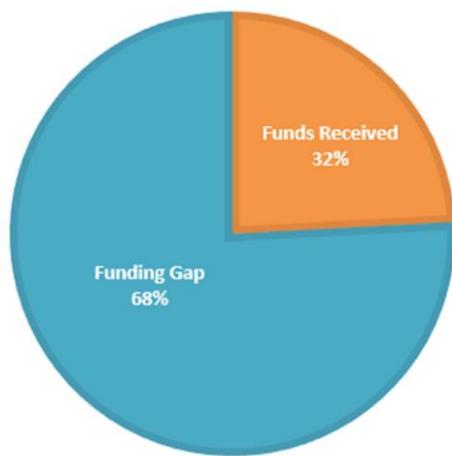




1-30 SEPTEMBER 2015

Iraq**Humanitarian
Situation Report****unicef** **SITUATION IN NUMBERS****People in need of urgent
humanitarian assistance:**

8.2 million people, of which:
3.7 million children and
3.1 million IDPs

Target population in 2015 (revised):**WASH: 3,790,000****Health: 484,000****Education: 550,000****Child Protection: 108,000****Rapid Response: 4,000,000****UNICEF Requirements 2015 (revised):****US\$ 160 million****Funds received 2015:****US\$ 50.9 million****Situation Overview and Humanitarian Need**

An estimated 8.2 million people across Iraq are in urgent need of humanitarian assistance, including Internally Displaced People (IDP), Syrian refugees, returnees and host communities, as well as affected populations in Armed Opposition Group (AOG) held areas. As of 9 September 2015, 3,182,736 people (530,456 families) were displaced across 3,430 locations in Iraq¹. According to the Camp Coordination and Management Cluster, 49 official IDP camps are active across Iraq and a further 10 are currently under

¹ International Organization for Migration (IOM) Iraq, Displacement Tracking Matrix (DTM) Dataset, Round XXVIII September 2015, 09.09.2015

construction, in addition to 38 collective centres² and numerous informal settlements.

IOM estimates that just over half a million individuals have been displaced from Anbar governorate since 1 April 2015, following the Ramadi crisis³. Ramadi City has been under full control of ISIL since mid-May. Ongoing ISIL action and military operations continue to create displacement from affected areas. IOM reported that between 27 August and 29 September 2015, displacement has increased by just over 24,000 individuals across the country⁴. Humanitarian actors continue to be concerned regarding reports of restrictions on freedom of movement of displaced people from Anbar to neighbouring Governorates, especially across Bzeibiz Bridge. During the reporting period the bridge remained closed, leaving a reported 240 people stranded.⁵

Humanitarian access remains hampered by ongoing fighting, leaving some of the most vulnerable Iraqis trapped without humanitarian assistance in ISIL-controlled areas. However, the trend of return to places of origin continues to rise in areas where positive change in security conditions allows. Areas of return are severely lacking in basic services or suffering from destruction to infrastructure as a result of the conflict.

In September 2015, the Government of Iraq (GoI) confirmed a new outbreak of cholera in the central zone. As of 29 September 2015, 414 cases of cholera were laboratory-confirmed, alongside 1,534 suspected cases reported in 9 out of Iraq's 18 governorates. Suspected cases occurred in Baghdad, Babylon, Najaf, Al Qadissiyah (Diwaniya), Muthanna, Wassit, Kerbala and Basra. Iraq's last major outbreak occurred in the north in 2012. Recent armed conflict has destroyed water and sanitation infrastructure, which in combination with a low water table due to several years of drought, has increased likelihood of water contamination. Restricted access to health facilities, which have also suffered degradation and destruction during military and armed group operations, an ongoing lack of medical personnel and/or lack of medical supplies contributed to the spread of cholera.

After demonstrations in the central and southern governorates in August, similar events increased in the Kurdistan Region in September. Demonstrators are calling for improved public services, among other issues. Across Iraq an ongoing challenge in recent weeks has been the lack of liquidity in various banks, which has created even more significant issues for public sector staff to access their salaries. This issue has also affected UNICEF payments to implementing partners.

