

Appeal 2002-2003



IRAQ (Appeal 01.55/2002)

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	<i>2002 In CHF</i>	<i>2003¹ In CHF</i>
1. Disaster Response	3,233,507	3,233,507
2. Disaster Preparedness	727,416	606,545
3. Health and Care	1,905,224	1,143,550
4. Organizational Development	538,973	835,130
5. Coordination & Management	334,764	334,764
Total	6,739,884	6,153,496

Introduction

The first generation of the Country Assistance Strategy (CAS) was prepared by the delegation in 1999 and revised in March 2000. The new strategy meant an increase in the level of activities as well as in the operational areas covered by the delegation. The main development has been the 2001 focus on reflecting Strategy 2010 and on organizational development. The CAS includes all four core group activities within the first strategic direction: responsive and focused programs, promotion of the Movements' Fundamental Principles and humanitarian values, disaster response, disaster preparedness, health and care in the community, as well as the second strategic direction, well-functioning national societies, implemented through the organizational development programme. Finally the Delegation, in cooperation with the Iraqi Red Crescent Society (IRCS), contributes to the regional programme of national societies working together effectively. These programme areas thus reflect the three strategic directions in Strategy 2010.

The IRCS is expected to complete its five-year strategic development plan within 2001. The Federation's Iraq delegation will complete its second generation CAS within the same period.

¹ These are preliminary budget figures for 2003, and are subject to revision in the course of 2002.

National Context

Iraq has a land area of approximately 440,000 square kilometers and a population² of around 24 million, including 700,000 children under one year of age. It has four distinct regions: the upper plain, the lower plain, the mountainous northeast and the desert region of the west. It is hot in summer with temperatures that rise above 50 degrees centigrade. Winter temperatures range from cool to very cold. Rainfall is low and has for the past three years been far below the expected average, which has led to drought conditions in some areas.

The impact of two wars in the past twenty years and economic sanctions imposed by the United Nations (UN) have resulted in Iraq's experiencing a considerable shift in its capacity to provide and maintain adequate services for its people.

The sanctions are expected to remain in place, but will soften. The "smart sanctions," which would allow an unlimited flow of goods into Iraq while tightening an arms embargo, faced a veto in June 2001. Hence the world body instead extended the existing oil-for-food programme for another six months.

Economic policy and foreign trade will continue to be influenced by UN sanctions and the oil-for-food programme.

The regional position of the country is far stronger than a year ago, with improvements in relations with Egypt, Syria, Turkey, the United Arab Emirates (UAE), Jordan and Iran in the past quarter. The trickle of business delegations to the Iraqi capital has substantially increased, and of the six Gulf Cooperation Council (GCC) member states, only two, Saudi Arabia and Kuwait, do not have diplomatic representation in Baghdad. Due to an expected increase in world non-oil commodity prices in 2001 and 2002 (5.3% and 14.6% respectively), Iraq, which relies heavily on imports, expects GDP to shrink by 11%, and to rebound in 2002 by 18%. Furthermore, the forecast decline in oil prices will limit Iraq's ability to pay for imports. Finally, inflation will remain high, though it is now under 100% and is expected to decrease to 60% in 2002³.

National data and socioeconomic indicators show a downward trend in purchasing power of the population in general, and an increased demand on coping mechanisms, especially for the most vulnerable in the society.

Health services in particular have been severely compromised. Buildings have fallen into disrepair, and general standards of health, hygiene and nutrition are seriously deteriorating. Poor water and sanitation, limited resources and reduced service capacity have increased both the numbers of the vulnerable and the degree of vulnerability. Financial support for the maintenance of Iraq's health service infrastructure under the UN oil-for-food programme, related to Security Council Resolution 986, has not been sufficient to reinstate an acceptable level of health for the people of Iraq. Varied levels of support and assistance have filtered in from other agencies (e.g., UN, the International Committee of the Red Cross, CARE International, the Middle East Council of Churches, and Bridges to Baghdad), and their reports identify the continued need for assistance and support.

In the mid-1980s, Iraq posed an effective universal health care system and universal free education, modern telecommunications technology, and adequate power resources. The country had sophisticated water treatment systems that met the needs of the population. Now, after eleven years of sanctions,

²UNDP Annual report (1998) Iraq Country Office

³From the Economist Intelligence Unit, March 20, 2001.

the Iraqi infrastructure can no longer bear the weight of human needs. Women of childbearing age and especially children continue to suffer from high levels of malnutrition resulting in arrested development and diminished capacity to reach their full potential. The air and water are toxic. According to a February 2001 UNICEF report on the state of women and children in Iraq, diarrhea and respiratory infections account for 70% of child deaths. A UNICEF spokesperson described the education system as catastrophic. Twenty-four percent of Iraqi children do not attend school but instead work or beg on the street. No new schools have been built in ten years, although the school-age population of Iraq continues to rise. The curriculum has not been revised in 20 years. Teachers do not have access to professional development. School buildings are crumbling. The level of education for girls is even lower than for boys in a country that has received the UNESCO prize for its efforts at educating girls. More than 40% of the population is under 14 years of age and has known nothing but war and sanctions.

Until 1990/1991, Iraq and the IRCS were major donors for international humanitarian assistance programmes, whereas now they are major recipients. The IRCS was founded in 1932, and since its beginning, has been involved in assisting the most vulnerable of the society. Until 1991, the IRCS had only three main branch offices: Baghdad (headquarters), 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 is responsible for coordinating humanitarian aid offered by international NGOs in Iraq.

One of the main achievements with regard to relations between the IRCS and the Federation has been the approval of the Memorandum of Understanding (MoU) between the IRCS and the Federation by the Iraqi government. After a year and a half of intense negotiations between the IRCS and Iraqi authorities, the MoU materialised in the end of June 2001.

The Federation has been without any legal base since becoming a country delegation some years ago. The MoU gives the Federation certain privileges such as communication (e-mail, Internet, and satellite telephone), staff, housing for delegates, satellite television for delegates, possibly a new Federation office that has more space, and permission to hoist the Federation flag.

The MoU gives the Federation nearly everything normally included in a status agreement except diplomatic immunity. The MoU gives the Federation working conditions comparable to the working conditions of the ICRC.

National Society priorities

A real development of the IRCS towards becoming a well-functioning national society began in October 2000 and was further intensified during 2001. The IRCS expects to have its five-year strategic development plan completed by the end of 2001.

The IRCS hosted two main regional events in 2001: the regional HIV/AIDS follow-up meeting and the first psychological first aid support conference. Both events had nine regional national societies participating. The first regional psychological first aid support center will be placed in Baghdad.

The International Federation of Red Cross and Red Crescent Societies (the Federation) has supported the IRCS since 1991. Since August 1994, the IRCS and the Federation have had major food programmes for the most vulnerable families and medical programmes at 21 hospitals throughout the country. In 1997, a supplementary feeding programme commenced for malnourished children. In 1998, the Community Based First Aid (CBFA) training of IRCS volunteers was introduced in the region. In 1999 the IRCS, supported by the Federation, was involved in supplementary feeding programmes, rehabilitation of 12 Primary Health Care Centers (PHCs) supply of basic medical kits for 72 PHCs,

introduction of health and nutrition information dissemination (H&NID) activities, and support of the IV Fluid factory in Mosul. In the year 2000 support for these programmes continued with the exception of supplementary feeding, which was discontinued in December 1999/January 2000.

The Federation became far more strategic and focused in the 2001 implementation. The Federation has implemented most of the program activities foreseen for 2001: rehabilitation of another 22 PHCs, support to the IV fluid factory in Mosul, winter assistance to the north, implementation of CBFA, H&NID and branch development activities, land mine victim income-generating activities, three polio eradication campaigns together with the Iraqi Ministry of Health (MOH) and the World Health Organization (WHO), the new disaster preparedness programme and a comprehensive organizational development programme.

The Federation is in a unique position to promote the Fundamental Principles through its mandate and through the esteem in which the organisation and its emblems are held. Action in this area has been closely coordinated with the ICRC. The purpose of this core area is not simply to ensure that people - staff or volunteers, public or private authorities, or the community in general - know about these principles and values, but to influence their behaviour.

