

Appeal 2001-2002

 International Federation
of Red Cross and Red Crescent Societies

Iraq (Appeal 01.66/2001)

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	CHF
1. Disaster Response	5,700,852
2. Disaster Preparedness	1,559,210
3. Health and Care	2,591,821
4. Institutional and Resource Development	1,329,438
5. Coordination & Management	368,966
Total	11,550,287

Introduction

National Context

Iraq has a land area of approximately 440,000 sq. km. and a population of around 24 million, including 700,000 children under one year of age. It has four distinct regions, the upper plain, lower plain, mountainous north-east and the desert region of the west. It is hot in summer with temperatures rising to above 50 degrees centigrade. Winter temperatures range from cool to very cold. Rainfall is low and for the past three years has been far below the expected average, leading to drought conditions in some areas.

The impact of two wars in the past twenty years and of economic sanctions imposed by the United Nations (UN) has resulted in Iraq experiencing a shift in its capacity to provide and maintain adequate services for its people. National data and socio-economic indicators are showing a downward trend in the purchasing power of the population in general and increased pressure on coping mechanisms, especially for the most vulnerable. Health services in particular have been severely affected with buildings falling into disrepair and deteriorating standards of health, hygiene and nutrition. Poor water and sanitation, limited resources and reduced service capacity have increased both the numbers of vulnerable and the degree of vulnerability within the community.

National Society Priorities / Priority Programmes for Federation Assistance

Until 1990/1991, the Iraqi Red Crescent Society (IRCS) was a donor for international humanitarian assistance programmes. The IRCS was founded in 1932 and until 1991 had three main offices in Baghdad, Mosul and Basrah. Following many years of conflict and increased need for humanitarian assistance, the

IRCS opened branch offices in the remaining 15 governorates. The IRCS has been given responsibility for the co-ordination of humanitarian aid offered by international NGOs in Iraq.

The Federation has supported the IRCS since 1991. Since August 1994, the IRCS/Federation has implemented food programmes in favour of the most vulnerable families and medical programmes for 21 hospitals throughout the country. In 1997, a supplementary feeding programme commenced for malnourished children. In 1998, community based first aid training of IRCS volunteers was introduced in the region. In 1999 the IRCS, supported by the Federation, was involved in rehabilitation of 12 PHCs, supply of basic medical kits for 72 PHCs, introduction of health activities and support for the Mosul IV fluid plant. In the year 2000, support for these programmes continued with the exception of supplementary feeding which was discontinued in December 1999/January 2000.

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1. Institutional and Resource Development

Background and progress to date

In many countries, regions and delegations a vast majority of activities focus on the National Society at branch level. Success in the branches may prove unsustainable and the need for activities in disaster response or disaster preparedness may be neither identified nor developed, should they not be appropriately supported at headquarters level.

Until 1990/1991, Iraq and the Iraqi Red Crescent Society (IRCS) were major donors for international humanitarian assistance programmes, whereas now they are major recipients. Until 1991, the IRCS had three main branch offices in Baghdad, Mosul and Basrah. Following many years of conflict and increased need for humanitarian assistance, the IRCS opened branch offices in the remaining 15 Governorates. The IRCS has been given responsibility for coordination of the humanitarian aid provided by international NGOs in Iraq.

Federation support to IRCS began in 1994, starting with relief and expanding to development activities such as CBFA, health, branch development, rehabilitation of PHCs, rehabilitation of the IV fluid factory, food and medical programmes. The Federation seeks to develop the National Society through a comprehensive programmes to build its institutional and resource capacities in a more sustainable manner.

Goal To develop IRCS institutional and resource capacities to enable it to perform as a well-functioning National Society with improved quality, impact and sustainability of service at the central and branch level

Objectives and Activities Planned

Objective 1 To increase the governance, leadership and management capacity of the National Society according to the characteristics of a well-functioning National Society.

The activities to achieve this objective are:

- Leadership, management training for governance and management at the headquarters level. The focus will be on separation of responsibility and accountabilities between governance and management (using the standard Federation tools in a manner that can be adapted to the local realities and priorities).

Objective 2 To develop a financial resource system at IRCS, improving its financial base and reducing dependence on external sources.

The activities to achieve this objective are:

- Induction and refresher workshops to be held at headquarters in bookkeeping, financial systems, fundraising, revenue generation.

Objective 3 To develop the human resource department in the headquarters and branches in order to increase the number of appropriately qualified persons and actively to recruit volunteers from all the sections of the community with the aim of increasing their numbers by 500%.

Activities to achieve this objective are:

- Develop the human resource department at HQ and branches, for the recruitment, training, appraisal and reward of staff and volunteers.
Hold workshops at headquarters for volunteers to improve computer and language skills. 10 lectures per month to take place in order to ensure dissemination of the Movement's principles and international humanitarian law (IHL) in each IRCS branch (5 volunteers x 2 lectures). These lectures will take place in schools and colleges as well as rural and urban areas.
- Establish social clubs at branches to attract volunteers (youths) and maintain contact.
- Hold two national youth camps (5 volunteers from each branch) to exchange experiences, CBFA lectures, disseminate the principles of the Movement and IHL.

Objective 4 To further develop IRCS capacity to conduct effective assessment, implementation, monitoring and evaluation of activities at headquarters and branch level.

The activity to achieve this objective is:

- To facilitate the effective participation of the National Society in monitoring and evaluation of the programmes, establish a counterpart department in IRCS to participate in joint assessments, implementation and monitoring activities.

Objective 5 To renovate IRCS buildings by the end of 2001.

The activities to achieve this objective are:

- To build 12 buildings for 12 branches to be used as offices, training and youth facilities, as well as 6 halls for the remaining 6 branches to be used for training and youth activities.

Expected Results by the end of 2002

- The overall performance of National Society governance and management will be based on clearly defined roles and responsibility between governance and management.
- IRCS will have been empowered to identify priorities, make decisions, ensure effective implementation of projects and programmes.
- IRCS will have an effective strategic approach, development plan and plan of action (including situation assessment, identification of critical issues and beneficiaries, formulation of strategy, setting of goals and objectives, planning activities, assigning responsibilities, monitoring and managing of programmes).
- Financial resources will increase (through fund raising and revenue generation) to implement programmes, thereby decreasing the need for external financial support.
- The human resources department will attract volunteers, develop their skills, provide the appropriate human resources for programmes and activities and prepare future candidates to attend BTCs with a view to becoming future delegates within the Movement.
- Numbers of IRCS volunteers will have increased by 500%.
- Promotion of the fundamental principles and IHL within the community will be increased through dissemination of lectures and printed material (2 lectures x 5 volunteers x 18 branches x 24 month x 30 average number of participants), leading to a total of 129,600 participants by the end of 2002.
- Each branch will have a core group of volunteers consisting of approximately 50 per branch who can be called upon to participate in and effectively apply vulnerability and capacity assessment methodology.
- The National Society will have increased skills to assess, implement, monitor and evaluate activities.
- IRCS branches are provided with qualified staff and volunteers to implement programmes and activities.
- Each branch will have its own building to be able to implement different branch activities.

