The humanitarian needs overview (HNO) promotes a shared understanding of the impact and evolution of a crisis within the humanitarian country team (HCT) and informs strategic response planning.
**PROCESS**

**Step 1** Plan Analysis (mostly May)

**Step 2** Data Consolidation, identification of gaps, collection (June and July)

**Step 3** Prioritization and Joint Analysis (July, August)

**Step 4** Production of HNO (August, September) – **DL: 30 Sept**
• Summarize the most critical humanitarian needs of the affected population.
• Visual presentation of the overall number of people in need by type of need (where possible).
• Highlight inter-sectoral perspective, including cross-cutting issues.
- Compelling narrative story highlighting the plight of affected people and how the crisis has evolved.
- Outline the impact of the crisis across sectors, using key facts and figures.
- Timelines to explain the impact of crisis
- If appropriate, highlight a key/defining characteristic of the crisis in a box (e.g. protection).
• Explained caseload figures with a brief narrative (how are estimates developed; source appropriateness, reliability)
• Authors are encouraged to be as transparent as possible.
• Challenges around double counting and lack of information should be highlighted and explained.
Overall severity

- Include one narrative paragraph.
- Include an overall severity map with explanations on which indicators were used and combined.
- Provide link (if possible) to the composite index/framework used.
- Highlight areas with highest cross-sectoral needs.
Severity per sector

- Generate sector severity map to support develop the cluster chapter.
For intra- and inter-severity to be known, a few things need to happen:

### Data sources:
- Reliable, appropriate

### Indicators:
- Based on available sector data of needs

### Scales:
- Development of thresholds, weights based on pre-defined sectoral scales using expert judgement

### Tool:
- Set-up and development of NCT for Iraq

### Methodology:
- Agree on methodology for inter-sectoral analysis

#### Table: Domain, Indicator, Source, Explanation of Indicator

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Source</th>
<th>Explanation of Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security Crisis</td>
<td>Food and Nutrition Situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>Access to safe water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>Access to sanitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>Access to hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Accessibility for Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Access to Routine and Supplementary Immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Incidence of Acute Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>% of people with missing civil IDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>% of people at risk of eviction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>% of contamination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### IRAQ: Humanitarian Needs Comparison Tool

![Image of the Humanitarian Needs Comparison Tool]

#### Indicator Weight Distribution

![Image of Indicator Weight Distribution]

#### Indicator Index Weighting

![Image of Indicator Index Weighting]

#### Education, Health, EL

<table>
<thead>
<tr>
<th>Access to Education (PIN)</th>
<th>Accessibility for Health Services</th>
<th>Money Taken as Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>High</td>
<td>22</td>
</tr>
<tr>
<td>Medium</td>
<td>Medium</td>
<td>22</td>
</tr>
<tr>
<td>Low</td>
<td>Low</td>
<td>22</td>
</tr>
<tr>
<td>Very Low</td>
<td>Very Low</td>
<td>22</td>
</tr>
<tr>
<td>Rel of Data Education</td>
<td>Fully</td>
<td>22</td>
</tr>
<tr>
<td>Fully</td>
<td>Partially</td>
<td>22</td>
</tr>
<tr>
<td>Not3</td>
<td>Plot of Data Health</td>
<td>22</td>
</tr>
<tr>
<td>From 1 to 8%</td>
<td>From 9 to 12%</td>
<td>22</td>
</tr>
<tr>
<td>From 13 to 19%</td>
<td>From 20 to 29%</td>
<td>22</td>
</tr>
<tr>
<td>From 30 to 49%</td>
<td>From 50 to 74%</td>
<td>22</td>
</tr>
<tr>
<td>From 75 to 100%</td>
<td>Not Data EL</td>
<td>22</td>
</tr>
</tbody>
</table>
NEEDS OVERVIEW
BY SECTOR

PART 2: CAMP COORDINATION AND CAMP MANAGEMENT

CAMP COORDINATION AND CAMP MANAGEMENT

OVERVIEW
Camp coordination and camp management systems are required to ensure equitable access to services and protection for displaced persons in formal and informal settlements. Settlements lacking coordination and management systems do not meet standards and are not maintained properly, leading to inadequate and provision for vulnerable people. The lack of these services contributes to various public health, preventable diseases, and increased levels of gender-based violence for women and girls both in formal and informal settlements. Information dissemination and the coordination of service provision in camp settings is required to allow humanitarian partners to better coordinate assistance, support informed return decisions and strengthen accountability to affected populations.