The IRCS capacity within this area has not been developed until recently. During the IRCS capacity development in 2000, which featured several workshops and weekly meetings between the IRCS and the Federation, more awareness and emphasis was put into understanding the fundamental principles of the Movement and understanding the need to disseminate these principles. Within every programme, resources are now allocated to disseminate our mandate and our principles. Far more resources were spent on visibility and dissemination through courses and meetings. By the use of leaflets, posters, reports, and through a more focused use of the media, the IRCS and the Federation reached more people than before.

A very good example of this promotion is the use of television spots during the polio eradication campaign completed in June.

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1. Disaster response

- **Relief assistance to the most vulnerable in Iraq.**
- **Rehabilitation of water and sanitation.**
- **Rehabilitation of primary health care centres.**

Disasters disproportionately affect the poor. More than 90 percent of disaster-related deaths occur in developing countries. Iraq, with its decreasing GDP, belongs to this category now. Therefore the main activities covered by this appeal are disaster response activities. The IRCS's countrywide network allows it to mobilise resources and thus respond to any disaster. The IRCS has been appointed by the government to coordinate and be the lead agency in any disaster situation. Building capacity through relief has been tried, however, the capacity needed hasn't emerged yet. Due to this, the IRCS and the Federation decided to develop a disaster preparedness programme with a direct link to disaster response. This new DP programme was implemented in 2001 in close cooperation with DR. Hence Disaster Response activities are part of the overall disaster programme coordinated by the Planning Department at the IRCS and the Organisational Development Department at the Federation's Iraq delegation. Disaster response and disaster preparedness further link into the organizational development programme.

The disaster programme is represented in the organizational development programme and links to the capacity building of the IRCS.

Relief assistance to the most vulnerable in Iraq

Background and achievements/lessons to date

The Iran-Iraq war, the Gulf War, and the current economic embargo have had an enormous impact on the population, especially in the areas of public health and medical care. Due to the complicated nature of the north and south of Iraq and the neighbouring countries, these parts have witnessed dramatic events especially during the last decades. Several conflicts both inside and outside the areas have taken place. Due to this, a large number of refugees, primarily from Iran and Turkey, have settled in the northern governorates and face severe living conditions. The situation in the south is reflecting an even worse socio-political situation. Refugees, internally displaced persons and returnees in both areas suffer in particular from sanctions. Defining the most vulnerable has been rather difficult. Several assessments have been performed by the IRCS, the Federation, ECHO, UN and others in 2001. The situation is complex, hence co-ordination among the IRCS, the Federation, ICRC and the UN agencies is necessary.

This programme aims at supporting the most vulnerable in Iraq with a focus on the south and the north.

The families usually live in abandoned complexes, tents, schools or other unoccupied buildings. The main needs of these families are divided into two aspects: relief items such as blankets, heaters, plastic sheets, kerosene lamps, tents, cooking sets, Jerry-cans, water tanks, latrines, and setting a water and sanitation system such as latrine units and potable water points.

The main organisation involved in assistance to displaced people is the United Nations High Commission for Refugees (UNHCR). The Federation implemented small projects for refugees and IDPs in the north in 1997 in co-operation with the IRCS and its three branches in Duhok, Erbil and Sulaimanyah. The programme included distribution of kerosene heaters, kerosene lamps, blankets and

building units for bathrooms and toilets. The same facilities can be obtained through the IRCS branches in the south of Iraq. The duration of the programme will be for six months, from April to September 2002.

Goal(s)

- To alleviate the suffering of the most vulnerable population in the three northern and southern governorates. The total number of beneficiaries is more than 8,500 families living in the governorates of Duhok, Erbil, Sulaimanyah, Basrah, Amara and Nasirya. The distribution will include the most needed items such as blankets, kerosene heaters.
- To provide safe drinking water by connecting the sites with public water network and hygiene environment by proper sewage drainage.

Objectives and activities

Objective 1 To assist the most vulnerable groups by providing relief items.

This will be achieved by procuring relief items in May 2002. Relief items can be locally procured or through imports from the neighbouring countries.

Objective 2 To improve the living conditions of the most vulnerable.

This will be achieved by distributing relief items in June will enable the families of the most vulnerable to endure the harsh winter and summer months.

Objective 3 To decrease the waterborne diseases among the most vulnerable.

This will be achieved by setting up a potable water pipeline net will be set, and the latrines will be constructed.

Objective 4 To increase the management and operational capacity of the IRCS in order to implement the programme.

This will be achieved by the IRCS headquarters and branches, with assistance from the Federation, implementing the programme.

Objective 5 To disseminate the principles of the Red Cross and Red Crescent Movement among the beneficiaries and authorities.

This will be achieved by the IRCS staff and volunteers who will prepare presentation materials and conduct other dissemination activities in the regions.

Expected results

The IRCS expects the most vulnerable will suffer less during the harsh winter and summer months, the distribution of basic relief items will help the most vulnerable to improve their living conditions, a decrease in the number of children affected by diarrhoea and other diseases, that the IRCS will increase its capacity during the implementation, and the dissemination of the Red Cross/Red Crescent Principles will contribute to humanitarian understanding and behaviour in general.

Indicators

Indicators are the availability of the donated materials at the beneficiaries settlement, distribution reports from the distribution sites, no surface sewage pond will be seen, the improvement of the managerial and operational capacity of the IRCS headquarters and the branches, and increased knowledge of Red Cross/Red Crescent Principles and programmes.

Critical assumptions

Critical assumptions are that the location of the most vulnerable remains unchanged, the families settle, relief items remain available at the current price level, transport remains possible in the country, border agreements do not change, and sanctions remain in place, with exemption for humanitarian imports.

Monitoring and Evaluation arrangements

A programme agreement will be signed by the parties to avoid any misunderstanding. The parties are the IRCS, the Ministry of Foreign Affairs, the UN High Commission for Refugees in the autonomous governorates, and the Federation. Standard Federation logistics will be applied to the consignment, including waybills and delivery notes, pre-programme agreement on the contents of the assistance and availability of adequate warehousing facilities (bin and stock cards). The IRCS and Federation delegation will perform monthly monitoring visits to the area to check on the availability of distributed items. After distribution, visits will be weekly and if necessary more frequent. A standard form will be prepared for these monitoring visits. The IRCS will appoint volunteers and staff with programme-related tasks to work as counterparts of Federation staff and receive training when and where necessary. IRCS-Federation will call for bids to implement the units and network and will perform weekly visits to check the quality of implementation. Contacts with all implementing partners will be monitored on a daily basis.

The programme will be evaluated continuously. Studying problems, possibilities, and progress based on the information gathered in the monitoring process, through the IRCS, the Ministry of Foreign Affairs, and at the distribution and construction sites will conclude lessons learned and adjustments of the programme when and where necessary. Regular reports, every month after delivery of the items, will include analysis of the progress of the programme. The final written report will be submitted one month after finalising the programme, by the end of November 2002.

Rehabilitation of water and sanitation

Background and achievements/lessons to date

Prior to 1990, an advanced system of water treatment plants served the center and south of Iraq. According to UN sources, Iraq had a well-developed water and sanitation system comprised of hundreds of water treatment plants for urban areas, 1,200 compact units to serve rural areas, and an extensive distribution network. WHO estimates that 90% of the population had access to safe drinking water.

Wars and sanctions have reversed the above. The inability to maintain the existing water and sanitation systems, due to lack of spare parts and cash flow, have caused a deterioration of the existing water treatment plants and water network, causing a severe shortage of drinking water. The southern governorates have experienced the worst as major parts of the infrastructure have been destroyed and demand more efforts. Though UN Security Resolution 986 has provided some spare parts, the unavailability of cash flow prevented instillation and improvements.

The IRCS and the Federation have engaged in projects to help improve the water situation. Special training courses are needed for the current water and sewage staff as well.

The core part of the programme is to provide help repair and rehabilitate specific equipment and buildings within damaged and worn water and sewage treatment plants.

Since 1990, the situation within water and sanitation deteriorated:

- The available water supply in Iraq has decreased by about one third.
- The contamination of water has increased six times.
- The quality of untreated water has decreased due to the disposal of sewage.
- The government of Iraq budget allocation for water and sanitation has decreased by 90%.
- The number of experienced personnel working in the water and sanitation field has decreased by 75%.
- Special machinery and equipment (garbage collectors, tractors, and 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.
- Frequent power cuts interrupt the water and sanitation systems by at least ten hours every day outside Baghdad.