Indicators

- Well-developed comprehensive and strategic plans.
- IRCS headquarters provides leadership and support to the managers at headquarters level as well as at branch level, making IRCS response more precise, efficient and effective.
- The National Society has the financial resource capacity to minimize dependence on international or government assistance and carries out local fund raising.
- The human resources department has increased its capacity to assess the needs of the Society as regards human resources.
- In the branches and headquarters, increased skills and capacity to assess community vulnerability and capacity.
- An increase in the number of IRCS volunteers.
- The human resources department will maintain linkage with the volunteers to update records.
- Human resource department informs the volunteers about the developments in the Movement.
- Community awareness of the principles of the Movement and IHL is increased.

- Regular evaluation and assessment of the quality and impact of IRCS activities.
- Expansion of headquarters and branch offices to run all IRCS activities and training at branch level.

Critical Assumptions

- The National Society is prepared to change from a conservative governance, management and leadership culture, towards a more professional and transparent culture, which will take time.
- The Federation will increase its support to the IRCS throughout the programme period.
- All external factors are assumed to be constant. Financial calculations are based on prices as of July 2000.

Monitoring and Evaluation Arrangements

Monitoring of the programme will be carried out in the following ways:

- Discussions between IRCS and Federation on governance, management, leadership and transparency.
- Programme manager will be responsible for reporting to both IFRC and IRCS.
- A schedule of volunteer activities will be submitted to the programme coordinators each month by each branch coordinator. The programme coordinators will maintain a record of the schedules and be responsible for reporting this information to the programme manager.
- Regular visits to observe volunteer activities will be made by the programme manager, headquarters' coordinators and qualified volunteers from IRCS, supported by Federation delegates. Monitoring forms which have specific information related to activities will be completed during each visit and submitted in report form to the IRCS and the Federation at regular intervals through the programme manager.

Evaluation of the programme will be carried out in the following way:

- Interim evaluations of activities will take place every six months, in the form of written reports compiled by the programme manager and will report feedback regarding impact of activities on the community.
- Final evaluation of the programme will take place at the end of the programme period. This will be in the form of a written report and input will be invited from the representative of the IRCS and the ICRC at that time.

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2. Disaster response

Background and progress to date

The IRCS has a countrywide network enabling it to mobilise resources and respond promptly to a disaster. The National Society has been appointed by the government to co-ordinate activities in a disaster situation.

The disaster response programme for 2001 and 2002 consists of three components, as follows:

- Winter assistance to refugees in northern Iraq.
- Medical kits assistance.
- General food-project.

Winter Assistance to Refugees in Northern Iraq

Background and progress to date

The Iran-Iraq war, followed by the Gulf war and the current economic embargo have had a significant impact on the population, especially in the areas of public health and medical care. Due to conflicts in the region over the last decade, a large number of refugees primarily from Iran and Turkey have settled in the governorates and are living in difficult conditions. Families live in abandoned complexes, tents, schools or other unoccupied buildings. The main needs of these vulnerable families are: blankets, heaters, plastic sheeting, kerosene lamps, tents, cooking sets, jerry-cans and water tanks.

The duration of the project is of six months.

Goal To alleviate the suffering of the most vulnerable refugee population in the three northern governorates. The total number of beneficiaries over 6,500 families in Duhok, Erbil and Sulaimanyah. Distributions will include items most needed during the cold winter such as blankets and kerosene heaters.

Objectives and Activities Planned

Objective 1 To assist the most vulnerable groups among the refugees with relief items and to improve their living conditions.

The activities to achieve this objective are:

- Procurement and distribution of relief items which may be obtained in the region in order to assist families during the harsh winter months.

Objective 2 To increase the management and operational capacity of the IRCS.

The activities to achieve this objective are:

- The northern branches, with the support of the headquarters and the assistance of Federation personnel, will be responsible for implementing the operation.

Objective 3 To disseminate the principles of the Red Cross and Red Crescent Movement among the beneficiaries and authorities.

The activities to achieve this objective are:

- The IRCS staff and volunteers will prepare presentation materials and conduct dissemination activities in the region.

Expected Results

- The refugees will suffer less during the harsh winter months.

- The contribution of basic relief items will help the refugees to improve their living conditions.
- The IRCS will increase its capacity to plan, implement and monitor relief operations.
- The dissemination of Red Cross and Red Crescent principles will influence behaviour.

Indicators

- The availability of donated materials at the beneficiaries' settlement.
- Distribution reports from the distribution sites.
- The improvement of the managerial and operational capacity of IRCS headquarters and branches.
- Increased knowledge of Red Cross and Red Crescent principles and programmes.

Critical Assumptions

- The location of the refugees remains unchanged and the families settle.
- Relief items remain available at the current price level.
- Transport remains possible in the country.
- Border agreements do not change.
- Sanctions remain in place, with exemption for humanitarian imports.

Monitoring and Evaluation Arrangements

- A Memorandum of Understanding or agreement will be signed between the parties: IRCS, the Ministry of Foreign Affairs, the High Commissioner for Refugees in the autonomous governorates and the Federation.
- Standard Federation logistics procedures will be applied.
- The IRCS/Federation will pay monthly monitoring visits to the region to check on the availability of distributed items.
- The project will be evaluated based on the information gathered in the monitoring process. The final written report will be submitted one month after finalising the project, by the end of April 2001.

Medical Kits Assistance

Background and progress to date

It was believed that the oil-for-food programme would ease the suffering of the Iraqi people and meet their needs in the short-term. Unfortunately, the needs are overwhelming in public services, such as electricity plants, water and sanitation systems, education, health and nutrition. One of the main sectors of concern is health, currently subject to shortages of supplies. Since 1997, when the oil-for-food programme started, imports of medicines have not covered demand in the country. As a direct result of 10 years of sanctions, the needs have been gradually increasing. The IRCS, supported by the Federation, started a medical assistance programme in 1994 to distribute medical kits to 21 hospitals throughout Iraq. This programme created the basis for co-operation with the Ministry of Health (MoH). Over the years the programme has continued, following evaluation and in response to the changing needs of the hospitals. Today, the medical kits contain an average of 35% of the hospitals' needs.

The IRCS and IFRC plan to continue the programme for specific medicines and general medical supplies for selected hospitals throughout the country. The composition of the medical kits will be co-ordinated with the MoH, WHO and the humanitarian community in Baghdad. The kits will contain medicines and supplies not covered by the oil-for-food programme.

Goal To identify specific needs of the main hospitals which are not covered under the oil for food programme, to adjust the content of the medical kits, as appropriate, and supply medicines and medical items to the 21 pre-selected hospitals.

Objectives and Activities Planned

Objective 1 To contribute to a reduction of shortages of essential medicines in 21 Iraqi hospitals.

The activities to achieve this objective are:

- Holding of co-ordination meetings with the MoH and the WHO to determine the needs as of January 2001 and to review expectations for the year, leading to the constitution of new standard medical kits for the year 2001.
- Procurement and transportation of medicines and medical supplies between February and March 2001 and provision of samples to the MoH quality testing laboratory between March and April 2001.

Objective 2 To reduce mortality rates and unnecessary suffering of hospitalised patients.

The activities to achieve this objective are:

- To distribute the medical kits to the hospitals between May and June 2001.

Objective 3 To increase the operational capacity of the IRCS.

The activities to achieve this objective are:

- Training of IRCS staff on distribution, follow up and reporting between January and June 2001.

Objective 4 To raise awareness of the Movement's principles and programmes at the hospitals, amongst the general public and the authorities.

