

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

IRAQ: HUMANITARIAN EMERGENCY

Appeal No. 05EA026
20 October 2006

FOCUS ON HEALTH AND CARE PROGRAMME ACTIVITIES

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 185 countries.

In Brief

Operations Update no. 4; Period covered: 1 April to 30 August 2006; Appeal target for 2006: CHF 7,925,770 (USD 6,333,866 or EUR 4,995,340); Appeal coverage: 55 per cent.

Appeal history:

- **Launched on 10 November 2005 for CHF 16,750,000 (USD 12,000,000 or EUR 10,000,000) to assist 60,000 families or 350,000 beneficiaries for twelve months.**
- **The budget was decreased to CHF 7,925,770 and the operation was extended by one month to the end of 2006; Final Report is therefore due on 31 March 2007.**
- **Disaster Relief Emergency Funds (DREF) allocated: N/A.**
- **Some of the activities from the Iraq: Humanitarian Crisis – Post War Rehabilitation (Appeal no. 08/03) were extended to the end of July 2006 because of disruptions caused by sectarian violence, intensified armed insurgency and overall insecurity in Iraq.**

Operational Summary:

This report is devoted to the health sector of the emergency response of the Iraq Red Crescent Society (Iraqi RCS) and the International Federation of Red Cross and Red Crescent Societies (Federation), as one of the core areas of the Iraq RCS during the past three years. General conditions have deteriorated in Iraq as the security risks have increased. Government reports show 2,669 people were killed in May; 3,149 in June; 3,590 in July; 3,009 in August; and 2,667 people were killed in September in Baghdad alone. Further more, the Ministry of Migration and Displacement report for September stated that the number of families displaced by sectarian violence has reached 61,000, or 364,740 individuals. All international organizations are operating from Amman, Jordan because of the high security risk in Iraq.

World Food Programme/Ministry of Planning report for May 2006 revealed the level of food insecurity and clearly demonstrated the deterioration of living conditions in Iraq between 2003 when the baseline survey was conducted and the repeat survey of 2006. The situation has been aggravated by the high level of unemployment (70 per cent), the price increase on fuel/gas and general commodities. According to an official source from the Ministry of Finance, the annual inflation rate (August 2005 – August 2006) is 76 per cent.

The Federation appeal 05EA026 was, of necessity, revised ([click here to go directly to operations update no. 3](#)) to make it more realistic to the changing situation in Iraq. The Federation seeks urgent financial support for its operation in Iraq to deliver winter assistance kits to the targeted 25,000 vulnerable families (150,000 people) to alleviate their suffering from the harsh winter.

The International Federation undertakes activities that are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

For further information specifically related to this operation please contact:

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All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

Background

The Iraqi RCS, with support from the Federation and the International Committee of the Red Cross (ICRC), was widely engaged in the health sector during the 13 years of international sanctions that the country underwent (1991 – April 2003). The society has since then served as an important link between the international organizations, international agencies, NGOs and the Ministry of health in facilitating the provision of medical supplies and in the promotion of public health services in the country. Its public health activities included community based First Aid; country wide immunization campaigns on vaccine preventable diseases; psychosocial support services.

During the recent war of 2003 and in the post-war rehabilitation and recovery phase, the society has continued to contribute to the promotion of the health and care for the Iraqi population. Unfortunately, the security and economic situation in the country has, to date, shown no, or very little, progress. On the contrary, deteriorating socio-economic situations are clearly witnessed and observed in both the urban and rural settings. The recent household survey report shows that over 77 per cent of the population is extremely poor, highly vulnerable or food insecure (WFP report, May 2006)¹. The support from the international community has drastically declined at an alarming rate – the future appears bleak to the most vulnerable.

Following demographic and socio-economic indicators (middle of 2005) clearly depict the situation:

• Country population	26,028,457
• Male /Female ratio	50.8 per cent to 49.2 per cent
• Children (0 – 15 years)	39.7 per cent
• Adults (16 – 60 years)	55.1 per cent
• Elderly (over 60 years)	5.2 per cent
• Widowed women	4.1 per cent
• Orphanage children	4.1 per cent

¹ WFP household survey report May 2006

Iraq: Humanitarian Emergency; Appeal no. 05EA026; Operations Update no. 4

- Extremely poor or income of less than USD 30/month 35.2 per cent
- Highly vulnerable or income of USD 31 – 54 /month 42.6 per cent
- Children who left schooling 12.3 per cent
- Fifth of children are underweight and a third of children are chronically malnourished
- Average unemployment rate of 58.6 per cent (please note that figured has increased to 70 per cent in August as per the government Ministry of Labour and Social Affairs (MoLSA) report of September 2006).