UNICEF and CARE International are the main organisations working on the rehabilitation of water and sanitation projects. They made a comprehensive survey of the situation in the sector (UNICEF/ CARE International Survey 1997).

The main conclusions of the survey were:

- 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 sanctions), lack of maintenance, malfunction of water treatment plants, a reduced number of qualified staff working in the water and sanitation sector, electricity shortages, and deterioration of the water distribution network.

Goal The programme aims at rehabilitating 6 water and sanitation projects within a period of 12 months from January to December 2002. This will lead to a decrease in the number of diarrhoea cases among children by providing potable water, improving the hygiene and health situation by proper handling of sewage to reduce (children's) contact with unsafe water, and increasing the health knowledge and technical background of the water and sewage staff in central and south Iraq.

Objectives and activities

Objective 1 Increase water quantities by repairing and rehabilitating pumps and sedimentation tanks and by reducing leakage.

The IRCS will repair and install (MoU) water pumps, maintain settling tanks, repair air compressor, set aluminum sulfate and chlorine network, maintain and extend (toward river in depth) the intake area, replace the plants corroded pipes, and repair plants valves.

Objective 2 Improve water quality with the proper handling of purified water, improving sand filters, adding activated carbon media, and improving water extraction point.

The IRCS will repair filters vessel, change filters media (sand and gravel), repair filters stopcocks, and maintain filter backwash.

Objective 3 Decrease the impact of sewage on drinking water by draining critical areas.

A sewerage network will be constructed, and drainage equipment will be repaired and installed (submersible pumps, and evacuation trucks).

Objective 4 Set technical reports and drawings for every plant to be adopted as performance guidelines.

Regular reports regarding the plant situation and work progress will be delivered by supervisor engineer, diagrams will be drawn showing how the plant is managed and how the water flow system works, technical plans of the water treatment plant will be drawn for documentation and to facilitate any further maintenance.

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

Information will be collected from the local authority regarding improvement among population. Field visits and beneficiaries interviews will be performed.

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

A training manual will be created by engineers, public health employees and doctors. Audio-visual materials will be provided.

Objective 7 Analyse the cost-benefit ratio for each situation and optimise the result.

The total budget will be calculated and divided on the total figure of beneficiaries.

Objective 8 Identify the most critical tasks and issues to be addressed at every site for improvements⁴.

The main problems will be identified, as will possible solutions.

Expected results

- By the end of December 2002, the water quantity will have increased by 35% in the area.
- The water quality will have improved by 30% in the area.
- The impact of sewage will have decreased by 20% in the area.
- Every set will have been completed by end of every site.
- The statistics will have been completed by end of every site.
- Ten courses will have been implemented to train around 200 people (technicians and operators).
- Each course will have been implemented by end of every site; the final figure will be realised by December 2002.

Indicators

- An increase in the high lift water pump output by cubic meter; to test and taste the produced water.
- To dry out the surface water.
- To produce reports and drawings as guidelines for the plants.
- To provide statistics on the number of beneficiaries reached, the water quantity and its quality.
- To have hygiene indicators as garbage and cleanness show an increase of the potable water supply and low level of a polluted environment.

⁴ A Copy of report will be sent to Water and Sewage Authority.

- An increase in the number of certificate holders after training.
- Statistics reports.

Monitoring and evaluating arrangements

A programme agreement will be signed between the parties involved in order to avoid any misunderstandings about the projects. These parties are the IRCS, the Iraqi government, local authorities and the Federation. An agreement will be made with UNICEF and CARE International to avoid overlap and to coordinate activities.

Monitoring will also occur through weekly and monthly reports based on standard registration forms, work progress reports, technical reports, and financial reports that cover the aspects of the programme. Next to this a report will be produced on information of national activities. Engineers will write and follow up on the technical aspects, while the relief administrator will be responsible for the administrative and social issues. The Federation resident engineer for the sites will check the provided materials and workmanship. This aspect will be coordinated with the Water and Sewage Authority.

Statistics of the Iraqi authorities, Water and Sewage Authority, and the Ministry of Health, will supply background information on progress and results of the project.

Evaluation will be continuous, studying problems, possibilities and progress. The assessment will be based on the statistics gathered through the monitoring process, the IRCS, the Water and Sewage Authority, the Ministry of Health, and the Federation. Solutions to the problems will be incorporated in the project where possible or taken as lessons learned to be implemented in future projects.

Monthly reports will analyse progress of the project. Inputs from UNICEF and CARE International, working in the same field, will complete the evaluation process. Final written evaluation will be submitted one month after finalising the programme, which is by the end of January 2003.

Critical assumptions

Critical assumptions are that selected water plants remain operational and at their current level; spare parts continue to be available; bureaucratic (including customs) procedures remain unchanged; sanctions remain in place with an exemption for humanitarian items; co-operation with the authorities remains at its current level or further improves.

Rehabilitation of primary health care centres

Background and achievements/lessons to date

There are about 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 PHCs are located. These health facilities offer simple medications to outpatients; generally 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 1970s, while some of them even date back to the 1930s or 1940s. Furthermore, these facilities haven't received any kind of attention, rehabilitation or maintenance during the last ten years, which caused the deterioration of the centres.

The three main features of the programme are physical rehabilitation, provision of basic medical furniture and equipment, and staff training. To complete the programme, the Federation-IRCS, other

UN Agencies and NGOs are working on implementing health dissemination programmes 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: Dohouk, Erbil and Sulimanya.

The 1999-2000 programme included rehabilitation of 12 PHCs, supply of basic medical furniture and medical kits for 72 PHCs. In the year 2000-2001, the Federation expanded its operation with the IRCS to cover the rehabilitation of another 22 PHC centres, medical furniture and medical kits supply. The Federation is the biggest organisation dealing with rehabilitation of PHCs in Iraq.

Other organisations involved in the rehabilitation of health facilities are UNICEF, UNDP, WHO, ICRC, Premier Urgence and Care International. All the organisations are working in co-operation with the Iraqi Ministry of Health.

The programme duration is 12 months, January to December 2002.

Goal The goal is to rehabilitate the physical structure of 33 PHCs, with an approximately average of two centres in each governorate, and to provide basic medical furniture and medical equipment and training for PHC staff in the centres. Additionally, the IRCS aims to increase the dissemination of health messages through the PHCs.

Objectives and activities

Objective 1 To rehabilitate the physical structure of 33 PHCs by repairing the buildings, painting, and improving sewage systems, electricity, and the water system.

Some 33 PHCs will be identified in co-operation with the Ministry of Health. Bills of quantities will be made by the Federation's engineers to include the priorities whereafter the tendering procedures will select the contractors (March to May 2002).

Objective 2 To provide medical furniture and medical equipment to the PHCs.

Procurement will be done for the most needed medical furniture and equipment. The distribution will be carried out after the end of the physical rehabilitation.

Objective 3 To train PHC staff.

Training courses will improve staff skills. Training will be performed according to the Ministry of Health manual and in co-operation with the Ministry of Health. Training will also be co-ordinated with other organisations such as UNICEF.

Objective 4 To assist the Ministry of Health in building its infrastructure and maintaining these facilities.

The rehabilitation of the PHCs will assist the Ministry of Health in building infrastructure in this area, which allows the Ministry of Health to concentrate on rebuilding its infrastructure in other fields.

Objective 5 To create good working conditions for the medical staff.

The physical rehabilitation of PHCs will improve the general hygiene and working conditions for the medical staff. Clean examination rooms, pharmacies and more organised premises will lead to improvements.

Objective 6 Improve access to PHCs for vulnerable patients.

The renovation of PHCs will attract people from the community, and the load of patients at the main hospitals will be reduced.

Objective 7 To disseminate the role of the Red Cross/Red Crescent movement as a means to support the IRCS's dissemination programme.

Presentations will be held for the Ministry of Health and other government representatives. Another presentation of Red Cross/Red Crescent activities will be organised at the PHC centres. Information leaflets will be produced and distributed.