Humanitarian Leadership and Coordination

UNICEF leads the WASH and Education Clusters as well as the Child Protection sub-cluster and is an active member of the Health and Nutrition Cluster. UN agencies and humanitarian partners are working within the Clusters to meet the needs of IDPs and Syrian refugees to promote an integrated response. The Iraq Humanitarian Pooled Fund (IHPF) has been established and will provide grants for humanitarian partners responding to critical needs in Iraq, with oversight from the Humanitarian Coordinator. It is administered by OCHA, with cluster coordinators facilitating broad involvement and access to the fund for partners across Iraq.

In response to the cholera outbreak, WASH and Health Cluster partners including UNICEF and the World Health Organisation (WHO) initiated the Joint Cholera Preparedness and Response Plan for affected central and southern Governorates, while continuing preparedness planning for at-risk Governorates in the north. Following Government of Iraq (GoI) confirmation, a formal Cholera Task Force (the 'Cholera Control and Command Centre') was established at the Ministry of Health (MoH) in coordination with Health and Water/Sanitation Departments in Baghdad. The overall response remains under the leadership of the Prime Minister's office.

In response to the mass displacement cluster coordination mechanisms are active in Baghdad and partners are meeting regularly to strengthen coordination. Monthly meetings with RRM Consortium partners including World Food Programme (WFP), International Organisation for Migration (IOM), and UN Population Fund (UNFPA) are facilitated to validate information, discuss displacement trends and plan coordinated humanitarian assistance. Regular meetings are convened with the Joint Coordination and Monitoring Centre (JCMC), the national emergency coordination system of the Government of Iraq to coordinate the response and include UN Agencies, JCMC, JCC, and line ministry members.

Humanitarian Strategy

The current inter-agency Humanitarian Response Plan (HRP) for Iraq was launched on 4 June 2015, covering July to December 2015. The total HRP appeals for US\$498 million to cover minimal integrated emergency response requirements to meet the priority humanitarian needs for IDPs, host-communities, and other affected populations. Within the HRP, UNICEF is seeking US\$48 million for priority critical life-saving responses. UNICEF's HRP share will cover part of UNICEF's

² CCCM Settlement Status Report, 05.10.2015

³ IOM, DTM Round XXX (30th round) 13.10.15

⁴ IOM DTM, Round XXX (30th round) 13.10.15

⁵ OCHA Iraq IDP Crisis Situation Report No. 62 (16-29 September 2015)

requirements for its humanitarian response in Iraq. As winter approaches, UNICEF's top priorities include preparations for cold weather especially for vulnerable populations living at high altitude. Work to sustain health and nutrition interventions, provide safe water and sanitation, and to cover the immediate, life-saving needs of highly vulnerable families on the move through the RRM continue. In September, the planning process for the 2016 Humanitarian Response Plan (HRP) was initiated by UNOCHA and cluster consultations started.

Summary Analysis of Programme Response

Child Protection (CP)

In September, UNICEF partners reached 8,833 children (G: 4,146 and B: 4,687) with child protection services. Of these, 7,263 children (G: 3,508 and B: 3,755) received psychosocial support services, 1,497 children (G: 601 and B: 896) specialized services and 73 children (G: 37 and B: 36) were documented as Unaccompanied and Separated Children (UASC).

Of growing concern to the sub-cluster in September is a reported lack of coordination regarding families who beg on streets in Erbil. Among arrests for begging made by police in September, at least 25 children (23 boys and 2 girls) were taken into custody. UNICEF and child protection actors are meeting with relevant police actors to ensure more improved handling of such cases in future. In parallel, protection actors worked with camp authorities and care providers to increase efforts to ensure that minors do not resort to begging. Terre des Hommes (TdH), the UNICEF partner working in Harsham, also carried out an awareness campaign about the risk of children leaving the camp unaccompanied, reaching 182 families.

During the first few weeks of service provision in the recently-opened Ashti and Tazar De IDP camps in Sulaymaniyah, 450 children (230 girls and 220 boys) have accessed psychosocial support services in CFS. Relocations from the overcrowded Arbat camp began to Ashti in July 2015; the opening of these two camps in the third quarter of 2015 has increased camp capacity in Sulaymaniyah with space for approximately 13,000 IDPs (6,000 capacity in Ashti and 7,000 in Tazar De).