Insecurity is the second major concern (armed conflict and violence) in the country as it has hindered all the national recovery efforts and the delivery of humanitarian services. In short, Iraq has suffered from widespread lawlessness in the past three years and has continued to witness frequent suicides, road-side and car bombings and kidnappings on a daily basis advanced by insurgents and criminal groups. As of February 2006, sectarian violence has rocked most parts of the country. This new wave of cyclic violence and killing has worsened and complicated the entire security situation in the country. According to government sources - Ministry of Displacement and Migration (MoDM)² – quoting the weekly report of 1 October 2006, a total of 60,790 families (364,740 people) are internally displaced between February/March and end September 2006. This figure, according to the report, shows an increase compared to that of 10 September weekly update which was 41,299 families or 247,794 individuals. This is a direct consequence of the cyclic sectarian violence and does not include the number of people killed (between 50 & 100 on average) or kidnapped every day. In the midst of all these socio-political and security events, the Iraqi Red Crescent (Iraqi RCS) has remained committed to serving the most vulnerable people in the country.

Two scenarios- access to food /nutrition and insecurity /instability- had a direct impact or have negatively contributed to the poor health condition of the population. This aspect has also included the hampering of timely and easy access to the existing health institutions and other public service centres.

Profile of Health and Care programmes in Iraq

The general condition in the health sector is a reflection of the catastrophic socio-economic situation that prevailed in the country for about two decades. According to a Ministry of Health/WHO³ joint survey report that was conducted in the middle of 2003, up to 70 per cent of the children were affected by acute respiratory infection (ARI), malnutrition and a variety of infectious diseases such as typhoid. The following indicators reflect health status and resources in the country (taken from MoH, December 2004):

Health status indicators

NEWBORNS WITH BIRTHWEIGHT AT LEAST 2.5 KG (%)	94	2003
CHILDREN WITH ACCEPTABLE WEIGHT FOR AGE (%)	90	2002
INFANT MORTALITY RATE PER 1000 LIVE BIRTHS	107	2003
PROBABILITY OF DYING BEFORE REACHING 5TH BIRTHDAY PER 1000 LIVE BIRTHS (%)	130	2003
MATERNAL MORTALITY RATE PER 10000 LIVE BIRTHS	29.4	2003
TOTAL LIFE EXPECTANCY AT BIRTH (YEARS)	63.2	2000
MALE LIFE EXPECTANCY AT BIRTH (YEARS)	61.7	2000
FEMALE LIFE EXPECTANCY AT BIRTH (YEARS)	64.7	2000

Y = Reference year for data provided

² MoDM – Ministry of Displacement and Migration

³ MoH / WHO baseline survey report of 2004

Human and material resources indicators

PHYSICIANS PER 10,000 POPULATION	6.3	2003
NURSING AND MIDWIFERY PERSONNEL PER 10,000 POPULATION	12.1	2003
HOSPITAL BEDS PER 10,000 POPULATION	13.1	2003
PHC UNITS AND CENTRES	0.4	2003

a = Ministry of Health 2004 report

The Ministry of Health has faced with numerous challenges just after the fall of the Saddam regime. It included a shortage of medical supplies and equipment; dilapidated health facilities; shortage of electrical power supplies; inadequate water supply and sanitation and shortage of medical staff.

Iraqi RCS contribution to the health sector included expanding Community Based First Aid (CBFA) training; expanding First Aid knowledge to teachers/students in schools; continued involvement in health education on common diseases; active participation in monitoring immunization campaigns; health education/promotion of public awareness on infectious and common health hazards such as HIV/AIDS; and psychosocial support programmes.

Operational developments

The society has responded to the fast changing situation in the country and has thereby lived up to its mandated national and global mission even under such difficult circumstances. The strategic actions it followed included:

Increasing Service delivery: In the past three years, the Iraqi RCS with the support of the International Red Cross and Red Crescent Movement has delivered health and care services to:

- 625,000 beneficiaries;
- 910 families and 80 children were also given psychological support.
- five immunisation campaigns of polio and measles, and

Building the human resource capacity: the society has beefed up the capacity of its staff and volunteer base through expanded skills training.