The activities to achieve this objective are:

- Dissemination activities will take place in the hospitals and in meetings with government and regional authorities between January and June 2001.

Expected Results by the end of June 2001

- Further improvement of the working relationship with the authorities and other organisations, up to date information on the needs in hospitals and agreement on implementation of the project.

- The health facilities will be able to offer more efficient and effective health services, through delivery of supplies which will reduce national shortages of medicines.
- A reduction of unnecessary suffering and mortality rates at the hospitals.
- Increased capacity of the IRCS through training of its staff.
- The IRCS/Federation will further strengthen co-operation with MoH and other partners, as well as increase the visibility of the Movement.

Indicators

- Co-operation with the authorities and partner organisations, receipt of current data and agreement on implementation of the project.
- Availability of medicines in the hospitals, together with statistics on numbers of patients, numbers of prescriptions, numbers of treatments provided.
- Number of training sessions and frequency of on the job training received by IRCS. Number of activities handed over to the IRCS.
- Number of contacts with authorities and other partners, number and frequency of problems encountered, as well as solutions found.

Critical Assumptions

- Co-operation with the authorities and other partners is secured.
- The need of supply remains constant, with minor changes for specific medicines.
- Customs and testing procedures do not deteriorate.
- Sanctions remain in place, with exemptions for humanitarian imports.

Monitoring and Evaluation Arrangements

- A Memorandum of Understanding or Agreement will be signed between the parties: the IRCS, the Ministry of Health and the Federation.
- Standard Federation logistics procedures will be followed.
- The IRCS / Federation will pay weekly or monthly monitoring visits to the hospitals, as appropriate, to verify stocks of medicines and medical supplies.
- The IRCS will appoint volunteers and staff with project related tasks who will work as counterparts of Federation staff.
- The project will be monitored on a regular basis and monthly and quarterly reports will be issued analysing the progress of the project. A final written report will be submitted one month after finalising the project, at the end of July 2001.

Food Project

Background and progress to date

Surveys conducted by UNICEF, the Iraqi Ministry of Health with technical support from the WHO and studies by the Iraqi Nutrition Research Institute (NRI) in order to measure levels of malnutrition and infant and maternal mortality rates have shown alarming results. Survey results of July 1999 revealed that for children under five years of age, chronic malnutrition stood at 20.4%, acute malnutrition at 9.3% with a general prevalence of malnutrition of 21.3%. The UNICEF and MoH child and infant mortality survey 1999 showed an increase in child and infant mortality rates over a ten year span from 56 deaths per 1,000 between 1984 and 1989 to 131 deaths per 1,000 between 1994 and 1999. Nevertheless, the situation has improved a little in the autonomous area where mortality has declined from 80 to 72 per 1,000. The recent assessment on nutrition in Iraq by the Federation showed that the situation is stabilising with a high prevalence of chronic and acute malnutrition especially in the under five age group.

The IRCS/Federation found that the distribution of complementary food rations was a major contribution to the daily needs of the beneficiaries. The project provided a chance to deliver simple health messages to mothers regarding the value of breast feeding, potable water and hygiene. UNICEF is also implementing major programmes in support of malnourished children. The continuation of food distributions will contribute to improving the health status of vulnerable children and their families. The ration represents a nutritional value of 400 kcal/day and consists of 6 kg of vegetable oil, 4 kg of sugar, 6 kg of pulses and 12 kg of rice for each family per month for a period of three months.

The needs arise as a result of the sanctions imposed on Iraq, compounded by the effects of the drought. The sanctions have reduced purchasing power of the population, especially the vulnerable. Recent precipitation figures have shown a downward trend for the country, leading to a decrease in agricultural output.

Goal To assist 18,000 families with malnourished children with an additional food basket, to encourage the mothers to receive therapeutic feeding through the Ministry of Health/UNICEF Programme and to monitor the health of their children.

Objectives and Activities Planned

Objective 1 To improve the nutritional status of 18,000 beneficiary families.

The activities to achieve this objective are:

- Procurement and transportation of food items to Iraq in January and February 2001 and distribution to selected families with malnourished children of a 3 months' food ration, consisting of 6 kg of vegetable oil, 4 kg of sugar, 6 kg of pulses and 12 kg of rice in May 2001.

Objective 2 To encourage mothers of malnourished children to receive monthly therapeutic feeding.

The activities to achieve this objective are:

- Presentations for the beneficiary families on the nutritional value of food items and the benefits of selecting high value food items, especially in areas with high levels of malnutrition between May and June 2001.

Objective 3 To provide health education to the families of malnourished children.

The activities to achieve this objective are:

- The delivery of basic health messages to the families by IRCS branch volunteers during distributions between May and June 2001.

Objective 4 To increase the operational capacity of the IRCS

The activities to achieve this objective are:

- On the job training of IRCS volunteers and staff in the project between January and June 2001.

Objective 5 To raise the profile of IRCS and disseminate the principles of the Movement among the general public.

Activities to achieve objective 5 are:

- Dissemination of the principles of the Movement to beneficiaries and authorities by IRCS volunteers at the distribution sites.

Expected Results

- Improvement in the health status of malnourished children and their families through provision of an additional food basket.
- Reduction of the child mortality rate.
- 18,000 families of malnourished children will be provided with basic nutritional education, leading to a choice of higher value foodstuffs.
- The families will receive basic health and hygiene messages improving the living conditions of the most vulnerable.
- Increased capacity of IRCS volunteers and staff to manage and implement projects.
- Strengthening of the co-operation with the MoH and partner organisations through increased understanding of IRCS and Federation programmes as well as increased awareness on the part of the beneficiaries and the general population.

Indicators

- Numbers of beneficiaries, numbers of malnourished provided with an additional food basket.
- Number of presentations carried out by the IRCS and the Federation.
- Number of activities in the project handed over to the IRCS, number of training sessions and the frequency of on the job training.

Critical Assumptions

- Co-operation with authorities and external partners remains at the current level.
- Customs and testing procedures do not deteriorate.
- Sanctions remain in place, with exemptions for humanitarian imports.

Monitoring and Evaluation Arrangements

- A Memorandum of Understanding or Agreement will be signed between the parties: the IRCS, the Ministry of Health and the Federation.
- Standard Federation logistics procedures will be followed.
- The IRCS/Federation will carry out weekly/monthly monitoring visits to the region as appropriate to verify food availability and occurrence of malnutrition.
- The project will be evaluated through regular monitoring of progress. Regular reports will be issued each month after delivery of the food items. The final written report will be submitted one month after finalising the project, by the end of July 2001.

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2. Disaster Preparedness

Background and progress to date

The IRCS has played a leading role in disaster preparedness in Iraq in co-operation with the Federation. The National Society has carried out analysis of the coping and mitigation strategies of the populations that are most at risk in order to help them to find appropriate and sustainable solutions and to anticipate future disasters. The government has established a “Committee to assist Victims of Disasters”, responsible for disaster relief and preparedness and has appointed the IRCS as lead agency and co-ordinator of this committee which has daily contact with the NGO community and the UN system throughout the country. The duties of the IRCS are co-ordination between the committee members, training of first-aid volunteers, provision of relief materials and implementation of food and medicine distributions. In agreement with the committee, a national disaster preparedness programme has been developed which aims at preparing for the following potential disasters: oil pollution (Basrah, Tameem, Sala-aldeen and Baghdad), drought (Thiqar, Missan, Muthana, Basrah, Wassit and Diyala), earthquakes (Erbil, Nineva and Suleimaniya), conflict situations (Erbil, Suleimaniya and Duhok) in co-operation with the ICRC, and the effects of sanctions which have an impact on the entire country.