The child protection sub-cluster, coordinated jointly by UNICEF and Save the Children International (SCI), report that an estimated 1.3 million IDP children (approximately 47 percent of total IDP population) are in need of protection services or support. Current child protection sub-cluster targets cover only 128,000 children (50% girls) through 26 active partners. Efforts to outreach children living in non-camp areas, both urban and non-urban, continue through mobile child protection units. While 80% of IDP children are outside camp areas, child protection interventions have to date been heavily focused on service provision in camps, with an estimated 57 percent of IDP children reached. Under the sub-cluster, provision of immediate protection and responses through mobile child protection units was strengthened in September, specifically in Kirkuk, Nineva, Diyala, Kerbala, Najaf, Baghdad and Anbar, reaching an estimated 6,500 children. The sub-cluster strengthened nation-wide coordination through establishing coordination hubs in the Kurdistan Region of Iraq, as well as in Diyala, Kirkuk, Basra and the Center Governorates of Baghdad, Najaf, Babylon and Kerbala. This ensures full coverage of all 18 governorates of Iraq.

Education

The start of the new academic year scheduled for September has been delayed in many parts of Iraq, due to the outbreak of cholera. Although northern schools following the Kurdish curriculum have opened, other Arabic-curriculum formal schools in camp and non-camp areas across the north, centre and south zones will restart on 18 October. Despite the delay, the education cluster launched the 'Back to School' campaign to encourage higher enrolment.

Needs for additional school space are high. Teaching and learning materials, and qualified education personnel remain in demand. With winter approaching, authorities in Dahuk and Kirkuk Governorates have indicated their preference for pre-fab spaces; however construction of pre-fab schools takes at least 3 months, and creates much higher cost. Education actors already stretched by limited funds may not be capable of meeting all demands.

UNICEF response to infrastructure needs in September includes the completion of ten new pre-fab spaces in host community areas in Dahuk and Kirkuk Governorates⁶. Each standard pre-fab school consists of 13 containers, each serving 35 to 40 children. A significant number of schools in Iraq are running double or triple shifts per day. In addition to the newly-completed schools, UNICEF supplied 21 additional prefabricated containers (one container for one classroom) to schools in Basra, Muthanna, and Baghdad governorates.

⁶ Locations include schools in the host community in Masike, Zirka, Qasara, Qasrok, Rovia, Kochina, Sarwari and Bardarash in Dahuk Governorate, and Laylan and Yahawa IDP camps in Kirkuk Governorate.



Children in the new UNICEF-supported prefab school in Masike host community, Dahuk Governorate. Credit: 2015/UNICEF/Firas Ibrahim

Three new tented schools were opened in Dahuk. All classroom tents in Aliyawa camp school in Diyala have been replaced, as well as 60 tents making up 8 camp schools in Berseve, Qadia, Bajid Kandala 1 and 2, Sharia and Khanke, all IDP camps in Dahuk Governorate.

UNICEF has distributed almost 700 Arabic-language learning kits (1 kit contains sufficient supplies for 20 children) to IDP tented schools. The additional materials help to raise the quality of education received by students in those schools.

‘Child Friendly Schools’ training of trainers (ToT) took place in Najaf, for 240 education personnel attending from 15 out of Iraq’s 18 governorates. Training covered school self-assessment, school-based management, role and function of Parent Teacher Associations (PTA), mothers groups, and methods to mobilise students and communities in the functioning of their school.

Gaps in the education response in September include data on school enrolment. As registration progresses, data is being collected by the Ministry of Education and education partners, to ensure sufficient staff are being allocated to each school. Since many schools in Iraq continue to operate in two or more ‘shifts’ per day (where each shift is considered as a separate school that uses the same facilities) it is imperative to have enough trained staff to support children’s learning. The southern governorates’ DoE has an urgent need for psychosocial support training and classroom management refreshers for teachers. UNICEF intends to answer this need, although project implementation is currently being impacted by the liquidity crisis facing banks in Iraq.

Health & Nutrition

UNICEF’s Health and Nutrition response in September focused on neonatal care services, growth monitoring and nutrition services and immunization of children under 5 through supporting primary health care (PHC) centres and the establishment of camp facilities in the accessible governorates of Ninewa, Kirkuk, Sulaymaniyah, Dahuk and Erbil.