- basic First Aid training to 980 staff / volunteers;
- Trainer of Trainer (ToT) in First Aid training for 40 staff /volunteers;
- Psychological support (PSP) training for 158 staff /volunteers, and
- HIV/AIDS awareness training to its 600 volunteers /peer groups.

Building the capacity of health structures: besides the timely and essential services that the society has delivered, it was also involved in the rehabilitation and expansion of the health infra-structures including rehabilitation of:

- two primary health care centres (PHC) in Baghdad and Diwaniya;
- two PSP centres in Basra and Suleymaniya;
- two maternity hospitals of 90 beds capacity in Baghdad and Mithana, and
- two surgical hospitals of 100 beds capacity in Baghdad (one General and one paediatric).



Basra PSP Centre



Kut Maternity Hospital

The Iraqi RCS, supported by the Federation and ICRC, has continued to play a significant role in achieving the Movement's mission in Iraq and its commitment to serving the most vulnerable. Its strength is based primarily on its countrywide branch structure, experienced and dedicated staff, and its network of volunteers who carry out their humanitarian duties in this difficult environment.

In doing its health and other humanitarian work, the Iraqi RCS is however dependent on the support of the Federation, sister National Societies, and, increasingly, on the support of its own government. Despite the over stretching workload and number of response operations, there have been achievements in the Health and Care programmes- and in disaster preparedness and rehabilitation- as outlined in detail in this report.

Iraqi RCS Health and Care programmes and Priorities for 2006

Overall Goal: Reduce the impact of endemic health problems in the 18 governorates through the development of community organizations; and enhance the active participation of Iraqi RCS volunteers in the health intervention /promotion; and the psychosocial support activities.

CBFA and HIV/AIDS

Objective: The Iraqi RCS has increased its capacity in planning, organizing and implementing regular First Aid and Health Promotion (HIV/Aids) courses; a prerequisite to increased participation of its volunteers in the national health intervention programmes.

It is one of the priority programmes of the Iraqi RCS since 1997.

- The CBFA action plan for 2006 was reactivated to meet the growing humanitarian needs in the country as a consequence of human and natural disasters.
- The strategy of the society is to train all its staff /volunteers in Basic First Aid. And only those trainees are eligible to be deployed and participate in the society's life saving service activities.
- In the past six months, the Iraqi RCS has conducted 45 Basic CBFA Courses for 900 participants. Twelve courses were conducted in Baghdad branch, while Anbar, Ninevah, & Diyala branches have conducted three courses each. Other six training courses took place in the rest of the branches. In reality, the branches /governorates with greater



First Aid training courses at Iraqi RCS branches.

Iraq: Humanitarian Emergency; Appeal no. 05EA026; Operations Update no. 4

insecurity and tension were encouraged and supported to conduct more courses compared to those that are “less” affected by the ongoing conflicts.

- Two regional ToT courses were organised at Dahuk branch for a total of 40 participants. Twenty participants came from the 18 branches and the other 20 participants were selected from the 80 sub-offices or sub-branches of Baghdad branch.
- Promoting FA training for school children (school FA), especially in the conflict prone areas or governorates, remains one of the major priorities.

HIV /AIDS:

Objective: Increase awareness on the means of transmission of the HIV/AIDS, preventive measures and related Stigma issues among volunteers, students in schools and out-patient attendants at the health facilities.

During this reporting period, the Iraqi RCS conducted 36 courses- two courses in each of the 18 governorates. Twenty volunteers were enrolled in each course, making a total of 720 volunteers trained in 18 workshops. These volunteers are already in action – in awareness and health promotion work in schools and health facilities.

Immunization campaign

Objective: Increase the capacity of the Iraqi RCS in planning, organizing and mobilizing its volunteers to effectively contribute to the National the Immunization Campaigns (NICs), carried out by the Ministry of Health and the United Nations Children’s Fund (UNICEF).

The Iraqi RCS is the designated agency for monitoring the mass immunization campaigns in the country. During this reporting period, it has monitored two polio mass vaccination campaigns carried out in early April 2006 for the targeted 90,720 children; and in May for a target of 66,960 children.

Each campaign has involved 772 field workers/volunteers who also included 122 volunteers Iraqi RCS volunteers, 18 health coordinators and ten supervisors in all the 18 governorates of the country.