The strategic warehouse with stocks of relief materials managed by the IRCS currently requires replenishment in order to increase capacity to respond to disasters. This is a significant component of the programme, aiming at an initial response stock for 4,000 beneficiaries.

Goal The programme aims to assist volunteers to respond to disasters and to improve the ability of the population to cope with disaster. It seeks to prepare for and to respond to disaster through the provision of disaster preparedness stocks and the training of 120 disaster preparedness volunteers.

Objectives and Activities Planned

Objective 1 To develop and improve DP co-ordination between the headquarters and branches of IRCS throughout the country.

The activities to achieve this objective are:

- Creation of a disaster preparedness section in each of the branches.

Objective 2 To strengthen the National Society’s logistics capacity to reach the minimum standards required for handling increased supplies, to rehabilitate IRCS warehouses in all 18 branches and to provide relief materials to the IRCS warehouses.

The activities to achieve this objective are:

- To hold three workshops for the warehouse managers at the headquarters and four branches and to renovate warehouses at the headquarters and branches as follows:
 - * Baghdad for the center governorates.
 - * Basrah for southern governorates.
 - * Nineva for the northern governorates.
 - * Erbil for autonomous governorates.
- Procurement of relief materials for emergency stocks for the warehouses, together with basic rescue materials.

Objective 3 To reduce the effects of drought on the population.

The activities to achieve this objective are as follows:

- Promotion of the importance of reducing the spillage of water.

Objective 6 To avoid continuous effects of psycho social stress effect on the community.

Activities to achieve this objective are:

- Skills training for volunteers to disseminate information related to psycho social management.

Objective 7 To implement training of volunteers (14,400) and to increase DP awareness amongst the population, especially amongst vulnerable groups which may be affected by disaster.

Activities to achieve this objective are:

- Organisation of workshops to train IRCS staff and volunteers at both headquarters and the branches in the following: use of shelters and alternate shelters, psycho-social support, DPP policy and definition, emergency appeals, roles of volunteers, evacuation and rescue, early warning systems, environmental impact of disasters, dissemination amongst the most vulnerable, the role of the IRCS and the Federation in disasters.
- Volunteers trained in DPP with additional technical skills in the areas of drought, the impact of sanctions, war, oil pollution, earthquakes, will engage in two activities per month in each branch which will benefit from community participation.
- Production of a joint television programme on disaster preparedness with Iraqi television, the IRCS, the Federation, the ICRC, the MoH and Civil Defence. This activity is a continuation of previous co-produced television programmes on subjects such as CBFA, the importance of vaccination, international assistance and Red Crescent conferences.
- Production of leaflets, brochures, booklets and other materials for distribution during DP lectures.

Objective 8 To integrate disaster preparedness in IRCS and Federation programmes by mid 2001.

Activities to achieve this objective are:

- Regular co-ordination meetings with representatives of all departments, especially DP, disaster response and health.
- Team building within the Federation delegation and with IRCS counterparts.
- Improved exchange of information to facilitate transparency.
- Training, as required.

Expected results by the end of the year 2001

- Four IRCS branches will have a disaster preparedness section, the branch members will have the skills to run disaster preparedness and response activities.
- Four branches will have the basic infrastructure, equipment and stocks to plan and implement disaster response programmes with relief goods for 4,000 beneficiaries and the means to mobilise large numbers of volunteers.
- IRCS warehouses will have been renovated, providing suitable conditions for storing goods in both hot and cold weather.
- Warehouse managers will be skilled in logistics procedures.
- The incidence of stress related disease: Peptic ulcer, hypertension, diabetes mellitus will decrease.
- A core group of competent, well trained volunteers (20 volunteers, 50% male and 50% female) will be available in each branch to disseminate information to the community and raise awareness of measures to decrease the effects of disasters and provide community based support.
- Enhanced cooperation between the disaster preparedness, disaster response and health departments.

Indicators

- Four DP co-ordination offices will have been set up at headquarters and the branches.
- The relief materials will be available at the warehouses for distribution to the beneficiaries.
- There will be a decrease in the number of cases of stress related disease (measured by data collection from the Ministry of health).
- Community awareness of disasters will increase with 14,400 participants having taken part in activities at the end of year 2001.
- Volunteers and staff will achieve a level of competency measured through tests arranged by approved Red Crescent Programme manager and co-ordinators.

Critical Assumptions

- Agreement between IRCS and the Federation delegation regarding responsibilities, implementation and evaluation, continues.
- Good cooperation with the MoH, and Civil Defence is maintained.
- Sanctions remain with exemptions for humanitarian imports.
- The Federation will increase its support to the IRCS throughout the programme period.
- All external factors are assumed constant, financial calculations are made on the basis of July 2000 prices.

Monitoring and Evaluation Arrangements

Monitoring of this project will be carried out in the following ways:

Accurate and timely reporting to both the IRCS senior management and the Federation will be carried out by the programme manager.

Evaluation of the project will be carried out in the following ways:

An interim evaluation of activities will take place every six months. This will be in the form of written reports compiled by the programme manager, supported by the head of the department. Feedback regarding the impact of activities on the community will be of utmost importance to evaluate the programme.

Final evaluation of the programme will take place at the end of the funding period and, at the latest, three months after the close of the programme. This will be in the form of a written report based on the interim reports and input should be invited from representatives of the ICRC, the MoH, and other partners.

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3. Health and care in the community

Background and progress to date

The health and care in the community programme is made up of five projects, as follows:

- Community based first aid, health and nutrition, information dissemination and branch development.
- Income generating activities for landmine victims.
- Water and Sanitation.
- Rehabilitation of Hospitals.
- Rehabilitation of Primary Health Care Centres.

The IRCS focuses on community based health and well being through its unique, country wide network of 18 branches. The health and care programme consists of five components, the first is a comprehensive project that integrates community based first aid, health and nutrition, information dissemination and branch development, the second is a newly developed activity to initiate and implement income generating projects for landmine victims. This activity was developed as a consequence of lack of support for this group of vulnerable people. It should be kept in mind that Iraq is one of the countries covered by the separate appeal for polio eradication that has been launched by the Federation. The health department will develop the countrywide plan of action and implement the activities for this programme. Therefore, polio eradication is not a part of this appeal but as an activity important for the coming year. Two projects concentrate on the rehabilitation of water and sanitation facilities in the community and in two hospitals. The rehabilitation of primary health care centres seeks to renovate centres and to provide essential furniture and medical equipment.

Community Based First Aid, Health and Nutrition Information Dissemination and Branch Development

Background and progress to date

In 1998, community based first aid (CBFA) training of volunteers was introduced in the region. The CBFA programme has now been expanded to form the integrated CBFA and health and nutrition information dissemination H&NID and branch development through funding from SIDA. As a result of this programme, to date there are 1,440 volunteers and 900 trainers.