Expected results

- By the end of 2002, 33 PHCs will be renovated within the programme period, and the general hygiene situation will have significantly improved.
- New medical furniture and medical equipment will provide improved facilities for staff and herewith patients, improving health conditions in general.
- PHC staff will be more skilful.
- Rehabilitated PHCs will improve the community infrastructure to the benefit of the most vulnerable in the community.
- The rehabilitation of PHCs gives management a chance to reorganise centres, making work more efficient. The PHCs will offer improved health and medical services to patients.
- The dissemination of Red Cross and Red Crescent Movement Principles within this program will contribute to humanitarian understanding and behaviour in general.

Indicators

- Improved general hygiene.
- A decrease in infectious diseases and well-functioning centres after rehabilitation.
- Medical furniture and medical equipment that is received at the centres.
- The improved efficiency of PHC and medical staff daily work.
- Rehabilitated centres that create a well-functioning community network.
- The number of patients being treated, number of services offered, as well as easy and affordable access to basic health care will be improved.
- An increased knowledge of Movement principles and programmes will also be carried out.

Monitoring and Evaluation arrangements

A project agreement will be signed between the parties involved in order to avoid misunderstandings about the projects. These parties are the IRCS, the Iraqi government, local authorities and the Federation.

Monitoring will be shared by weekly and monthly report, based on standard registration forms, and a report on information dissemination activities,

The IRCS-Federation will follow up on the implementation progress and be responsible for the administrative, social and statistical issues. IRCS-Federation will perform checks on the provided materials and workmanship in conjunction with the Ministry of Health. Statistics from Iraqi authorities,

including the Ministry of Health, will supply background information on progress and results of the programme.

Evaluation will be continuous, studying problems, possibilities and progress. The assessment will be based on the statistics gathered through the monitoring process by the IRCS, the Federation and the Ministry of Health. Solutions to problems will be incorporated in the programme where possible, or taken as lessons learned to be implemented in future programmes.

Monthly reports will provide an analysis of the programme's progress. Inputs from authorities and other organisations working in the same field will complete the evaluation process.

Final written evaluation will be submitted one month after finalising the programme, which will be by the end of January 2003.

Critical assumptions

Critical assumptions are that the selected PHCs remain operational and at their current level, materials and equipment continue to be available, bureaucratic (including Customs) procedures remain unchanged, sanctions remain in place with exemption for humanitarian items, and co-operation with the authorities remains at its current level or improves.

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2. Disaster preparedness

The IRCS has played a lead role with disaster preparedness in Iraq. The joint IRCS -Federation disaster preparedness programme was developed during 2000 and implemented in 2001. Recognising the local coping and mitigation strategy of the population that is most at risk, and helping it find appropriate and sustainable solutions in preparation for future disasters, is the IRCS task. Planning, building, guiding, coordinating and training (including raising awareness and public education) has been the goal of the disaster preparedness programme.

Background and achievements/lessons to date

The government-established “High Committee to Assist Victims of Disaster” is in charge of disaster preparedness and response throughout Iraq. The government has appointed the IRCS as lead agency and co-ordinator of this committee.

In addition to the IRCS, members of the committee include the Ministry of Health, the Ministry of Social Affairs, the Directorate of Electricity, the Water and Sewerage Authority, the Ministry of Trade, and Civil Defense.

The committee, through the IRCS, has daily contact with NGOs and UN agencies in the country. All institutions bring their knowledge, experience and capacities to the Committee, under the leadership of the IRCS, and when and where needed to the field. The Committee developed a disaster preparedness programme that complements the IRCS and Federation disaster preparedness programme, which was begun in four regional governorates (Basrah, Nineva, Erbil and Baghdad) in 2001. The funding of this programme came from the Norwegian Red Cross. The IRCS-Federation programme addresses preparation for potential disaster from oil pollution (Basrah and Baghdad), draught (Basrah, Nineva and Baghdad), earthquake (Erbil and Nineva), continuous sanctions (Basrah, Nineva, Erbil and Baghdad), and war (Basrah, Nineva, Erbil and Baghdad). Preparedness for war is performed with ICRC.

The four strategic warehouses for relief materials, managed by the IRCS, are presently almost empty, which reduces the IRCS’s ability to respond to disasters.

This year’s programme includes another five governorates: Thiqr, Missan, Muthana, Tameem and Suleimaniya. Programme development will continue within the 2002 programme. It aims at preparing for the following potential disaster areas in another five governorates: oil pollution (Basrah, Tameem and Baghdad), draught (Thiqr, Missan, Muthana, Basrah and Baghdad), earthquake (Erbil, Nineva and Suleimaniya), continuous sanctions (all nine governorates) and war (Erbil and Suleimaniya). Again, preparedness for war is performed with ICRC. Additionally, any upcoming disaster can be responded to immediately.

Replenishing of the warehouses is an important component of the programme, aiming at an initial response stock for 2,500 families.

The programme will make volunteers capable of responding to disasters and improve the ability of the population in general to face the dangers of disaster. Next to this, major efforts will be directed towards improvement of the disaster preparedness and disaster response infrastructure and creating a small disaster preparedness emergency stock.

The programme is incorporated in the organizational development programme with regards to the co-ordination and link to capacity building of the IRCS.

Goal(s)

- Physical build up of infrastructure capable of dealing with any of the potential disasters.
- Training 900 volunteers, hereafter connected to the disaster preparedness programme.

Objectives and activities

Objective 1 To develop and improve disaster preparedness co-ordination offices in the IRCS Headquarters and the IRCS branches in the country. These offices will be responsible for countrywide co-ordination of the disaster preparedness programme, by the end of 2002, should a disaster occur.

This will be achieved by building-up the disaster co-ordination offices in the nine governorates.

Objective 2 To strengthen logistical capacity to the minimum standards required for handling the increased supplies, i.e., increase the relief material supplies in the four regional IRCS warehouses. Rehabilitate IRCS warehouses in the five branches by mid-2002 and provide relief materials to the warehouses by the mid-2002.

The following activities will be undertaken to reach this objective:

- Workshops for the warehouse managers in IRCS headquarters and branches, logistical set up, procurement and distribution of material and equipment needed during disasters, in co-operation with Ministry of Trade and other experts.
- The renovation and rehabilitation of the warehouses at headquarters and the five new branches will be performed. Warehouses for regional emergency stock will be located in Baghdad (for the centre governorates), Basrah (for the southern governorates), Nineva (for the northern governorates), and Erbil (for autonomous governorates). The nine branch warehouses will be stocked with relief materials (emergency stock) and other basic rescue materials (shovels and picks).

Objective 3 To increase transportation capacity in order to facilitate transportation of serious patients (ambulance) during disasters by mid-2002.

In order to achieve this, during a disaster or emergency situation, the ambulances will be used for transportation of victims. Transportation will also be planned for patients (serious cases) by ambulance from the autonomous governorates for treatment in Baghdad and Mosul, since government ambulances can not cross the check points into the northern governorates.

Objective 4 To reduce the effect of draught, oil pollution, earthquake, war and continuous sanctions on the population by mid-2002.

This will be achieved by the IRCS disseminating information to vulnerable groups regarding waterborne diseases and ways to prevent outbreaks of these diseases. The IRCS will also promote the importance of reducing water spillage, and how to accomplish this, and distribute rented water trucks to the villages during summer.

Objective 5 To decrease the continuous psycho-social stress effects on the community by the end of 2002.

This will be achieved by training skilled volunteers to disseminate information related to psycho-social management.

Objective 6 To increase disaster preparedness awareness among the population, especially the most vulnerable people (25,500 participants), who could be affected by a disaster (war and continuous sanctions) by the end of 2002.

This will be achieved by:

- Holding workshops in order to train IRCS staff and volunteers at both headquarters and branches.
- Training volunteers in the disaster preparedness programme and have additional technical training in the areas of draught, continuous sanction, war, oil pollution, and earthquake. Volunteers will engage in two activities per month; ten lectures per month will be performed in each branch. Community participation in ministries, institutions, youth centres, women centres, will be organised.
- Producing television programmes on disaster preparedness in a joint effort with Iraqi television, the Federation, the Ministry of Health, and Civil Defence.
- Developing and producing leaflets, brochures, booklets and other materials for distribution during disaster preparedness lectures.

