 Food assistance planned to be delivered by WFP between 15 September and 15 November (no IDP/month)

Governorate	FFP	IRR*	C&V	Total
Duhok	370,000	10,000	50,000	420,000
Erbil	45,000	15,000	65,000	110,000
Sulaymaniyah	49,000	25,000	88,000	137,000
TOTAL	464,000	50,000	203,000	667,000

*Due to possible relocation of IDP to new camps during Oct.14. Not double counted. In addition, other actors and members of the Food Security Cluster cover the following: Authorities and Charities: 125,000; Other NGOs and agencies: 50,000. Estimated gap: 3 to 5per cent

- Food Security Cluster (FSC) partners will provide Family Food Parcels (sufficient for a family of five members for 30 days, known as FFP) and occasionally Immediate Response Rations (sufficient for a family of five persons for three days, known as IRRs) for those IDPs that still are moving, or for new IDPs entering the KRG in decreasing numbers.
- As the Field Kitchens are phased-out within the next ten days, additional FFP will be distributed in substitution. There is also an expectation the requirement for IRRs will diminish as the situation becomes more stable.
- The Cash and Voucher program will be progressively phased in from the beginning of October. This will have the effect of reducing the FFP numbers during the period October 01 to November 30. The Food Voucher program is expected to reach 250,000 beneficiaries for the first month.
 - The call for proposals has been launched across all KRG governorates. A Cash and Voucher program will allow IDPs access to culturally appropriate food items, assist local markets and provide stability and certainty to beneficiaries and stakeholders (local and national authorities and host community).
- In order to reduce food and nutrition insecurity of vulnerable populations whilst strengthening self-reliance and sustainable livelihoods of IDPs, refugees and hosting communities, FS Cluster members identified the following objectives:
 - Increase domestic food production and income assuring vulnerable farmers and breeders have proper access to market and to productive inputs.
 - Support the local market in creating employment both in rural and urban areas.
 - Improve information availability and management regarding livelihoods of the population in need of assistance.

The following activities have been identified as directly contributing to the above objectives:

- Targeted needs assessment to identify the strategic investments and interventions required to promote agricultural industrial development and selection of activities and beneficiaries.
- Food Security and Livelihoods assessment methodology to gather data at governorate level on the needs of affected communities.
- Market analysis to assist improved market response to demand.
- Improve availability of seeds/seed distribution (wheat and fertilizers).
- Provide technical assistance to farmers, community based organizations, government, and implementing partners.
- Vaccination campaign for livestock. Improve the capacity of livestock keeping in conflict-affected communities.
- Cash for Work programmes and unconditional cash disbursements.
- Commencement and reinforcement of livelihoods activities, for example:
 - Rehabilitate productive community assets and support the creation of employment opportunities.
 - Rural income generating activities for host communities and improves income generation activities of micro industrial enterprise through targeted market linkages, upgraded core management skills and business planning activities.
 - Support the establishment and/or revitalization of production groups and agricultural industries.
 - Support the government in registering IDPs and delivering job placement services.
 - Rehabilitate and equip vocational training centers in targeted communities to upgrade the vocational, technical, and entrepreneurial skills of beneficiary groups, and identify trainers.

Scenario 2 – All vulnerable IDPs are moved into the proposed camps and other shelter solutions

In this scenario, 120,000 Family Food Parcels per month will be distributed. Cash and Voucher programs will be run concurrently with Food Distribution until C&V program supersedes the in-kind food assistance where possible. This scenario also assumes a stable IDP population. As gaps and needs will be better identified, an increase in the volume of assistance will be provided.

Stable camp populations allow for the implementation of livelihoods recovery programs that will allow assisted populations to be less dependent on continuing food assistance. Livelihoods programs are already in the initial phase, and will be able to deliver more sustainable assistance.

Scenario 3 - Large scale IDPs influx to KR-I

As the experience with the Duhok governorate illustrated, a rapid escalation of food needs for large numbers creates gaps and bottlenecks. Based on previous experiences, the estimated number of new IDPs arriving would be approximately 500,000.

Should this scenario occur, the initial response would be of a similar scale and nature to the original emergency. Additional attention would have to be paid to the existing caseload in the affected governorate. Due to the significant stress that would be affecting the hosting communities, the current livelihoods intervention should be increased.

Challenges/concerns/issues

- Nutrition condition of the population should be monitored to identify malnutrition at its earliest stage and deliver therapeutic food especially to children and women.
- Disruption of economic activities and increased demographic pressures could generate stress on access to resources. Increases risks of social tensions
- Resources available /additional resources required.

Health

Priorities

- Ensure sustained high quality primary and secondary health care services are provided for all IDPs without affecting the services provided to local communities
- Ensure vaccinating all children and other age group against polio, measles and VPDs
- Ensure safe deliveries and nutrition of all children and women among IDPs
- Putting in place measures to prevent outbreaks of epidemic prone diseases

Objectives

- Timely provision of life saving primary health care services and reliable referral services
- Strengthening the existing health system to be able to respond to the high influx of IDPs. This includes allowing expansion of facilities, outreach in terms of medicines, equipment and human resources as well as improving the quality of services available.
- Maintaining regular medicines and equipment supply chain.
- Timely detection and response to communicable diseases and malnutrition.
- Ensuring immunization services for all Iraqi population with special focus on polio and measles.
- Prevention of epidemic prone diseases.
- Care of the Chronic Disease patients.