Although the situation has improved over the past twelve months, the general health status in Iraq and the degree of vulnerability remains high. Community awareness in matters of health and nutrition has been identified as important to improve the level of health and nutrition among vulnerable groups. Community based support, involving Red Crescent volunteers supporting medical and paramedical services, will help reverse some negative trends.

The integrated programme of community based first aid with health and nutrition information dissemination also strengthens the capacity of the National Society to increase community awareness of health and safety issues. In addition, branch development activities will be implemented to increase the capacity of IRCS through micro-projects in all branches.

As a result, it is expected the added value to the community will be improved health status for vulnerable groups which will have increased capacity to meet challenging situations that impact on their health. Furthermore, IRCS branches will be better equipped to assist the health authorities in the event of community health emergencies.

Goal To increase the numbers of volunteers and their skills in community based first aid, including health and nutrition, in order to disseminate information at community level in Iraq's 18 governorates, thereby also developing the capacity of the National Society.

Objectives and Activities Planned

Objective 1 To establish an efficient CBFA centre at headquarters which will co-ordinate support to CBFA, H&NID courses through branch co-ordinators and to improve branch capacity in the area of first aid in the community as a result of the training of 2,160 volunteers and 450 trainers (60% female and 40% male) in 18 branches.

The activities to achieve this objective are:

- Refresher and induction workshops will be held at headquarters level for both new and current branch co-ordinators and specialist technical trainers. CBFA workshops will be held for training of volunteers and training of trainers.
- In co-operation with the Nutrition Rehabilitation Institution (NRI) department of the Ministry of Health, selected volunteers from each branch who have been trained in CBFA will receive further technical training in areas of general health, hygiene and nutrition.

Objective 2 To further increase the community's knowledge of health threats and awareness of preventive measures. The health and nutrition information dissemination component of the programme will focus on establishing links between the volunteers, vulnerable groups and health structures. This will increase the number of H&NID volunteers to a total of 270 (15 per branch) by the end 2001.

The activities to achieve this objective are:

- Volunteers trained in CBFA with additional technical training in the areas of first aid, health, hygiene and nutrition will engage in two activities per month in each branch. 30 lectures will take place per month in each branch, requiring community participation. The activities will be related to issues that pose a threat to health or nutrition, awareness raising on the importance of general hygiene and breast feeding. The activities will take place in urban and rural areas in all 18 branches.

Objective 3 To increase the capacity of IRCS local branches and headquarters to be effective in vulnerability and capacity assessment and project management - a micro project will be set up in each of the 18 branches by the end of 2001.

The activities to achieve this objective are:

- Two workshops will be held on "project management training" and "the well functioning branch". This training will be provided to IRCS co-ordinators in the branches and will provide skills for conducting vulnerability and capacity assessments.
- Each branch will identify micro projects in consultation with co-ordinators of CBFA and H&NID programmes and will carry out the implementation.

Expected Results by the end of 2002

- The branches will have increased the number of volunteers who will have been trained to train others in first aid, health dissemination and project management.
- A core group of 270 competently trained volunteers with knowledge of first aid, health, hygiene and nutrition will be available in each branch to disseminate information to the community and raise awareness of measures to prevent ill health and provide community based support for medical and paramedical staff.
- Each branch will have a core group of volunteers trained in vulnerability and capacity assessment techniques.

Indicators

- 3,760 IRCS volunteers and 1,386 trainers in first aid and health and nutrition will be available.
- Community awareness of health, hygiene and nutrition will have increased. Data obtained by the MoH and UNICEF will show improvements in nutrition and child and infant mortality rates.
- Each IRCS branch will have increased skills and capacity to identify and implement and monitor micro projects which will serve to improve the health of the community.
- Volunteers will have achieved a satisfactory level of competence, measured through assessments.

Critical Assumptions

- A memorandum of understanding is signed between the IRCS and the Federation regarding responsibilities, implementation and evaluation arrangements.
- Positive relations with the MoH are maintained.
- Selected volunteers will continue to make themselves available.

Monitoring and Evaluation Arrangements

Monitoring of this project will be carried out in the following ways:

Monitoring visits to observe volunteer activities will be made by the branch co-ordinators and qualified volunteers from IRCS headquarters. Monitoring forms which have specific information related to activities will be completed during each visit and submitted in the form of a report to the programme director.

The overall health status of the community will be monitored through desk research by the programme director, who will maintain close links with the MoH, UNICEF, NRI and WHO.

Branch co-ordinators will liaise with local health staff to discuss on a regular basis any trends in changes in feeding practices and health habits and report their findings to the programme director.

Evaluation of the project will be carried out in the following ways

Interim evaluation of activities will occur every six months, in form of written reports compiled by the programme director. Discussions with branch volunteer coordinators, medical and paramedical staff from PHCs, representatives from other departments and organisations will take place to obtain feedback regarding impact of activities in the community.

A final evaluation of the project will take place at the end of 2002.

Income Generating Activities for Landmine Victims

Background and progress to date

The level of health services available in Iraq in mine affected areas is low. Land mines affect not only the lives of individuals and communities but the economic and social structures of the societies in which they live. First aid services are generally rudimentary and death and disability are the result of the lack of immediate and appropriate life saving measures.

UNOPS is the UN organisation which is officially dealing with mines in the autonomous governorates of Erbil, Duhok and Sulaimanyah. UNOPS, under UNDP, has established an emergency de-mining programme with one team of expatriate de-miners stationed in each governorate. The expatriate teams are training local teams in de-mining techniques and have already started clearing identified fields.

The Federation has been asked to consider provision of long term support in this area and UNOPS recommends that the IRCS and the Federation develop programmes to support the rehabilitation of mine victims, particularly in relation to income generation and long term social support.

The IRCS and the Federation agreed to implement the project in Basrah and Ammarah, with the collaboration of the branches, as a first step in 2001.

Goal To provide assistance to the most vulnerable of the disabled land mines victims, to improve IRCS capacity and to raise its profile in the affected communities.

Objectives and Activities Planned

Objective 1 Rehabilitation of landmine victims through income generating projects in the following trades: sewing, carpet weaving, knitting, ceramics, iron work, computer literacy.

The activities to achieve this objective are:

- The construction of a centre for training sessions and for marketing finished products.
- The holding of training workshops to improve beneficiaries' skills and qualifications.
- Provision of equipment, raw materials and teaching materials for training.

Objective 2 Provision of social support to the group of most vulnerable disabled mine victims.

The activities to achieve this objective are:

- Provide the mine victims with wheelchairs and crutches in co-operation with the MoH and the ICRC.
- Involvement of the landmine victims in IRCS activities as volunteers.
- Stimulate employment of landmine victims by direct contact between the IRCS and the Iraqi government.

Objective 3 To increase mine awareness within the community.

The activities to achieve this objective are:

- The holding of CBFA training workshops (6 basic courses and 2 ToT courses).
- Volunteers trained in CBFA with additional technical specialisation engage in two activities per month requiring community participation.
- Distribution of printed materials: leaflets, posters.

Expected Results by December 2001

- A centre for the rehabilitation of mine victims will have been constructed.
- Skills of landmine victims will have been developed.
- The financial resources of the beneficiaries will have increased.

- Support will have been provided to the local authorities and government services in relation to mine victims.
- A core group of 10 competently trained volunteers will be available in the branch to disseminate information to the community and raise mine awareness.