Objective 7 To strengthen links among disaster preparedness, disaster response, the health department and the organizational development department and to prepare implementation of the organizational matrix with the Federation delegation and the IRCS Headquarters. Organisational development department/planning department co-ordination to be realised by mid-2002.

To achieve this the IRCS will implement the matrix structure and organise regular coordination meetings with representatives of all departments, especially disaster preparedness, disaster response, the health department and the organizational development department. Team building within the Federation delegation and with counterparts at the IRCS will be conducted in an effort to improve the exchange of information and transparency, and training will be performed where necessary.

Expected results

- By the end of 2002, each of the nine the IRCS Branches will have an office, and branch members will have the necessary skills to perform disaster preparedness and response activities, as well as the capabilities to register and report on these activities by mid-2002.
- The branches will have basic materials and infrastructure to organise and manage operations during disasters, embedded in the network of the Movement, but reaching beyond this by the end of the programme in 2002. The ICRS will realise the basic means to assist 5,000 families and to mobilise the large number of volunteers.
- Warehouse managers will be well skilled in logistics management by mid-2002. The rehabilitation of the IRCS warehouses will provide suitable conditions for storing material in hot and cold temperatures. The warehouses will be stocked with emergency materials by mid-2002.
- A decrease in the incidents of death during transport of patients and victims of disasters will be realised. Transportation capacity will be in place to respond to any disaster by mid-2002. The IRCS will distribute water and information during summer and decreased water use will be realised. There will also be a decrease in the incidents of diseases related to stress (peptic ulcer, hypertension, diabetes mellitus).
- The IRCS will have a core group of competent, well trained volunteers (45 volunteers, 50% male and 50% female) with knowledge of emergency, disaster preparedness subjects (draught, continuous sanctions, war, oil pollution, earthquakes). The volunteers will be available in each branch to distribute information to the community and raise awareness of measures to decrease the effects of disasters and provide community-based support. 850 lectures will be held by the end of 2002. There will be an increased number of IRCS volunteers for disaster preparedness activities that will reach 1,140 (50% male and 50% female) by the end of 2002.

- Community awareness of draught, continuous sanctions, war, oil pollution and earthquakes will be increased. The number of participants will be 25,500 by the end of 2002.
- Good cooperation between disaster preparedness, disaster response, the health department and the organizational development department by the end of 2002.

Indicators

The list of indicators to verify objectives includes ten disaster preparedness co-ordination/co-operation offices at the IRCS headquarters and the branches; relief materials available at warehouses or distributed to beneficiaries; incidents of waterborne diseases will decrease as measured by data collection from the Ministry of Health; water distribution will reach vulnerable groups; there will be a decrease in the number of stress cases related to sanctions as measured by data collected by the Ministry of Health; 51 workshops, activities and demonstrations will be held with a satisfactory result; community awareness regarding emergency cases and different disasters will be evidenced by 25,500 participants by the end of 2002; there will be co-operation among the IRCS branches, Civil Defense, and the Ministry of Health that provides better community service during emergency and disaster situations; skills and capacity to assess the situation and the vulnerability at each of the IRCS nine branches will increase; recruitment of new volunteers and trainers will increase; there will be a high level of volunteer and staff competency as measured during pre- and post-tests arranged by Red Crescent programme managers and coordinators; more efficient, effective, and rapid response will be evident.

Monitoring and evaluation arrangements

The programme manager will provide accurate and timely reporting to both the Federation and the IRCS senior management. The programme manager is responsible for receiving reports from program officers and maintains close links to the Ministry of Health and Civil Defence. Programme officers are responsible for the follow-up of the programme in the branches and reports to the program manager after each field visit.

The branch directors are responsible for managing the programme in the nine governorates and reports to headquarters.

Programme officers will maintain registers of all volunteers in the programme and report the information to branch directors. Branch trainers are responsible for preparation of disaster preparedness courses in co-operation with the director of their Branch and their Branch co-ordinator, as well as keeping continuous contact with volunteers.

Branch co-ordinators are responsible for disseminators, writing monthly reports, updating the schedule of lectures, and reports to branch directors.

Interim evaluation will occur every six months in the form of written reports compiled by the programme manager and supported by disaster preparedness programme officers. The report will be based on reports received from the field and supplementary discussion with branch directors, the branch volunteer coordinators, Civil Defense, as well as representatives of other interested departments and organisations (for example the Ministry of Health, UNICEF, MOT, and the Federation of Iraqi Women). Feedback regarding the impact of activities on the community will be of the utmost importance to evaluate and where necessary adjust the programme.

Final evaluation of the programme will take place at the end of the programme period in the form of a written report based on the interim reports with input from representatives of the Ministry of Health and others.

Critical assumptions

Critical assumptions are that agreement between the IRCS and the Federation delegation regarding responsibilities, implementation and evaluation, continues; the good co-operation with the Ministry of Health and Civil Defense remains; sanctions remain with exemptions for humanitarian imports; the Federation increases its support to the IRCS throughout the programme period. All external factors are assumed constant; financial calculations are made on July 2001 prices.

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3. Health and care in the community

- **CBFA and H&NID and Branch Development**
- **Land Mine Victims Income Generating Activities**
- **Community Based Psychological First Aid (CBPFA)**
- **Early Detection of Breast Cancer**

The role of the government is to ensure that health and social welfare systems, however structured, are capable of meeting the needs of its population, and particularly those of the most vulnerable. The IRCS plays a complementary role and focuses on community-based health and well being with its unique, in the Iraqi context, countrywide network covering all 18 branches.

CBFA and H&NID and branch development

Background and achievements/lessons to date

Since 1991, the IRCS, supported by the Federation, has provided support to the community in areas related to health and nutrition. In 1997, the Community Based First Aid (CBFA) training of the IRCS volunteers was introduced and the IRCS is now a leader in the region developing and implementing a CBFA programme. The programme involves all 18 of the National Society branches and reaches the people of Iraq in all of its governorates. Through Primary Health Centres (PHCs), activities using IRCS volunteers trained in CBFA have been actively disseminating to the community information on issues of basic health, hygiene and nutrition.

In 2000, the programme developed to embrace three major areas: CBFA, H&NID (Health and Nutrition Information Dissemination) and branch development. The programme clearly strengthens the capacity of the National Society in this important area of community-based activities.

The first aid component of the programme focuses on training volunteers in all 18 branches of the national society and further training of some of the volunteers as trainers and specialist trainers. This will increase the level of the sustainability of the programme.

The H&NID component of the programme focuses on establishing links between the volunteers, vulnerable groups and health structures serving the community as well as other organizations which are active in the field.

The branch development component of the programme focuses on strengthening the network ability of the branches in the areas of capacity and vulnerability assessment as well as implementation of micro projects.

The programme is incorporated in the organizational development programme as goes for the co-ordination and link to capacity building of the IRCS.

Goal(s)

- To improve the infrastructure of the CBFA and H&NID programmes.
- To improve the status of health in vulnerable groups.

- To increase the number of well-trained volunteers in all branches that would be available, for example, to work on the polio campaign.
- To strengthen the development skills of the branches through micro projects.

Objectives and activities

Objective 1 To establish an efficient supportive CBFA centre at the IRCS headquarters that coordinates support for CBFA and H&NID courses by using branch coordinators and improves local Branch capacity in the area of first aid for the community.

Refreshment and induction workshops will be held at the IRCS headquarters for both new and current branch coordinators and specialist technical trainers. CBFA workshops will be implemented to train volunteers and 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 the areas of general health, hygiene and nutrition.

Objective 2 To increase the knowledge within the community regarding health threats and build awareness of preventive measures of ill health.

Volunteers trained in previous CBFA programmes and who have received additional technical training in the areas of first aid, general health, hygiene and nutrition (270 total, 15 per branch), will engage in two activities per month requiring community participation. The activities will be related to issues that pose a threat to health or nutrition status, awareness of general hygiene and breast feeding. The activities will take place in both urban and rural areas.

Objective 3 To improve the local branch capacity in the area of first aid which embraces health education, disaster preparedness and information dissemination.