Growth monitoring and nutrition screening services delivered in September benefited 3,072 children under 5. Children showing signs of malnutrition and nutrition-related health conditions received appropriate referral for further management at their local Nutritional Rehabilitation Centres (NRCs). Children aged 6-36 months receive supplementary food rich in vitamins and minerals, to help prevent malnutrition. In July and August 2015, UNICEF alongside WHO, the MoH and the Nutrition Research Institute of Iraq coordinated a rapid nutrition assessment in Ninewa, Diyala and Kirkuk. Through this, 1,171 children (635 male, 536 female) under the age of 5 were screened in Ninewa and Diyala province. In the same month 1,647 children (848 males and 799 females) under the age of 5 were screened and received appropriate referral for health and nutrition services in Kirkuk. In the newborn home service program, 3,866 newborns were monitored for vital signs. For each child seen, the mother received counselling on optimal infant and young child feeding practices. UNICEF continued to support Iraq’s national immunization schedule. Through collaborative efforts with the

MoH and its local Directorates (DoH), in 2015, 105,283 children from internally displaced families across the country had received routine measles vaccination. Available data on September activity shows that at least 7,237 children were vaccinated against measles.

Insecurity and lack of access continue to limit services to affected populations, particularly in Anbar, Salah al Din and Ninewa. In September, UNICEF supported 18 functioning PHCs in Zummar, 10 in Rabea and 8 in Sinony, benefitting a total of 31,506 people still residing in these conflict-affected areas of the country. More funding is required to support capacity building in neonatal care, new-born care and nutrition services.

Water, Sanitation & Hygiene (WASH)

The onset of cholera outbreak in the central and southern governorates since mid-September has exacerbated the already stretched WASH needs of IDPs and host communities in affected zones. IDPs are among them most vulnerable groups, as current WASH facilities remain inadequate in certain areas due to on-going construction and rehabilitation, in addition to many IDPs lacking disposable income to purchase necessary items to support good hygiene practices.



Children engage in awareness raising activities about cholera prevention and hygiene promotion in Iraq's central zone

Credit: 2015/UNICEF Iraq

UNICEF's cholera response was a key activity in September launched through the WASH cluster. The response concentrated on areas where suspected and confirmed cases of acute diarrhoea were reported by the MoH. Key activities in water supply included: advocacy at highest government level to ensure adequate quantity of purification chemicals in country; supporting water quality control; distribution of bottled water, aqua tabs, basic family water kits, and jerry cans in critical areas (cholera affected and IDP hosting areas); and establishment of water distribution points/trucking of clean and chlorinated water.

In hygiene promotion, key activities included the distribution of hygiene kits including soaps, dissemination of key hygiene messages on cholera prevention through radio spots, leaflets, posters, TV, public information systems, and focus groups. In support to sanitation activities, UNICEF worked to disinfect septic tanks, manage sewage, and maintain clean latrines, garbage

disposal premises of health facilities, public premises and household levels in outbreak areas. WASH activities in the non-cholera affected areas, reaching both IDP and host communities, continued as planned across the country (Central/South and KR-I). These activities included water trucking, care and maintenance of WASH facilities, hygiene promotion activities, social mobilization, and water quality monitoring.

Since the start of the crisis in 2014, UNICEF has to date provided 2,376,127 individuals with access to adequate amounts of safe water, including more than 1.2 million host-community members, who are benefitting from the support of urban water projects with water purification materials and generators. Additionally, UNICEF has provided 172,488 IDPs with access to latrines and distributed hygiene materials to 952,204 IDPs throughout the country.

Other activities include provision of safe drinking water to approximately 3,000 individuals in Baherka IDP camp in Erbil through the water supply system newly constructed by UNICEF. In Sulaymaniyah governorate, UNICEF provided approximately 56 litres of clean water per person per day to 8,247 individuals in Arbat IDP camp, approximately 200,000 l/d to 400 IDP families currently in Tarzar De IDP camp, and is working on a permanent water supply system in Ashti camp that will provide safe drinking water to 7,452 individuals. Gaps in service provision noted in September include the lack of sustainable WASH response for IDPs not residing in camps, and rehabilitating WASH infrastructure especially in areas recently made accessible to returnees.