AFFECTED POPULATION
Over 3.7 million people in formal and informal settlements need camp coordination and camp management services, with women accounting for more than 50 per cent of the displaced. Vulnerable groups like women, girls, people with disabilities and the elderly are at risk of higher rates of discrimination and exclusion during displacement as their privacy and safety are most affected by inadequate or absent camp management systems and reduced or un-promoted service provision.

HUMANITARIAN NEEDS
Struggling camp management structures across Iraq is a key need. The capacity for camp management and effective coordination of different services and needs in a prioritised manner continues to be a challenge in the majority of informal settlements. Strengthened levels of coordination and the implementation of impartial service provision are needed at governorates, districts, and site level. Arbil, Baghdad, Diyala, Hamam al-Alil, Kirkuk, Nineveh, and Salah al-Din Governorates are the highest priorities for the sector. There is a need to identify and rapidly develop safe and sanitary facilities. Improved site planning and site visits are essential for the implementation of improved site planning and site visits.

GENERATION OF THE IDP POPULATION IN CAMPS IN IRAQ IN 2016

Food Security
Water, Sanitation and Hygiene
Health
Nutrition
Shelter
Protection
Education
Early Recovery
Logistics
• **Assessment Registry** up to date: compilation of assessments conducted and planned is based on AR

• **Key figures**
  - Number of assessments
  - Number of partners
  - Planned needs assessments

• **Maps and tables:**
  - Cluster assessments maps
  - Assessments conducted by sector by location
  - Table with planned assessments based on gaps
This IHO is based on the 2013 population projections issued by the Yemen Central Statistical Organization, adjusted with data generated through the 16th TPFM report. Sectoral and inter-sectoral figures on people in need and needs severity have been calculated by using the below methodology.

**Sector-specific needs severity**

Each cluster was asked to estimate the severity of needs in their sector for all 333 districts in Yemen, using a mutually agreed seven-point severity scale (0 to 6). This work included agreeing on thresholds for indicator values along the seven-point severity scale to ensure that datasets from different clusters could be aggregated across clusters, even though widely divergent datasets would be used. The indicators derived from those datasets, and their thresholds and updated as needed.

In parallel, partners worked to organize and carry out assessments that would provide data to populate the severity scales, and overview of which is presented in Annex 1 of this IHO. Recognizing the difficult data collection environment in Yemen, partners agreed that hard data would likely be unavailable for all indicators in all 333 districts. As a backup, every indicator was translated into a focused discussion question with answer choices mapped along the same seven-point severity scale.

**Inter-sector estimates of people in need (acute/moderate)**

OCHA estimated total PIP in Yemen across clusters in three steps: 1) Identifying the single-highest cluster total PIP estimates in every district, 2) Adding the estimate of refugees and migrants in need in every district to the single-highest cluster PIN figure, 3) Adding all district-level total estimates together. This approach provides district-level total PIN estimates without double counting. To categorize total PIN as acute or moderate, OCHA relied on sectoral needs severity scores and the total PIN for each district. Scores of 2 or 3 were categorized as moderate, and scores of 4, 5, or 6 were categorized as acute. The proportion of moderate and acute scores in each district were then applied to the PIN for each district (e.g., 45 percent of sector severity scores fell in the acute range (4-6), and 55 percent of total PIN were categorized as acute, and 55 percent as moderate). Similar to the overall PIN calculations, for each district acute people in need for RAM cluster was added to the calculated inter-cluster acute pin.