Three basic CBFA workshops will be held in each branch for training 1,080 new volunteers (60 per branch). Two workshops for trainers and one for specialist trainers will be held in each branch.

Objective 4 To increase the ability of the IRCS branches to be more effective in vulnerability assessment and project management and to increase their capacity.

Each branch will identify one micro project connected to health, hygiene and/or development of the branch, and with support from the coordinators of the CBFA and H&NID programmes will plan, implement and evaluate proposed projects.

Expected results

A core group of competently-trained volunteers with knowledge of first aid, general health, hygiene, nutrition and breast feeding will be available in each branch to disseminate information to the general population in the community and raise awareness of measures to prevent ill health and provide community-based support for medical and paramedical staff.

Every branch will have an increased number of volunteers and competently trained people to train others in the areas of first aid, health dissemination and project management for implementation related to community vulnerability and capacity (polio campaign) for example.

The number of IRCS volunteers trained in first aid will increase to 7,800.

Every branch will increase their capacity in project management and the development, implementation and evaluation of different projects and programmes.

Indicators

Indicators include an increased community awareness of health, general hygiene and nutrition and the prevention of ill health; an increased number of IRCS volunteers and trainers for both first aid and H&NID activities; in each IRCS branch, an increase in skills and capacity to identify, manage and implement a micro project which serves to improve the health of the community or the development of the branch; in each IRCS branch, an increase in skills and ability to assess community vulnerability and capacity.

Monitoring and evaluation arrangements

The programme manager will be responsible for reporting to the Federation and the IRCS. Programme officers will maintain registers of all volunteers in the programme and will be responsible for updating the registers to include the names of the newly-qualified volunteers and trainers, and will report this information to the programme manager.

A schedule of the activities of the volunteers will be submitted to programme officers once a month from each branch coordinator. Programme officers will maintain a file record of the schedules and be responsible for handing this information to the programme manager.

Regular visits to observe the activities of the volunteers will be made by the programme manager, programme officers and branch coordinators. These will be supported by the Federation health delegate.

Monitoring forms which have specific information related to activities will be completed at each visit and submitted in report form through the programme manager to the IRCS and the Federation at regular intervals.

Improvement in overall health status of the community will be monitored through desk research by the programme manager and the Federation health delegate who will maintain close links with the Ministry of Health, UNICEF, NRI, and WHO.

The branch coordinators will liaise with local health staff (PHC directors and others) to regularly discuss any trend changes in feeding practices and health habits and will report their findings to the programme manager, who will comment on the findings in interim and final reports.

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

A final report of the programme will be written at the end of the programme period by the programme manager and supported by the Federation health delegate.

Terminal evaluation of the programme will take place if funding for continuation of the programme is unavailable at any stage, or when Federation support is no longer required. This will be in form of a written report, and input should be invited from representatives of the Ministry of Health, UNICEF, WHO, and NRI at that time.

Critical assumptions

An agreement between the IRCS and the Federation regarding responsibilities, implementation and evaluation will be obtained; links with the Ministry of Health will be maintained; there will be no unforeseen expenditures; the selected volunteers will continue to be available; integration of CBFA, H&NID and branch development activities will be maintained; the Federation will be able to maintain its support to the IRCS throughout the programme period.

Land Mine Victims Income Generating Activities

Background and achievements/lessons to date

The impact of two wars during the past twenty years and the economic sanctions imposed by the UN Security Council have resulted in Iraq experiencing a considerable shift in its capacity to provide and maintain adequate services for its people. The level of the health services available in mine affected areas is low. The impact of the land mines affects not only the very lives of individuals and communities but the economic and social structures of the societies in which they live. First aid services are generally rudimentary. Death and disability are the result of the lack of immediate and appropriate lifesaving measures.

In May 1998, the Middle East-North Africa (MENA) desk officer at the Federation Secretariat together with the British Red Cross approached the Federation delegation in Baghdad with the request to submit a proposal for a programme related to land mines. The main focus was projects for land mine survivors; small scale, grassroots projects that have direct links to the people and the communities. Unfortunately, the programme was postponed for many reasons.

The UNOPS is the UN organization officially dealing with land mines in Iraq. UNOPS (under UNDP) has established emergency demining programmes in the autonomous governorates (Erbil, Dohuk and Sulaimaniya). These programmes are funded under SCR 986. One team of expatriate de-miners is stationed in each governorate. The expatriate teams are training local teams in demining techniques and have already started clearing identified fields.

The Iraqi government has given permission for these programmes and has recently authorised the supply and use of explosive material in the programmes. Future phases of the UNOPS programme involve the introduction of dog detection teams and increased mechanical clearance devices. UNOPS (with Handicap International) also supports prosthetic limb centres in Diana (Erbil Governorate) and Halabtja (Sulaimaniya Governorate) which cater to mine victims.

Mine awareness programmes are not part of the UNOPS programme.

The Federation has been asked to consider providing long term support. UNOPS recommends that the Federation develop programmes to support the rehabilitation of mine victims, particularly income-generating and long-term social support. A programme was developed in April 2000 including five IRCS branches in the programme: the three autonomous governorates of Dohuk, Erbil, and Sulaimaniyah, as well as Basrah and Amara in the south.

Goal To provide assistance to the most vulnerable groups among the disabled land mine victims and improve the IRCS capacity, as well as raise its profile in the communities.

Objectives and activities

Objective 1 Rehabilitation of the land mine victims through income generating projects such as sewing, carpeting, knitting, ceramic, blacksmith, computer.

The IRCS will organise a training workshop to improve skills and qualifications of the victims. The IRCS will build a centre for training, to host workshops and to market their products. The IRCS will supply the workshops with equipment, raw materials and teaching materials for training.

Objective 2 Social support to the group of disabled land mine victims.

The IRCS will provide the mine victims with wheelchairs, crutches and prostheses in co-operation with the Ministry of Health and ICRC. The IRCS will involve the victims in IRCS activities as volunteers and stimulate employment of land mine victims by direct contact with the Iraqi government.

Objective 3 Increased mine awareness within the community.

CBFA will perform training workshops (15 basic courses and 10 trainer courses). Ten volunteers trained in CBFA with additional technical training in areas of first aid and land mines from each branch will engage in two activities per month requiring community participation. They will also liaise with Civil Defense and the Ministry of Health. Activities will take place in urban and rural areas and will include 1,200 lectures and distribution of printed materials (leaflets and posters).

Expected results

- By December 2002, land mine victims will be qualified for employment by local authorities.
- A centre for rehabilitation of the land mine victims will have been built and be in use.
- The land mine victims' skills will be developed.
- A core group of 10 competently trained volunteers will be available in each branch to disseminate information to the community and raise land mine awareness.

Indicators

- The list of indicators to verify the objectives are that 2,500 land mine victims will be trained and employed on a voluntary basis.
- There will be an increase the number of IRCS volunteers (from 6,720).
- Beneficiaries will have received crutches and wheelchairs.
- 25 CBFA training workshops will be held; 1,200 lectures will be conducted in the community
- Community awareness of land mines within the community will be increased (10 disseminators x 2 lectures x 12 month x 5 x 30 average participant = 36,000) by the end of 2002.

Monitoring and evaluation arrangements

The programme manager will be responsible for reporting to both the Federation and the IRCS. The programme officer will maintain registers of all of the volunteers, be responsible for updating the registers to include the names of newly qualified volunteers and trainers, and report the information to the programme manager.

A schedule of the volunteer activities will be submitted to the programme officer each month by the Branch coordinator. The programme officer will maintain a file record of the schedules and will be responsible for reporting this information to the programme manager.

Regular visits to observe volunteer activities will be made by the programme manager, the programme officer and the branch coordinator, supported by the Federation health delegate. Monitoring forms, which have specific information related to the 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.

Interim evaluation of the activities will occur every three months. This will be in the form of written reports compiled by the programme manager and will include feedback regarding the impact of the activities in the community, lessons learned and where adjustments to the programme are necessary.

Final evaluation of the programme will take place, when funding continuation of the programme is available, or when the Federation support is no longer required, in form of a written report.