Indicators

- 500 beneficiaries will be involved in the programme and will have received training.
- The number of IRCS volunteers will have increased.
- Beneficiaries will be more mobile in the community through the provision of crutches and wheelchairs.
- Community awareness of landmines will have increased.

Critical Assumptions

- A memorandum of understanding between the IRCS and the Federation regarding responsibilities, implementation and evaluation will have been signed.
- Prices for goods as of July 2000 do not increase substantially.

Monitoring and Evaluation Arrangements

Monitoring of this project will be carried out in the following ways:

Regular monitoring visits to observe volunteer activities will take place by the programme manager, branch co-ordinator and qualified volunteers from IRCS headquarters, supported by Federation delegates. Monitoring forms which have specific information related to activities will be completed at each visit and submitted in report form to the IRCS and the Federation on a monthly basis through the programme manager.

Evaluation of the project will be carried out in the following ways:

An interim evaluation of activities will occur every three months. This will be in the form of written reports compiled by the programme manager and will record feedback regarding the impact of activities on the community, lessons learned and will recommend necessary amendments to the project.

A final evaluation of the programme will take place at the end of the year 2002.

Rehabilitation of Water and Sanitation

Background and progress to date

Prior to 1990, an advanced system of water treatment plants served the centre and south of Iraq. The sanctions imposed on Iraq, and in some cases oil pollution, have affected the water supply. Since 1990 the available water supply in Iraq has decreased by approximately one third, the contamination of water has increased six times, the quality of untreated water has deteriorated because of disposal of sewage and the government of Iraq's budget allocation for water and sanitation has decreased by 90%. The number of experienced personnel working in the field of water and sanitation field has decreased by 75%, auxiliary machinery and equipment (garbage collectors, tractors, loaders) have decreased from around 6,500 units to 700, loss of water through the deteriorating water network has more than doubled, from 15% in 1990 to more than 35% in 1999 and frequent power cuts interrupt the water and sanitation systems for at least ten hours each day.

UNICEF and CARE International are the main organisations which are working on projects linked to the rehabilitation of water and sanitation. A comprehensive survey of the situation was carried out in 1997. The following conclusions were reached:

- Increases in the prevalence of waterborne diseases and malnutrition among children under five years of age are directly related to the deterioration of the quality and quantity of available water.
- The main factors which contributed to the deterioration of the quality and quantity of water: are lack of spare parts (due to the sanctions), lack of maintenance, malfunction of water treatment plants, reduced number of qualified staff working in the water and sanitation sector, electricity shortages and deterioration of the water distribution network.

Goal The project aims at rehabilitation of 6 water stations within a period of 12 months from January to December 2001. The project aims to effect a decrease in the number of diarrhoea cases among children by providing potable water, improving the hygiene and health situation through appropriate handling of sewage to reduce children's contact with unsafe water and to increase the health knowledge and technical background of the water and sewage staff in central and south Iraq.

Objectives and Activities Planned

Objective 1 To increase water quantities by repair and rehabilitation of pumps, sedimentation tanks and by reducing leakage.

The activities to achieve this objective are:

- Repair and install (MOU) water pumps.
- Maintain settling tanks.
- Repair air compressor.
- Set aluminum sulphate and chlorine network.
- Maintain and extend (toward river in depth) the intake area.
- Replace the plants' corroded pipes.
- Repair plants' valves.

Objective 2 To improve water quality by proper handling of purified water, improving sand filters, adding activated carbon media and improving water extraction point.

The activities to achieve this objective are:

- Repair filters vessel.
- Change filters media (sand and gravel)
- Repair filters stopcocks.
- Maintain filter backwash.

Objective 3: To decrease the impact of sewage on drinking water by draining critical areas.

The activities to achieve this objective are:

- Construct sewerage network.
- Repair and install drainage equipment (submersible pumps, evacuation trucks).

Objective 4 To set technical reports and drawings for every plant to be adopted as performance guideline.

The activities to achieve this objective are:

- Draw diagrams showing the water flow in plant.
- Draw plans of plants for documentation and to facilitate any further maintenance.

Objective 5 To gather statistics on numbers of beneficiaries, quantity and quality improvements.

The activities to achieve this objective are:

- Collect information from local authority about area population.
- Conduct field visits and interviews of beneficiaries.

Objective 6 To organize training courses for the staff at plants with practical lectures about plant running.

The activities to achieve this objective are:

- Set up a training manual by engineers, public health officials and doctors.
- Provide audiovisual materials.

Objective 7 To analyze the cost-benefit ratio for each situation and optimize the result.

The activities to achieve this objective are:

- Calculate the total budget divided by the total figure of beneficiaries.

Objective 8 To identify the most critical tasks and issues to be addressed at every site for improvements.

The activity to achieve this objective is:

- Identify the main problems and put forward solutions.

Expected Results by the end of December 2001

- The water quantity will have been increased by 23%
- The water quality will have been improved by 18%
- The impact of sewage will have been decreased by 12%.
- All statistics will have been completed.
- Ten courses will have been held to train some 120 persons (technicians and operators).

Indicators

- The high lift water pump output by cubic meter.
- Positive tests on the water produced.
- Dry out the surface water.
- Production of reports and drawings as guidelines for the plants.
- Statistics on number of beneficiaries reached, water quantity and quality, and hygiene indicators.
- .The number of certificate holders who completed training.
- Have statistic reports.

Critical Assumptions

- Selected water plants remain operational and at their current level.
 - Spare parts continue to be available.
 - Sanctions remain in place, with exemptions for humanitarian items
 - Co-operation with the authorities remains positive.
-

Monitoring and Evaluation Arrangements

A Memorandum of Understanding (MOU) will be signed between the IRCS, the Iraqi government, local authorities and the Federation. An agreement will be made with UNICEF and CARE International to avoid overlap and ensure co-ordination of activities.

Weekly and monthly reports, based on standard registration forms will be issued. Work progress reports, technical and financial reports will cover the technical aspects of the project. In addition, a report will be produced on information dissemination activities.

Engineers will write and follow up on the technical aspects, while the relief administrator will be responsible for the administrative follow up and statistical information.

The Federation resident engineer for the sites will inspect the materials provided and the workmanship. This will be coordinated with the water and sewage authority.

Statistics from the Iraqi authorities, water and sewage authorities, MoH, will supply background information on progress and results of the project.

The evaluation will be continuous from the start of the programme, analysing problems and reviewing progress. An assessment will take place based on statistics gathered through the monitoring process from IRCS, the water and sewage authorities, the MoH, and the Federation. Solutions to problems will be taken into account, or used as lessons learned to be implemented in future projects.

Monthly reports will analyse progress of the project. Inputs from UNICEF and CARE, working in the same field, will complement the evaluation process. A final written evaluation will be submitted one month after concluding the programme..

Rehabilitation of Hospitals

Background and progress to date

There are 162 hospitals throughout Iraq which used to provide a high level of health services with co-ordination and supervision by the MoH. However, as a result of the effects of 10 years of economic sanctions increasing maintenance needs of the hospitals remain unmet. It is difficult to find potable water in some of the hospitals and sanitation is poor. The IRCS and the Federation agreed to focus on rehabilitation of water and sanitation systems at selected hospitals.

The hospitals which will fall under the project in 2001 are located in two governorates and identification of hospitals is under discussion with the MoH.