Cash Assistance

In August 2015, UNICEF and the Governorate of Dahuk launched a US\$1.2 million initiative for the disbursement of emergency cash assistance to a targeted 4,800 vulnerable families living in camp settings. In the month of September, payments were disbursed in the camp of Mamelian, to a total of 2,227 households, bringing the total number assisted since August 2015 to 4,128 households. Each of the target households received a one-off payment of US\$250 (cash). All data for camp distributions are collected and recorded by UNICEF through the dedicated hardware and software ‘Last Mile Mobile Solution (LMMS)’. All data are shared with the central database of the Board of Relief and Humanitarian Affairs (BRHA) in the Governorate of Dahuk to avoid duplication and minimize overlapping of interventions.

Many families in Iraq have experienced multiple displacements in the last 18 months, and moved to the camps after seeking shelter in unfinished buildings and schools. Each family has unique needs; cash allows them to meet those in a dignified manner. Early results from Post Distribution Assessments show that cash assistance received by UNICEF to date was spent to meet primary requirements. Virtually all families spent part of the grant to access food, while up to 80 per cent of families spent part of the grant in support to medical expenses. An average of 25 percent of families used the grant to also meet utilities costs. To a minor extent, the grant was also used to meet education costs and for debt repayment.

Rapid Response Mechanism (RRM)

UNICEF formally activated its Rapid Response Mechanism (RRM) to meet the immediate life-saving needs (drinking water, emergency nutrition, and hygiene) of IDPs in August 2014. The RRM consists of rapid assessments (through hand-held digital data tablets) and simultaneous delivery of essential items through a consortium of UN agencies (WFP, OCHA, IOM, UNFPA and UNICEF) and nine NGO partners covering 16 governorates fully and two governorates partially (Ninewa and Anbar). UNICEF is providing overall RRM coordination, including strategic planning and technical leadership, capitalization of lessons learned, and scale up of best practices and innovations.

At the end of September 2015, the RRM had reached an estimated 3.9M individuals. Throughout the month of September, the RRM Consortium distributed more than 289,000 RRM kits, benefiting more than 2,023,033 individuals at more than 706 locations across 18 governorates. The September figure includes 37,647 RRM kits delivered at 159 locations across 11 governorates in hard to reach areas in Anbar, Salah al-Din, Diyala, and Kirkuk through RRM partners benefiting more than 263,548 individuals.

Communication for Development (C4D)

UNICEF supported hygiene promotion messaging and awareness raising on cholera prevention and preparedness in September, working closely with the WASH and Health clusters. SMS messages reached subscribers in Baghdad and southern governorates, and similar information was posted in Arabic on the UNICEF WASH Facebook page. Specially tailored 30-second radio spots were broadcast via 10 different stations, playing up to 20 times per day for maximum reach. One million brochures on cholera were printed, and are being distributed both directly by UNICEF and its partners, and through the Ministry of Health (MoH). In line with overall preparedness activities in the Kurdistan Region, C4D partners in the KR-I were mobilized to support awareness through community-level hygiene promotion interventions, reaching IDP communities in camps. In other activities, a day-long reflection workshop was organized on 17 September in Dahuk where the C4D team worked in support of gender and protection interventions, examining the needs of girls and women from minority and ethnic communities, and how confidence- and skill-building activities can be undertaken through community centres.



كيف تنتقل الكوليرا؟

- يمكن أن يصاب الإنسان بالكوليرا عن طريق شرب الماء أو تناول الطعام الملوث ببكتيريا الكوليرا
- يكون مصدر التلوث عادة ببار الشخص المصاب أو الماء الملوث بمياه الصرف الصحي
- يمكن أن تكون العدوى خفيفة، وبدون أعراض، ولكن في الحالات الحادة يظهر الأسهال المائي والقيء، الحاد الممكرين، ويمكن أن يؤدي هذا سرعة إلى العقدان السريع لسوائل الجسم، مؤدياً إلى الجفاف الحاد وقدان الوعي والوفاة
- إذا كنت تعاني من أي من هذه الأعراض فنبغي أن تحافظ على رطوبة جسمك (باستخدام محلول الإرواء الفموي) والحصول على المساعدة الطبية الفورية