Critical assumptions

Critical assumptions are that:

- An agreement between the IRCS and the Federation regarding responsibilities, implementation and evaluation continues.
- There will be no unforeseen expenditures.
- The Federation will continue its support to the IRCS throughout the programme period.
- All external factors are assumed constant; financial calculations are based on July 2001 prices.

Community Based Psychological First Aid (CBPFA)

Background and achievements/lessons to date

The Iraqi Red Crescent Society has recognised that the negative impact of the sanctions on the health system. The population is suffering both physically and psychologically. Health, hygiene and nutrition status have been severely compromised, and the need to disseminate information to the community related to these issues has become extremely important.

Psychological first aid can be given to anybody by anybody trained in this discipline. The Red Crescent volunteers are in a good position to bridge the gap between the capacity of the health structure and the system of the country and the amount of effort required to improve the health of the most vulnerable. The improved capacity of IRCS branches to support the community is a positive step toward meeting the needs of vulnerable groups identified.

The Iraqi Red Crescent Society, supported by the Federation, has since 1991 provided support to the community in areas related to health and nutrition. The community based first aid (CBFA) training of IRCS volunteers was introduced in 1997, and the IRCS is now a leading national society within the region in developing and implementing a CBFA programme. The programme involves all 18 of the national society branches and reaches the people of Iraq in all of its governorates. The activities, using the IRCS volunteers trained in CBFA, have been actively disseminated to the community, through primary health centers, on issues of basic health, hygiene and nutrition.

The IRCS facilitated the first regional conference of psychological support in April 2001. Nine national societies were represented from three sub-regions. The objectives of the meeting were to exchange experience and deliberate on future direction regarding psychological support. All the participants showed their interest and awareness in this topic and recommended establishment of a MENA regional resources center on psychological support in Baghdad.

Goal(s)

- To provide the community with psychological support in critical life situations and to create a feeling of security and hope.
- To increase the number of well-trained volunteers in all branches being available to support in any crisis.

Objectives and activities

Objective 1 To increase community knowledge and awareness of psychological first aid.

Volunteers will be trained in the CBFA programme (180 = 10 per branch), will receive additional technical training in areas of psychological first aid and will engage in two activities per month requiring community participation. The activities will be related to issues that pose a threat to psychological well being. The activities will take place in both urban and rural areas. Printed materials will also be distributed.

Objective 2 To improve branch capacity in the area of psychological support, embracing health in the community.

Four basic CBPFA workshops will be held in each branch for training of 1,440 new volunteers (80 per Branch). Two workshops for branch coordinators will be held at IRCS headquarters.

Expected results

- A core group of competently trained volunteers with knowledge of psychological first aid will be available in each branch to disseminate information to the general population in the community and provide community-based support for medical and paramedical staff.
- Every branch will have an increased number of volunteers and competently-trained personnel to train others in the areas of psychological support.
- The number of IRCS-trained volunteers will increase to 8,160.

Indicators

- Indicators include an increased community awareness of psychological first aid, an increased number of IRCS volunteers and trainers for psychological first aid, and activities that will be available.
- Each branch will have increased skills and capacity to assess community vulnerability and capacity.

Monitoring and evaluation

The programme manager will be responsible for reporting to the Federation and the IRCS. programme officers will maintain registers of the volunteers in the programme. They will be responsible for updating the registers to include the names of the newly-qualified volunteers and trainers and report to the programme manager.

A schedule of volunteer activities will be submitted to the programme officers once per month from each Branch coordinator. Programme officers will maintain a file record of the schedules and be responsible for handing this information to the programme manager.

Regular visits to observe the activities of the volunteers will be made by the programme manager, programme officers and branch coordinators supported by the Federation health delegate.

Monitoring forms, which have specific information related to activities, will be completed at each visit and submitted in report form through the programme manager to the IRCS and the Federation at regular intervals.

Improvement in overall health status of the community will be monitored through desk research by the programme manager and the Federation health delegate who will maintain close links with the Ministry of Health, UNICEF, NRI, and WHO.

The branch coordinators will liaise with local health staff (PHC directors and others) to regularly discuss any trend changes in the programme and report their findings to the programme manager, who will comment on the findings in interim and final reports.

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

A final report of the programme will be written at the end of the programme period by the programme manager supported by the Federation health delegate.

Terminal evaluation of the programme will take place if funding for continuation of the programme is unavailable at any stage or when Federation support is no longer required. This will be in the form of a written report, and inputs should be invited from representatives of the Ministry of Health, UNICEF, WHO, and NRI at that time.

Critical assumptions

Critical assumptions are that:

- An agreement between the IRCS and the Federation regarding responsibilities, implementation and evaluation will be obtained.
- Links with the Ministry of Health will be maintained.
- There will be no unforeseen expenditures; selected volunteers will continue to be available.
- The Federation will be able to maintain its support to the IRCS throughout the programme period.

Early detection of breast cancer

Background and achievements/lessons to date

Breast cancer became one of the major threats to female health in Iraq after the exposure of the country to tons of depleted uranium during the 1990 war, whereby most malignant diseases have markedly increased, especially breast cancer. Breast cancer became the number one cancerous disease in females, representing 29% of the total female cancers in Iraq in 1998. There was also a change in the pattern of incidence, as 26% of the cases occurred in younger females (younger than 35 years of age).

During the last 12 years, there has been an increased trend in reported cases, with incidents nearly doubling that of 1988, from 646 cases to 1,231 cases.

According to WHO reports, community education and early detection through screening programmes are the major approaches in controlling this disease, reducing its complications, and lowering its morbidity rates by between 20% and 30%.

Breast self-examination ought to be promoted among women age 30 years and older, mainly through the Primary Health Care centers (PHCs), MCH units and women's groups. Accordingly, the Ministry of Health adopted a national plan (initially for two years) targeting 5,081,172 females for early detection of breast cancer mainly by raising the awareness of the disease and the importance of self-examination among females age 15 and older, and the screening of women age 30 years and older, together with proper management of the diagnosed cases.

The Ministry of Health requested that the IRCS and the Federation organise a support programme by utilising IRCS volunteers in the eighteen branches to disseminate health information regarding breast cancer and detection of breast cancer and to teach women how to perform self examinations. The programme period will be for one year, from January to December 2002.

Goal To raise community awareness (with special reference to women) about the disease, and the importance of breast self-examination and the early detection of breast cancer, by way of a social mobilization campaign in all 18 governorates of Iraq.

Objectives and activities

Objective 1 To increase community awareness (especially among women) of breast cancer and promoting breast self-examination for women age 15 years and older.

Volunteers trained in the CBFA, H&NID programme who received additional training in the areas of breast cancer detection (180 = 10 per branch), will engage in two activities per month requiring community participation. The activities will be related to issues that pose a threat to breast cancer and will take place in the PHCs in both urban and rural areas.

Television spots will be created for the main channels of Iraqi television. Printed materials (leaflets, posters) will be distributed among the population.

Objective 2 To improve branch capacity in the area of early detection of breast cancer.

Two workshops will be held in each branch in cooperation with the Ministry of Health in order to train 180 volunteers (10 per branch).

Expected results

- By December 2002, at least 87,000 Iraqi women will receive information regarding breast cancer and the importance of self-examination.
- Death due to breast cancer will decrease.
- Each branch will have an increased number of volunteers and competent trainers to train others in the area of early detection of breast cancer and self-examination.
- 180 volunteers will be available (10 in each branch).

Indicators

- An increased awareness among Iraqi women about breast cancer and detection.
- The amount of women doing breast self-examination will have increased.
- Each branch will have increased skills and capacity to assess community vulnerability.
- Capacity in the medium and long term, less women will die due to breast cancer, which will be shown by statistics compiled by the Ministry of Health.

Monitoring and evaluation

The programme manager will be responsible for reporting to the Federation and the IRCS. Programme officers will maintain registers of the volunteers in the programme; they will be responsible for updating the registers to include the names of the newly-qualified volunteers and trainers and report to the programme manager.

A schedule of volunteer activities will be submitted to the programme officers monthly from each Branch coordinator. The programme officers will maintain a file record of the schedules and be responsible for handing over this information to the programme manager.

Regular visits to observe volunteer activities will be made by the programme manager, programme officers and branch coordinators and will be supported by the Federation health delegate.