**Refugees, asylum seekers and migrants**

District-level population estimates of refugees, asylum seekers and migrants were developed by using 2017 estimates as the baseline. These baseline figures were adjusted using new arrivals data and the UNHCR proGrES database to extrapolate refugee and asylum seeker statistics and profiles (location and gender). Field-based consultations in humanitarian hubs (Delphi methodology) were conducted to collect feedback from partners operating in different field locations. Reports on services provided last year were also drawn from various assessments carried out by protection and other actors. Analysis of these information sources informed final severity scores for each hub, the average being from all severity scores from delphi-discussion questions. This average was a given weight; districts receiving a score of 4 to 6 were categorized as acute needs, whereas districts with scores of 2 and 3 were considered having moderate needs (districts which scored 0 and 1 were not included in total population in need estimates). Such weight was calculated against the total population number to give the final PIN.

**Inter-sector IDP/refugee/host community severity**

The Inter-Cluster Coordination Mechanism (ICCM) identified a set of multi-cluster indicators (see table below) to estimate the severity of needs per districts, in districts hosting IDPs and where returnees are residing. Indicators’ scores for each district were summed up. The different clusters were then clustered using Jenks natural breaks so that each district was assigned a score based on its sum. Districts with no IDPs or returnees were assigned a score of zero. Districts where the inter-sector needs converge with highest scores will be identified as high priority districts to be prioritized for inter-sector IDP/returnee/host community response. In addition to this, the respective clusters will identify other priority districts for their specific cluster response.
NGO Contributions to the HNO

Regular sharing of needs assessment reports, findings and/or information on assessments planned and completed, with the Cluster focal points.

- **HNO Planning and Data Consolidation**: allows identification of information gaps which in turn allows the Cluster to provide further guidance to partners on where to conduct assessments.

- **HNO Key Needs/Figures and Impact of the Crisis**: Inform/contextualize drivers of the crisis, impact of the crisis and support identification of priority needs.

- **HNO People in Need and Severity of Needs**: assessments findings support triangulation and contextualization of needs in the field.

- **HNO Information Gaps and Assessment Planning**: Map out gaps and support formulation of assessment plan for 2019.

**Final submissions of all assessments for the Assessment Registry to take place 3rd week of July.**
Local and international NGOs: what are the concrete ways to engage?
1. Assessment Working Group
Established: Feb. 2017

Membership:

• Cluster focal points (IM or coordinators)
• Focal points of working groups/units conducting, or planning to conduct joint and/or multi-sectoral assessment (mVam, DTM, RASP, CWG, Immap, Call Center)
• Chair of the IMWG (or a representative) and inter-cluster coordinator
• Key NGOs (MEAL, M&E staff) conducting assessments

Chairing arrangements: OCHA (chair); REACH Initiative (co-chair)

TOR and Workplan: Revised Feb. 2018

**AWG Cluster FPs can share key findings/decisions/minutes with the cluster partners.**
2. Common Database of Indicators
Numerous rapid sector and multi-sectoral needs assessments:

- not coordinated
- not captured and used strategically or operationally
- Lack of joint analysis
- Collecting sector-specific data against incomparable (and sometimes unused) indicators.
- Incomparability
- Duplication
- Lack of coordination
Cluster-specific indicators for assessments conducted at household level / QUANTITATIVE / More in-depth assessment