Goal Improvement of the infrastructure of the main health facilities in 2 hospitals, with a capacity of more than 200 beds, receiving more than 400 patients per day.

Objectives and Activities Planned

Objective 1 To improve the hospitals' sanitation system

The activities to achieve this objective are:

- To repair the hospitals' sewage systems including the sewage pipes, toilets and septic tank.

Objective 2 To provide the hospital with potable water.

The activities to achieve this objective are:

- Repair, maintain and rehabilitate the water plants in hospitals including replacing the damaged network, water pumps, pipes and rusted parts that are no longer functioning.

Objective 3 To contribute to the rehabilitation of the hospitals' damaged infrastructure.

The activities to achieve this objective are:

- To maintain the general services systems in the selected hospitals from June 2001 to the end of November 2001.
- Improvement of the general services such as provision of potable water and access to clean toilets.

Objective 4 To raise the visibility of the IRCS, disseminate the Red Cross and Red Crescent principles and increase knowledge of the Movement's activities in the country.

The activities to achieve this objective are:

- IRCS volunteers will disseminate the Red Cross and Red Crescent principles (January to December 2001).

Expected Results by December 2001

- More than 400 patients per day will have easy and affordable access to toilet units at the end of the project.
- More than 400 patients per day will have access to clean drinking water.
- The hospital infrastructure will be renovated.
- The medical staff will have easy access to potable water and toilets.
- The dissemination of Red Cross/Red Crescent principles will contribute to humanitarian understanding and behaviour in general.

Indicators

- Numbers of patients and their assessments of the rehabilitated units.
- Clean and potable water.
- Daily progress of work and availability of appropriate health services.
- Work schedules at the renovated hospitals.

- Increased knowledge of RC/RC principles and the IRCS and Federation programmes at the hospitals, as well as with local and national authorities.

Monitoring and Evaluation Arrangements

A Memorandum of Understanding (MoU) will be signed between the parties: IRCS, the Ministry of Health and the Federation.

Registration forms will be prepared and introduced to verify the production and stock position of the various items. The physical stock of materials will be checked by the IRCS, the Federation and the Ministry of Health representatives. Such visits will take place on a monthly basis, or more frequently, if so required.

The hospitals will submit an update on project progress on a monthly basis. Quality control will be implemented through visits of the hospitals in co-operation with relevant Iraqi Ministries. Statistics will be available from the Iraqi authorities, Ministry of Health, providing background information.

The evaluation will be continuous from the start of the programme, analysing problems and reviewing progress. An assessment will take place based on statistics gathered at the hospitals, through the MoH. Solutions to problems will be introduced where possible, or used as lessons learned for future project implementation.

Regular reports, both quarterly and monthly after delivery of inputs, will analyse progress of the project. A final written evaluation will be submitted one month after concluding the programme.

Critical Assumptions

- The hospitals will remain operational.
- Customs and testing procedures do not deteriorate.
- Sanctions remain in place, with exemptions for humanitarian supplies.
- Co-operation between the hospitals, authorities and IRCS / Federation is maintained.
- One year support project will be sufficient to reach self reliance.

Rehabilitation of Primary Health Care Centres

Background and progress to date

The impact of two wars during the past nineteen years and economic sanctions imposed by the United Nations (UN), has resulted in Iraq experiencing a considerable shift in its capacity to provide and maintain adequate services for its people. Health services in particular have been severely compromised with buildings falling into disrepair and general standards of health, hygiene and nutrition deteriorating significantly. Poor water and sanitation, limited resources and reduced service capacity have increased both the numbers of vulnerable and the degree of vulnerability within the community. Financial support for the maintenance of the health service infrastructure of Iraq under the UN Oil-For Food Programme related to the Security Council Resolution (SCR 986) has not been sufficient to reinstate an acceptable level of health care for the people of Iraq. Varied levels of support and assistance are provided by agencies such as the Middle East Council of Churches, Enfants du Monde, Bridges to Baghdad and these agencies' reports identify the continued need for assistance and support.

There are some 936 primary health care (PHC) Centres in Iraq located in urban and remote areas. These health structures receive between 300 and 1,000 patients per day. The number of people who used to benefit from these facilities varies from 10,000 to more than 100,000 persons in each community where the PHC Centres are located. Today, the health facilities offer simple medication to outpatients and in general, no inpatient facilities are available. Only in emergencies, or special circumstances, can the centres be upgraded to deal with inpatients. Most centres were built before the '70s, while some of them were constructed in the '30s or '40s. The facilities have not undergone rehabilitation or maintenance during the last ten years, resulting in serious deterioration.

The two main features of the project are rehabilitation and the provision of basic medical furniture and equipment. To complete the project, the IRCS/Federation, UN agencies and NGOs are working on implementing health dissemination projects and capacity building for the national staff resulting in an integrated programme improving the health situation in the country. The programme will be implemented in the 18 governorates including the autonomous areas in the North; Dohak, Erbil and Sulaymaniyah.

In 1999, the programme included rehabilitation of 12 PHCs, supply of basic medical furniture and medical kits for 72 PHCs. In the year 2000, the Federation expanded its operation with the IRCS to cover the rehabilitation of 22 PHC centres and to ensure the supply of basic medical furniture and medical kits.

Other organisations involved in the rehabilitation of health facilities are UNICEF, UNDP, WHO, ICRC, Premier Urgence and Care International. These organisations are working in cooperation with the Iraqi Ministry of Health (MoH).

The programme duration is of 12 months, January to December 2001. For the year 2002, a similar project is anticipated.

Goal To rehabilitate the physical structure of 54 primary health care centres (PHC Centres) with an average of three centres in each governorate and to supply basic medical furniture and medical equipment to these centres, as well as to increase dissemination of health messages through the PHC centres.

Objectives and Activities Planned

Objective 1 To rehabilitate the physical structure of 54 PHC Centres, repairing buildings, carrying out painting work, renovating the sewage, electricity and water systems.

Activities to achieve this objective are:

- In co-operation with the MoH, 54 PHC Centres will be identified. Bills of quantities will be made by the Federation's engineers to include the priorities whereafter the tendering procedures will take place to select the contractors (March- June 2001).

Objective 2 To provide medical furniture and medical equipment to the PHC centres.

The activities to achieve this objective are:

- Procurement will be carried out for most urgently needed medical furniture and equipment. The distribution will be carried out once renovation has been completed.

Objective 3 To assist the MoH in building infrastructure and maintenance of facilities.

The activities to achieve this objective are:

- The rehabilitation of the PHC Centres will assist the MoH in building its infrastructure in this area, allowing the MoH to concentrate on rebuilding its infrastructure in other fields.

Objective 4 To create minimum working conditions for the medical staff.

The activities to achieve this objective are:

- The physical rehabilitation of PHC centres will improve general working conditions for the medical staff, providing clean examinations rooms, pharmacies and more organized premises.

Objective 5 To improve access to PHCs for vulnerable patients.

The activities to achieve this objective are:

- The renovation of PHCs will attract people from the community, therefore the caseload of patients in the main hospitals will be reduced.

Objective 6 To disseminate the role of the Red Cross and Red Crescent Movement and to support the IRCS dissemination programmes.

Activities to achieve this objective are:

- Presentations will be held for the MoH and other government representatives. A presentation of Red Cross and Red Crescent activities will also be organized at the PHC Centres. Information leaflets will be produced and distributed.