How Cholera transfers

Human can be infected with cholera by drinking water or eating food • contaminated with cholera bacterium

The source of the contamination is usually person excrement or • contaminated with sewage water infection can be mild and without symptoms, but in severe cases showing • severe watery diarrhea and repeated vomiting . This can quickly lead to rapid loss of body fluids and leading to severe drought and loss of consciousness and death

If you suffer from any of these symptoms you should maintain the • moisture of your body (using oral rehydration solution) and get immediate medical assistance

#LaMaaLaHayaa



Messages on UNICEF WASH social media help to raise awareness of how to prevent and control cholera transmission

Funding

UNICEF is appealing for an overall US\$160 million in its Humanitarian Action for Children appeal to respond to the humanitarian crisis in Iraq. This amount includes US\$48 million to respond to priority life-saving needs as part of the revised Humanitarian Response Plan (HRP, June to December 2015).

Sector	Original 2015 HAC Requirement (US\$)	June – December HAC Requirement (US\$)	HRP Requirement	Funds to date (30.09.15)	Funding gap	
	a	b	c	d	e(b-d)	%
WASH	63,329,700	32,700,864	10,800,000	10,102,281	22,598,583	69%
Education	106,520,920	21,744,000	11,448,000	4,059,239	17,684,761	81%
Health & Nutrition	65,000,000	20,119,600	13,119,600	5,339,557	14,780,043	73%
Child Protection	20,632,217	16,200,000	6,801,948	6,144,867	10,055,133	62%
Social Protection	23,200,000	11,000,000	1,000,000	6,159,927	4,840,073	44%
Rapid Response Mechanism	21,222,000	14,250,000	5,250,000	13,252,487	997,513	7%
Winterization	19,526,780	44,000,000	N/A	2,679,186	41,320,814	94%
Total	319,431,617	160,014,464	48,419,548	47,737,544	112,276,920	70%
<i>Carry forward from 2014</i>				3,204,321	3,204,321	
Grand Total	319,431,617	160,014,464	48,419,548	50,941,865	109,072,599	68%

*Note funded amounts includes HQ Cost Recovery & CO Cross Sectoral Costs** FGM/GBV funds received included and monitored under CP in line with SRP Funds Appeal (CP: US\$472,508 and FGM/ GBV: US\$ 1,008,566)*** US\$ 1,630,379 thematic funds SM149910 reserved for salaries and not allocated to any Programme Section included against EM budget

Next SitRep: 16/11/2015

UNICEF Iraq Country Office Official Website: <http://www.unicef.org/iraq/>

UNICEF Iraq Country Office Facebook Page: <https://www.facebook.com/unicefiraq>

Humanitarian Response for Iraq: <http://www.humanitarianresponse.info/operations/iraq>

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Annex A

UNICEF is appealing for \$160 million for the remainder of the year, \$48 million of which falls under the UN HRP appeal. The table shows Cluster Targets and Results against the UN HRP, and UNICEF targets and results against the larger \$160 million HAC appeal. UNICEF's targets within each cluster are shown for each indicator in the relevant footnote.