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Domain</th>
<th>Indicator</th>
<th>Proposed Questions</th>
<th>Options</th>
<th>Qs Type</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBV</td>
<td>Survivors’ use of GBV services</td>
<td>% of HH whose members are aware of how to report</td>
<td>Are your HH members aware of how to report a case? Yes 2. No 3. DK 4. Declined to answer</td>
<td>select one</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>GBV</td>
<td>Survivors’ use of GBV services</td>
<td>Primary place where women and girls feel safe receive</td>
<td>Where do women and girls in your HH feel safe and can</td>
<td>Health facility. Women center. Ministry/Directors select all that apply</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>GBV</td>
<td>Prevention of further harm</td>
<td>Primary social treatment received by the violence sur</td>
<td>How does the HH treat survivors of sexual violence? 1. Blame survivor. 2. Stigmatize survivor (i.e. unfair or d select all that apply</td>
<td>To be used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBV</td>
<td>Safety of women and girls where they live</td>
<td>Primary place that women and girls try to avoid</td>
<td>Is there a place where the women and girls in your HH</td>
<td>1. At home. 2. At checkpoints. 3. At water points. 4. All select all that apply</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>GBV</td>
<td>Information and education about GBV</td>
<td>% of HH benefiting from education programs dealing</td>
<td>Have members of your HH benefited from community</td>
<td>1. Yes 2. No 3. DK 4. Decline to answer</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>GBV</td>
<td>Information and education about GBV</td>
<td>Primary types of GBV education activities the HH has</td>
<td>Does your HH use what types of community education activities for</td>
<td>1. Household-level sensitization on violence against women</td>
<td>select all that apply</td>
<td>To be used</td>
</tr>
<tr>
<td>GBV</td>
<td>Participation and inclusion in decision making</td>
<td>% of HH where women and girls participate to the de</td>
<td>Do women and girls equally participate in your HH’s de</td>
<td>1. Yes 2. No 3. Decline to answer</td>
<td>select all that apply</td>
<td>To be used</td>
</tr>
<tr>
<td>GBV</td>
<td>Participation and inclusion in decision making</td>
<td>Primary women’s/men’s support networks that memb</td>
<td>Have your HH members participated in any of the follow: 1. Psychological support. 2. Livelihood activities. 3. select all that apply</td>
<td>To be used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>Mine risk education</td>
<td>% of HH with members receiving mine risk education</td>
<td>Have you or a member of your family received mine risk education? Yes 1.2. No 3. DK</td>
<td>select one</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>Mine risk education</td>
<td>Primary location where the education was received (to</td>
<td>If you received mine risk education, where did you</td>
<td>1. In an EP camp. 2. While living as an IDP outside of a select one</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>HLP ownership documentation</td>
<td>% of HH owning HLP in their AoO</td>
<td>Do you own housing land, or property in your area of</td>
<td>1. Yes 2.3. DK</td>
<td>4. Decline to answer</td>
<td>select one</td>
</tr>
<tr>
<td>HLP</td>
<td>HLP ownership documentation</td>
<td>Primary location of documents attesting the ownership</td>
<td>If your HH owns HLP in your area of origin, where are</td>
<td>1. Physically with me. 2. Lost. 3. Accessible through prec select one</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>State of family’s housing in area of origin</td>
<td>Current state of HLP in AoO (top 3 answers)</td>
<td>What is the current state of your HH’s housing in your</td>
<td>1. No damage. 2. Partial damage. 3. Entirely damaged. 4. select all that apply</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>State of family’s housing in area of origin</td>
<td>Return to original housing in area of origin</td>
<td>Did your HH return to the housing that you lived in before Yes</td>
<td>select one</td>
<td>No select one</td>
<td>To be used</td>
</tr>
<tr>
<td>HLP</td>
<td>State of family’s housing in area of origin</td>
<td>Reasons for not returning to original housing</td>
<td>Why was your HH unable to return to the housing you lived in before? 1. Do not feel safe returning to our housing. 2. Cannot select all that apply</td>
<td>To be used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>Risk of eviction</td>
<td>% of HH facing risk of eviction</td>
<td>Do you or your HH’s are facing risk of eviction? Yes 1. No, DK</td>
<td>select one</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>Reason for eviction risk</td>
<td>Primary reasons for eviction risk</td>
<td>What is the main risk of eviction? 1. Lack of funds to pay rental costs. 2. Host family no longer select one</td>
<td>To be used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>Type of tenancy agreement</td>
<td>Primary type of tenancy agreement (top 1)</td>
<td>What type of tenancy agreement do you have in your HLP? 1. No tenancy agreement. 2. Written verbal tenancy agreement select one</td>
<td>To be used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>Reason for lack of tenancy agreement</td>
<td>Primary reason for lack of tenancy agreement (top 1)</td>
<td>What is the primary reason for not having a tenancy agreement? 1. Did not know that they did. 2. Did not want to sign an agreement</td>
<td>select one</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>Knowledge of HLP redress mechanisms</td>
<td>% of HH who know how to pursue a HLP-related claim</td>
<td>Do you know how to pursue a claim related to your HLP? Yes 1. No select one</td>
<td>To be used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>Resolution of HLP issue/dispute</td>
<td>Primary method HLP claim was addressed (top 3 answers)</td>
<td>If you pursued a claim related to your HLP rights in the</td>
<td>1. Negotiation with opposing party. 2. Intervention by govt. 3. select all that apply</td>
<td>To be used</td>
<td></td>
</tr>
<tr>
<td>HLP</td>
<td>Resolution of HLP issue/dispute</td>
<td>% of HH successful in resolving HLP claim</td>
<td>If you pursued a claim related to your HLP rights in the</td>
<td>1. Yes 2. No 3. Issue/dispute is still pending before the select one</td>
<td>To be used</td>
<td></td>
</tr>
</tbody>
</table>
Indicators were developed at two levels:

1. For quantitative assessment questionnaires where households (and sampling) are generally the unit of inquiry.

2. For qualitative assessment questionnaires where key informants and community members are generally the unit of inquiry.

The CDI is a repository to inform:

1. Development of future organization-specific multi-sector assessment tools (e.g. indicators communicated to partners who want to conduct assessments)

2. Revision of existing tools if/when needed (e.g. MCNA, RNA, organization-specific tools)

How will it the database be shared?

1. Via clusters and sub-national ICCGs, AWG, IMWG

2. AWG planning to develop a bi-monthly update/newsletter
3. Iraq Assessment Registry
WHAT IS IT?

Platform/service provided to all humanitarian actors to:

• share the details and results of humanitarian assessments.

• discover assessments that have already been undertaken and avoid unnecessary survey fatigue

• coordinate assessments by highlighting geographical, sectoral and thematic gaps and overlaps

• sorts assessments undertaken by title, location, leading and participating organizations, sectors, date, location

• See link to the assessment reports, questionnaires and data if made publicly available.
WHO HAS ACCESS TO IT?

• **Read/download:** Everyone. The assessment registry is public and available to all concerned with the emergency.

• **Upload/edit:** Usually cluster IMOs with a registered account on HR.info, where they can log in and start uploading the assessments. In case of lack of an IMO, OCHA IMU unit can support in uploading respective assessments.
Iraq: Assessments conducted and planned (as of 9 June 2018)

Assessments conducted by governorates from January to June 2018

**Outputs – Monthly Dashboard**

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

*Cluster Partners conducting assessments as of 9 June 2018 as extracted from Assessment registry in Humanitarian Response Info website.

Feedback: ocha.iraq@un.org iraq@humanitarianresponse.info www.reliefweb.int

Sources: CCO, HEALTH, NFISHelter, PROTECTION, EDUCATION, WASH, FOOD SECURITY, EL, EMERGENCY TELECOM., LOGISTICS, MULTI-CLUSTER, MPCA, RRM
Assessments are used to develop cluster indicators to populated the needs comparison tool NCT to identify severity by location, which feeds into the cluster oval PIN.
CLUSTER PARTNER SUPPORT

• Platform as good as the reporting that goes in it.
• Incomplete picture without systematic sharing of info from all
• Not receiving assessment reports.
• Not knowing how to share and what to share.
4. Cluster engagement and support for coordination of assessments
**CLUSTER PARTNER SUPPORT**

- Share assessment reports – *Everyone*
- Communicate planned reports – *Everyone*
- Upload reports/metadata on AR – *Clusters, OCHA*
- Harmonize data collection indicators and methodologies
  - Use CDI as a resource, reference when deciding to conduct assessments – *Partners conducting assessments*
  - Provide guidance, support to partners when conducting assessments (tools, harmonized indicators) – *Clusters, AWG*
- Strengthen info-sharing on planned and completed assessments - *Everyone*
Questions?

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