Expected Results by end of December 2001

- 54 PHC centres will be renovated in 2001.
- New medical furniture and medical equipment will provide improved facilities for staff and patients, improving health conditions in general.
- Rehabilitated PHCs improve community infrastructure for the benefit of the most vulnerable in the community.
- The rehabilitation of PHC centres gives the management a chance to reorganize their centres, making work more efficient.
- The centres will offer improved health and medical services to the patients.
- The dissemination of Red Cross and Red Crescent principles will contribute to humanitarian understanding and behaviour in general.

Indicators

- Well functioning centres after rehabilitation.
- The quantity of medical furniture and medical equipment delivered.
- The rehabilitated centres will create a well functioning community network.
- The medical staff will be working more efficiently.
- The number of patients being treated, number of services offered, as well as affordable access to basic health care.
- Increased knowledge of Red Cross/Red Crescent principles and programmes.

Critical Assumptions

- Selected PHCs remain operational.
- Materials and equipment continue to be available.
- National administrative procedures remain unchanged.
- Sanctions remain in place, with exemption for humanitarian imports.

- Cooperation with the authorities remains at its current level or improves.

Monitoring and Evaluating Arrangements

A Memorandum of Understanding (MOU) will be signed between the parties involved: IRCS, the Iraqi government, local authorities and the Federation.

Weekly and monthly reports will be issued, based on standard registration forms. A report will also be produced on information dissemination activities.

IRCS/Federation representatives follow up on implementation and are responsible for the administrative and social issues, together with statistical data.

IRCS/Federation verify the materials provided and the workmanship. This aspect will be coordinated with the MoH.

Statistics of the Iraqi authorities, MoH, will supply background information on progress and results of the project.

The evaluation will be continuous from the start of the project, analysing problems and reviewing progress. An assessment will be based on the statistics gathered through the monitoring process, from IRCS, the MoH, and the Federation. Solutions will be used to adapt the project where appropriate, used as lessons learned to be implemented in future projects.

Monthly reports will analyse progress of the project. Inputs from authorities and other organisations working in the same field will complement the evaluation process. A final written evaluation will be submitted one month after concluding the programme.

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5. Coordination and Management

Background and progress to date

The support of the Federation and the ICRC enables the IRCS to maintain and strengthen its activities despite deteriorating socio-economic conditions. However, changes in IRCS management are occurring regularly at all levels, resulting in a loss of institutional memory, knowledge of the Movement and of good practice as regards governance and management. The Iran-Iraq war and 10 years of economic sanctions have exhausted IRCS resources. The frequent changes in the leadership have also put a strain on working relations with the ICRC and the Federation and on their counterparts. As a result, IRCS and its programmes have increasingly relied on extensive support from the Federation and the ICRC.

Goal: In line with Strategy 2010, to strengthen the capacity of the IRCS at all levels, working towards the characteristics of a well-functioning National Society.

Objectives and Activities Planned

Objective 1 To work together with the IRCS in cooperation with the local authorities to assist vulnerable communities throughout Iraq. Activities are in the areas of health, rehabilitation, relief and development.

Objective 2 To assist the IRCS to develop strong, quality programmes and to disseminate Red Cross and Red Crescent Principles, rules and procedures within the IRCS, as well as providing coordination of the support provided by the PNSs.

Federation delegates work closely with the IRCS to expand humanitarian activities and to develop strong programmes. All the programmes on which the Federation is currently working are designed on the basis that, over a one to three year period, the IRCS will be able to maintain programmes with a minimum of Federation support.

The Federation Delegation in Baghdad has currently 4 delegates, supported by IRCS counterparts who are working as staff-on-loan at the Delegation.

The line management of the delegation is as follows:

- The head of delegation (HoD) in Baghdad reports directly to the head of the MENA department and liaises with the head of the regional delegation in Amman.
- The programme coordinator reports directly to the HoD in Baghdad.
- The health delegate reports directly to the HoD.
- The finance/administration delegate reports directly to the HoD.

In addition, the Baghdad delegation receives technical assistance from the regional delegation in Amman and constant liaison is ensured both with the head of the regional delegation, and in technical areas, with the relevant regional delegates.

Expected results

Over the course of the next three years, programmes currently supported by the Federation will be fully transferred to the IRCS or to the local authorities to ensure sustainability. The IRCS will independently manage the community based programmes, such as the disaster preparedness programme and the community based first aid project.

Expected results also include:

- Quality of Federation supported programmes in Iraq.
- The IRCS will work more closely with the Movement in accordance with the Red Cross/Red Crescent principles and gain greater understanding of Federation policies and guidelines.
- Sustainability of projects and programmes will be achieved.

Indicators

- A well functioning Iraqi Red Crescent Society, with the capacity to take on increasing programme management responsibility and to sustain programme implementation.

Critical assumptions

- Delegates are recruited in accordance with needs.
- Good relations with the local authorities are maintained.
- Funding for the programmes is available.

Monitoring and Evaluation Arrangements

- Programmes and projects will be monitored by delegates and local staff.

PROGRAMME	Disaster response	DP	Health & services	IDRD	Coord. & mgt	TOTAL
Shelter & construction	3,626,000	43,100	0	0	0	3,669,100
Clothing & textiles	0	372,936	0	0	0	372,936
Food & seeds	0	0	0	0	0	0
Water	0	0	0	0	0	0
Medical & first aid	178,200	0	0	0	0	178,200
Teaching materials	0	10,960	430,990	107,784	0	549,734
Utensils & tools	0	487,650	0	0	0	487,650
Other relief supplies	440,000	0	0	0	0	440,000
Sub total supplies	4,244,200	914,646	430,990	107,784	0	5,697,620
Land & Buildings	0	0	370,000	530,000	0	900,000
Vehicles	0	0	37,400	0	0	37,400
Computers & telecom	32,159	19,472	31,100	24,271	0	107,002
Medical equipment	0	0	0	0	0	0
Other capital expenses	8,000	56,800	170,542	115,000	5,000	355,342
Sub total capital	40,159	76,272	609,042	669,271	5,000	1,399,744
Programme management	384,408	105,138	174,766	89,644	24,879	778,836
Technical services	115,072	31,473	52,316	26,835	7,448	233,143
Professional services	127,614	34,903	58,018	29,759	8,259	258,553
Sub total programme support	627,094	171,513	285,100	146,238	40,586	1,270,532
Transport & storage	218,300	71,700	101,000	0	51,000	442,000
Personnel (delegates & expatriates)	214,212	99,240	99,240	99,240	198,480	710,412
Personnel (local staff)	214,287	116,784	290,988	179,436	17,700	819,195
Sub total personnel	428,499	216,024	390,228	278,676	216,180	1,529,607
Travel & related expenses	39,600	14,800	3,200	6,800	6,000	70,400
Information expenses	0	20,544	218,053	13,600	2,600	254,797
Expert fees	0	0	0	0	0	0
Admin. - general expenses	103,000	17,401	52,200	7,050	47,600	227,251
Training workshops / seminars	0	56,310	502,008	100,019	0	658,337
Sub total travel, training, general exp.	142,600	109,055	775,461	127,469	56,200	1,210,785
Total budget	5,700,852	1,559,210	2,591,821	1,329,438	368,966	11,550,287