SUMMARY OF PROGRAMME RESULTS (September 2015)	Cluster Revised Target	Cluster HRP Results (31.09.2015)	UNICEF HAC Target	UNICEF HAC Results (31.09.2015)
WATER, SANITATION AND HYGIENE				
Emergency affected populations with access to a sufficient safe water supply [1]	2,870,457	2,600,216	3,798,583	2,376,127
Emergency affected populations with access to functional latrines [2]	880,188	492,395	970,607	172,488
IDPs receiving hygiene kits or other hygiene supplies [3]	1,410,376	1,074,146	1,486,086	952,204
EDUCATION				
School-aged children reached through temporary learning spaces [4]	450,000	245,058	550,000	225,655
Teachers and education personnel trained on PSS or EiE [5]	12,100	2,899	8,000	2,291
Children benefited from the provision of learning materials [6]	500,000	214,961	550,000	209,132
HEALTH & NUTRITION				
Newborn babies of conflict-affected families benefitting from newborn home services [7]			39,000	11,048
Children provided with access to growth monitoring (nutrition screening) services [7]			484,000	149,809
Under 1 year old children vaccinated against measles through routine immunization [7]			93,400	105,283
Children 0 - 59 months vaccinated against Polio in crises affected areas through campaigns [8]			IDPs: 384,000	161,318
			Host: 5,460,000	5,421,652
CHILD PROTECTION				
Grave child rights violations reported and verified [9]	257	874	257	874
Children identified for and referred to specialized protection services [10]	14,958	11,902	14,846	9,248
Children receiving psychosocial support services in static and mobile CFS [11]	111,833	91,366	108,493	67,642
Unaccompanied and separated children reunited, placed in family or alternative care arrangement [12]	1,114	1,222	3,896	898
SOCIAL PROTECTION				
Most vulnerable households receiving child focused cash transfer [13]			28,887	20,381
RAPID RESPONSE & WINTERIZATION				
Vulnerable people newly displaced by conflict receiving RRM kits within 72 hours of trigger for response [14]			4,080,914	3,936,273
[1] The indicator includes water supply & water quality interventions, with exception of the distribution of water bottles and jerry cans, since they are not providing sufficient quantities of water to the beneficiaries. Within the UN-wide HRP, UNICEF's target for this indicator is 2,798,583				
[2] Due to delays in reporting from partners and therefore incomplete data, sector and UNICEF totals will remain the same as August for this indicator until data is received and validated. Within the UN-wide HRP, UNICEF's target for this indicator is 650,607				
[3] The indicator only includes individuals directly benefitting from distribution of hygiene and dignity kits. Within the UN-wide HRP, UNICEF's target for this indicator is 936,096				
[4] Indicator is adjusted to more accurately reflect child beneficiaries in UNICEF-supported temporary learning spaces (tent schools). Within the UN-wide HRP, UNICEF's target for this indicator is 350,000				
[5] To enhance accuracy of UNICEF's reporting, the indicator is revised to report only the number of teachers trained. Within the UN-wide HRP, UNICEF's target for this indicator is 6,000				
[6] Newly-added indicator to reflect children beneficiaries of learning materials. Within the UN-wide HRP, UNICEF's target for this indicator is 350,000				
[7] Due to multiple displacement, the services may be provided to the same beneficiaries more than one time. Within the UN-wide HRP, UNICEF's targets for 'New-born babies of conflict-affected families benefitting from new-born home service' is 12,000'. For 'Children provided with access to growth monitoring (nutrition screening) services' is 384,000. For 'Under 1 year old children vaccinated against measles through routine immunization' is 80,000.				
[8] Figures indicate the number of children that have been vaccinated at least once. For measles, due to ongoing insecurity and information management coordination, monthly figures from the MoH in the south and central zones are received irregularly. UNICEF updates the relevant data as and when it is made available. For polio, national polio immunization campaigns target all U5 children across Iraq. Reported here are MoH figures as of Polio National Immunization Day (PNID) April 2015. Polio targets remain the same between SRP/HRP and HAC.				
[9] The Monitoring and Reporting Mechanism (MRM) holds information on grave violations against children's rights. This indicator now reports the number of violations of child rights, rather than the number of children affected. Figures have been adjusted accordingly.				

[10] In previous reporting, this indicator included numbers of Unaccompanied and Separated Children (UASC). These children are now reported separately, under a dedicated UASC indicator. Within the UN-wide SRP/HRP, UNICEF's target for this indicator is 8,403.

[11] Within the UN-wide SRP/HRP, UNICEF's target for this indicator is 86,895

[12] Within the UN-wide SRP/HRP, UNICEF's target for this indicator is 896

[13] Within the UN-wide SRP/HRP, UNICEF's target for this indicator is 5,871. The number of households reached through Cash Transfer has been lowered since August due to data error.

[14] Some families are assisted several times through the RRM due to prolonged or multiple displacements. This indicator is calculated using the number of RRM kits distributed by RRM implementing partners to IDP families and reported back to UNICEF. Each kit is for a family of 7 members. Within the UN-wide SRP/HRP, UNICEF's target for this indicator is 1,380,914