- Addressing the health needs of the most vulnerable population like pregnant ladies and children.
- Mental health and psychosocial support for the IDPs.

Actions

- Support mobile health teams to reach IDPs locations and provide required immediate medical care (till the camps are open and have available PHC services)
- Provision of health services inside the planned camps for IDPs to assure that basic high quality primary health care services are provided by qualified and well trained staff
- Sustain the medical supply chain of medicines and medical consumables to cover urgent gaps in the health facilities
- Support hiring additional required health staff to enhance the capacity of the health facilities to cope with increased load on OPDs, indoors, operation theaters, labs and medical stores.
- Supporting national and sub-national immunization campaigns especially Polio and Measles
- Expansion of ICUs and hospital surgical units to provide required health care for the additional population through provision of the required medical equipment and other supplies.
- Provision of required basic essential medicines, medical equipment for primary and secondary health facilities to be able to cope with the additional load and provide better health services
- Provision of preventive and curative nutrition supplements
- Establish pool of community based mental health staff to provide urgent, first aid and immediate psychosocial and mental health services for IDPs through expanding the existing network of community based staff and integration of mental health into the primary and secondary health care services based on the national mental health protocols.
- Enhance existing EWARN system and active diseases surveillance with focus on all public health related services provided to IDPs (water, sanitation, hygiene, access to and utilization of services, communicable diseases trend with special focus on Measles, polio, VPD, Hepatitis A, typhoid fever, vector control and cholera) and including nutrition
- Strengthen and enhance health information system and data collection mechanism to assure provided services for IDPs are reflected in the system with timely weekly and monthly reporting scheme including active surveillance and morbidity data; also to assess the health facilities capacities and provided services.
- Strengthen health personnel capacity in diseases detection and management
- Strengthen MoH/DOH staff capacity in contingency planning, emergency planning, response and preparedness

Table 10. Health actions

Action	Current situation	Plans	Gap
H1. Provide 14 mobile health clinics (fully equipped) to DOHs	4 available (3 DoH Erbil, 1 DoH Duhok)	10 will be provided by WHO	0
H2. Supporting 18 Mobile teams initiated by DOH, 6 TB teams, Duhok and Sulaymaniyah	20 teams are supported, (10 WHO, 10 IMC in Duhok)	2 teams will be supported by WHO 6 TB teams will be supported by IOM	0
H3. Provision of preventive and curative basic health services in IDP camps for IDPs (including reproductive health services in collaboration with UNFPA) 18 PHC needed	5 PHC are built or planned for by NGOs	0	13 PHCs in newly established camps – USD 6.5 million

H4. Support hiring of doctors, nurses, preventive health assistants and allied health professionals (360) for KRG	453 (253 WHO, 50 UNFPA, 50 UNICEF, 50 IMC)	360 (supported by WHO – commitment till March 2015)	0
H5. Provision of essential medicines as per the agreement with MOH KRG	USD 5 million (planned for two months with the current budget - WHO)	USD 1 million – estimated contribution by other partners	USD 14 million
H6. Provision of required medical equipment and supplies to operationalize the operation theaters, ICUs	2.5 M (committed WHO)	0	USD 1.5 million
H7. Strengthen health information system and data collection through activating electronic unified data collection software (planned 600 PHC in KRG)	50 (already in place supported by WHO)	550 (planned – support WHO)	0
H8. Establish pool of 200 community based mental health staff to provide immediate psychosocial and mental health services for IDPs	200 (in plan – support WHO)	0	0
H9. Support technically and financially the MOH KRG for Polio and Measles immunization campaigns (in collaboration with UNICEF)	USD 5 million (budgeted by UNICEF and WHO for the next 2 months)	0	USD 5 million
H10. Support monitoring water quality and medical waste disposal (in collaboration with UNICEF and WHO)	\$3 M budgeted by UNICEF and WHO	0	USD 2 million
H11. Support MOH and hospitals in the clinical management of malnutrition	\$2.5M budgeted by UNICEF and WHO	0	USD 0.5 million
H12. Contract NGOs for service provision (wherever government capacities are limited) to run PHCs in camps and mobile clinics	\$1 M planned for the period – WHO	\$3 M – possible donor involvement	USD 1 million
H13. Support MOH KRG for warehousing and transportation of medicines	\$0.5 M (planned WHO)	0	0

and supplies

Table 11. Timeline for health actions for which resources are available

	By 30 Sept	By 15 Oct	By 31 Oct	By 15 Nov
H1. 10 Mobile clinics established	0	4	4	6
H2. Mobile team support (cumulative)	20	18	18	18
H3. Primary health care services in camps (depend on camps establishment dates)	5	3	5	5
H4. Hiring of staff (cumulative)	453	360	360	360
H5. Procurement of drugs	0	2	2	2
H6. Medical equipment	0	0	0	2.5
H7. Data collection strengthening	50	150	250	350
H8. Psychosocial support to IDPs	0	0	50	100
H9. Vaccination campaigns	\$ 5M	0	0	0
H10. Monitor water quality and medical waste disposal	0	0.5	1	1.5
H11. Clinical management of malnutrition	0	0.5	1	1
H12. NGO services to run PHCs in camps and mobile clinics	\$1 M	0	0	0
H13. Transport and warehousing	0	0	0	\$0.5 M