Psychological Support:

The Psycho-social coordinator together with the staff/volunteers of Basra branch made a field survey and assessment before preparation and launching of the project. Findings of the assessment include: a lack of youth activities, as reported by parents, teachers, authorities (including religious leaders) and the children themselves as a factor that affected their social development (lack of opportunity to interact and play). Lack of activities and the stress caused by the security situation are noted as main contributing factors for behavioural problems observed in some children. Iraq is undergoing a variety of changes in culture, social interaction and individual behaviour. The isolation and withdrawal observed among children can lead to maladaptive behaviour. Conflict with family and challenging authority of parents` is reported to be common phenomena. Unfortunately, children are compelled to stay inside the house or compound all the time due to security risks, leading to an increase in stress. They all are badly in need of psychological support to help them cope with or deal the existing circumstances.

Goal: The Iraqi RCS psychosocial support facilities in Basra and Suleymania governorates and in the Baghdad city are made fully operational; and its psychological support to children, widows, the elderly and deprived families is strengthened further.

Objective: Children 6-18 years old in Basrah governorate have acquired and improved their well-being and social skills through their participation in the awareness, cultural and educational activities.

- The collection of traditional stories, through the youth and community members, continued to enhance the traditional coping mechanisms, side by side with today’s scientific approach.
- The pertinent and timely stories are in the selection process for printing, and wider circulation within the youth and the active community members in particular.
- A revised action plan has been developed and is being implemented in two pilot branches- Basra and Baghdad.

Iraq: Humanitarian Emergency; Appeal no. 05EA026; Operations Update no. 4

- Meetings and discussions with stakeholders were conducted in Basra followed by two workshops on basic psychology and psychological support, which included field visits to the IDP centres.
- A total of 40 volunteers have been trained as assistant field coordinators in psychosocial who have organized different activities for children between age six and twelve.



Outdoors, exercising together.

Here are some of the activities people did after the planned training:

Sports activities were organised for children between ages 12 and 18. There were ten groups with ten participants in each – football, volleyball and rope games. Five of the groups were male, while the other five groups were females, creating a gender balance.



Iraqi RCS volunteers painting with young children.

Art activities: The volunteer trainers did the painting, ornamentation, music, embroidery with the girls, and painting on the glass by a professional. Again there were ten groups, each with ten participants (five groups for male and five groups for female) making the total number 100 participants (male and female).

Cultural activities:

The volunteer trainers also read stories and organised watching movies, role-playing and scientific trip with the ten groups.

Baghdad PSP Project: The planned programme for Baghdad (second pilot branch) – meeting and primary discussion was held with the branches, volunteers and other stake holders. Very slow process so far because of the tense security situation in Baghdad. Preparation for two training workshops is underway and will be

implemented soon - after the end of the summer holidays (schools) and improvement of security in Baghdad. The planned PSP activities will focus on peer groups, as the children of Baghdad are the most severely traumatised from the ongoing armed conflict and are hard hit by insurgency, criminal groups and sectarian violence.

Existing Challenges in the Health Service delivery:

There are still numerous factors that are contributing to problems being faced in the health service delivery in the country, including:

- instability /security threats (according to recent Ministry of Health report, over 1,000 doctors have left the country in the past three years. Doctors have become primary targets or victims in the ongoing/wide spread kidnapping and killing.)
- annual in-take of medical schools is in decline and therefore difficult to fill the gaps and demands of professionals
- routine hospital services are time and again interrupted because of security situation and even then are mostly overwhelmed by cases of armed conflict and violence.
- cuts in health expenditures
- shortage of medical supplies
- interruption of power supplies.

Federation Management and Cooperation

The cooperation between the Federation, the Iraqi Red Crescent and the International Committee of the Red Cross (ICRC) is based on the basis of the Memorandum of understanding (MoU) between the three parties. The MoU has provided a clear basis for the management and coordination of the Movement's response activities in Iraq. It provided operational information, including priorities and an overview of the humanitarian needs; review of the security issues; brief information on Partner National Societies (bilateral or multilateral) initiatives in Iraq; and strengthens efforts of the Movement's actions in Iraq.

Related Emergency or Annual Appeals:

- **Iraq: Floods (supplementary) Emergency Appeal No MDRIQ 001 was launched 8 February 2006 seeking CHF 1,802,000 in cash, kind and services to assist 5,000 families or 25,000 people.**
For details, please go to the website at: http://www.ifrc.org/cgi/pdf_appeals.pl?06/MDRIQ001.pdf
- **Iraq and Neighbouring Countries: Humanitarian Crisis Revised Emergency Appeal. (Appeal no.08/03)**
For details, please go to the website at: http://www.ifrc.org/cgi/pdf_appeals.pl?03/0803revised.pdf

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