Challenges/concerns/issues

- Access to scattered IDP population (including security challenge).
- Availability of qualified health personnel to be engaged in the humanitarian response.
- Availability of sufficient funding to cover the health needs in the health care sector beyond 2014.

Education

The conflict has affected more than 7 million people and displaced an estimated 1.8 million. More than 860,000 IDPs have found refuge in KR-I. About 150,000 IDPs are children between ages of 4 and 17 years.

Priorities

- Planning together with the shelter sector renovation of schools following IDPs relocation to safe and dignified shelters
- Renovating, rehabilitating and sanitizing all schools occupied by IDPs immediately after the displaced are relocated to safe locations.
- Establishment of tents as interim IDP learning facilities, while prefabricated classrooms are constructed.
- Expanding classrooms in existing host community schools (prefabricated classrooms).

- Intensive advocacy, communication and social mobilization efforts aimed at mobilizing governments, parents, communities, donors and partner organizations to raise awareness of the available spaces for IDP and refugee children in camp and non-camp settings.
- Procuring and distributing essential educational supplies for children, schools and teachers to ensure learning continuity and reduce the parental burden of education.

Objectives

- Camps are established and schools are vacated and rehabilitated to allow for the resumption of the 2014/2015 academic year.
- Schools will be rehabilitated prior to the start of the school year
- Teachers deployed and salaries paid.
- Children, including the girl child and other excluded children, afforded quality education.
- Psychosocial and health services for children and teachers are integrated in educational response.

Gaps

Available resources are limited to some 11.2 million. Additional 20 million are required for urgent interventions in the coming two months. Additional funding for long term IDP educational assistance and host communities have not been costed.

Challenges/concerns/issues

- Identification and deployment of teachers among the IDPs may take time.
- Some children may not have access to education due to various reasons including language barriers, differences in curriculum, and registration complexities.
- Insecurity and further displacements may affect children's attendance in schools.

Annex 2 – IDP Camp List

Table 12. List of 26 IDP camps identified

No	Location	Actual*/projected population per camp (IDP individuals)	By whom	Timeline
ERBIL				
1	Baharka Old*	3,300	UNHCR/UNICEF	Completed
2	Baharka New	6,000	UNHCR/UNICEF	2 months
3	Ainkawa Municipality	4,000	UNHCR/UNICEF	2 months
4	Agriculture Land	1,800	UNHCR/UNICEF	Completed
5	Ainkawa MODM	1,500	MoDM	Unknown
Sub-total Erbil		16,600		
DUHOK				
1	Agricultural research site 1 (Zakho district)	30,000	Minist. Comm./KRG	Unknown
2	Bamarne (Amidia district)	5,880	UNHabitat	1 month
3	Bajet Kandala 1 (Zakho district)*	9,000	UNHCR/UNICEF	Completed
4	Bajet Kandala 2 (Zakho district)*	5,760	UNHCR/UNICEF	Completed
5	Bersive site 1 (Zakho district)*	15,000	AFAD	Completed
6	Bersive 2 (Zakho district)	10,920	UNHCR/UNICEF	Ongoing
7	Deraboun area (Zakho district)*	1,728	AFAD	Completed
8	Garmawa 1 (Shekhan district)*	3,840	UNHCR	Completed
9	Garmawa extension (Sheikan district)	3,552	Unknown	Unknown
10	Girsheen	23,334	Minist. Comm./KRG	Unknown
11	Kabarto (Semel district)	20,040	Unknown	Unknown
12	Khadia (Zakho district)	6,000	Duhok Governorate	2 months
13	Khanke 1 (Semel district)*	8,016	UNHCR/UNICEF	Completed
14	Khanke extension (Semel district)	11,520	UNHCR	Ongoing
15	Shariya site (Duhok district)	24,000	AFAD	One month
16	Sheikan	7,200	IHP	2 months
Sub-Total Duhok		185,790		
SULAYMANIYAH				
1	Mizafer, Chamchamal	6,000	UNHCR/UNICEF	2 months
2	Qoratu, Kalar	6,000	UNHCR	2 months
3	Arbat	6,000	UNHCR/UNICEF	3 weeks
4	Sitak and Zirgeus	2,400	Unknown	Unknown
5	Basijan	1,000	UN-Habitat	2 months
Sub-Total Sulaymaniyah		21,400		
TOTAL capacity, all camps		223,790		