Monitoring forms which have specific information related to the activities will be completed at each visit and submitted in a report form through the programme manager to the IRCS and the Federation at regular intervals.

Improvement in the overall health status of the community will be monitored through desk research by the programme manager and the Federation health delegate, who will maintain close links with the Ministry of Health, UNICEF, and WHO.

The branch coordinators will liaise with local health staff (PHC directors and others) to regularly discuss any trend changes and report their findings to the programme manager, who will comment on the findings in interim and final reports.

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

A final report of the programme will be written at the end of the programme period by the programme manager and supported by the Federation health delegate.

Terminal evaluation of the programme will take place if funding for continuation of the programme is unavailable at any stage or when Federation support is no longer required. This will be in form of a written report, and inputs should be invited from representatives of the Ministry of Health, UNICEF, and WHO.

Critical assumptions

Critical assumptions are that:

- There will be an agreement between the IRCS and the Federation regarding responsibilities, implementation and evaluation.
- Links with the Ministry of Health will be maintained; there will be no unforeseen expenditures.
- Selected volunteers will continue to be available.
- The Federation will be able to maintain its support to the IRCS throughout the programme period.

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4. Organizational development

Capacity-building of any national society is not possible without confidence between the partners in our case the IRCS and the Federation. “Trust building” has been a main activity of the Federation delegation in Iraq during year 2000-2001. More workshops with presentations and discussions aiming at creating the right foundation to further move towards real capacity building activities took place in year 2000-2001.

The IRCS completed its strategic development plan in the end of 2001.

The Federation delegation has chosen to reflect Federation Strategy 2010 in its organizational set-up, also the organizational development department was established in 2001. The organizational development department together with the IRCS planning department coordinates the operational activities (disaster preparedness, disaster preparedness and health and care) in order to utilise the capacity building of the IRCS.

The Iraq Federation delegation completed its second CAS in the end of year 2001.

Background and achievements/lessons to date

With health activities such as the CBFA, H&NID and branch development focusing on capacity building at the branch level, the IRCS and the Federation agreed in 2000 to build capacity at headquarters as well.

The main objectives to prepare for a more focused programme in 2001 were to discuss with the newly-elected IRCS board the role of the Movement, mandates, and future cooperation. During several workshops and meetings, issues of relevance to the IRCS were discussed. By the end of the year, it was agreed the following should be the main elements in the organizational development programme in 2001:

- To increase the governance, leadership and management capacity of the national society according to well-functioning national society standards by mid-2002.
- To develop a financial resource system at the IRCS, improving its own financial base and reducing dependency on outside sources by mid-2002.
- To develop a human resource department at headquarters and branches according to well-functioning national society standards as a means to increasing the number of qualified employees and actively recruiting volunteers from all sectors of the community, by 500%, by end of 2001 or mid-2002.
- To further develop the IRCS capacity for effective assessment, implementation, monitoring and evaluation of activities at headquarters and branch level by 300% by mid-2002.
- To rehabilitate and build the IRCS building by the end of 2001.
- To focus on the IRCS headquarters for the rest of 2001 with this programme.

The target groups were IRCS governance and management teams, the IRCS financial resources department, human resources department, IRCS development department, IRCS volunteers and IRCS branches. The last category already receiving support primarily through the CBFA, H&NID and branch development programme and the disaster preparedness programme.

The first capacity-building workshop took place in Baghdad 14-16 May. It was initiated by the regional delegation in Amman and facilitated in a joint regional and country delegation venture. IRCS

headquarters invited all branch directors, the Board and senior administrative employees plus a representative from the ICRC in a joint agreement with the Federation. The workshop, which focused on internal and external environment analyses as a basis for establishing the society's strategic plan, was well attended. At the end of the workshop a "follow up committee" was established. Members from headquarters and branches were to follow up and finalize the preparation of the plan. The Federation delegation is following up on this first workshop with another two planned workshops to be held in late September and November this year. This workshop was followed by another two in September and November 2001.

The IRCS headquarters increased its capacity within general administration, and the continuous capacity building of IRCS headquarters will focus on operational departments.

Goal Build capacity of the IRCS health, disaster preparedness, youth, women and telecommunication capacities to perform as a well-functioning national society by improving quality, impact and sustainability of services at the headquarters and branch level.

Objectives and activities

Objective 1 To establish and develop the health capacity of the IRCS according to well-functioning national society standards by the end of 2002.

Establish and develop a health department at headquarters and the branches in order to implement IRCS health activities (CBFA, H&NID, and polio) cooperation with the Federation health department. This initiative will include management training for the three IRCS hospitals and the consultant clinic.

Training the nurses and department staff at the hospitals and consultant clinic in cooperation with Baghdad Nurse College.

Objective 2 To support the development of the disaster preparedness capacity of the IRCS at headquarters and the branches by the end of 2002.

Establish and develop disaster preparedness department at headquarters and the branches in cooperation with the Federation disaster preparedness department.

Training will include logistics staff at headquarters and the branches in cooperation with the new disaster preparedness department.

Objective 3 To develop a youth department at headquarters and the branches according to well-functioning national society standards in order to increase the number of properly qualified employees and assist with volunteer recruitment from all sectors of the community by 100% by the end of 2002.

Develop a youth department at IRCS headquarters and the branches for the recruitment, training and retention of volunteers. Computer and languages workshops will be held at headquarters for volunteers.

Ten lectures per month will be held on the principles of the Movement and international humanitarian law (IHL) in each branch (10 volunteers X two lectures); these lectures will take place in schools and colleges, as well as rural and urban areas in cooperation with the ICRC.

Two national youth camps (five volunteers from each branch) to exchange experiences, CBFA lectures, disseminate the Fundamental Principles and IHL.

Objective 4 To improve the telecommunication system at headquarters and the branches by the end of 2002.

Improve the telecommunication system of the IRCS by training staff in headquarters and the branches. This initiative also focuses on the maintenance the telecommunications equipment and purchase new equipment if needed.

Objective 5 To rehabilitate and build the IRCS buildings by the end of 2002.

To build six buildings for six branches to be used for offices, training and income-generating activities.

Objective 6 To further increase income-generating activities and to further develop existing income-generating activities.

Acquire computers and furniture for the IRCS Internet cafe and computers for the two IRCS computer centers. Perform tasks to rehabilitate the five IRCS sewing factories.

Expected results

- By the end of 2002, a health department will have been established and staff will be capable of implementing IRCS health activities by mid-2002.
- An increase health services in both of the IRCS hospitals and the consultant clinic will be realised.
- An increase the income from IRCS hospitals and consultant clinic by 15% by the end of 2002 will be realized.
- The disaster preparedness department will be established and staff will be able to implement the disaster preparedness programme by mid-2003.
- The logistics department will improve and be capable of providing service for IRCS activities by the end of 2002.
- A new youth department will be actively planning and implementing ways to attract volunteers, develop their skills, provide the appropriate human resources for the programmes and activities by 100% by the end of 2002.
- A 100% increase in the number of IRCS volunteers will be realised.
- Promotion of the Fundamental Principles and IHL within the community will be increased through dissemination of lectures and printed material (two lectures x 10 volunteers x 18 branch x 12 month x 30 average number of participants).
- Meaning promotion to 129,600 participants by the end of 2002.
- The telecommunication system will improve by 50% by the end of 2002.
- IRCS branches will be provided with qualified staff and volunteers to implement programmes and activities.
- IRCS branches will have their own buildings to be able to implement different activities by 100% by the end of 2002.
- The financial resources department will increase to implement existing and new programmes, maintain existing programmes, which may not get funding in the future (CBFA and DPP), and herewith decrease the need for external financial support by mid-2002.

Indicators

- The health department has the capacity to implement IRCS health activities according to Strategy 2010 and well-functioning national society standards.

- The IRCS has the financial resource capacity to minimize dependence on foreign or government assistance.
- The disaster preparedness department has the capacity to implement disaster preparedness activities according to Strategy 2010 and well-functioning national society standards
- The logistics department has an increased capacity to implement IRCS activities
- The new youth department will have the capacity to assess IRCS needs regarding human resources and act accordingly.
- An increase in the number of IRCS volunteers (now 6,000) will increase by 25%; that the youth department will maintain linkage with the human resources department to update information regarding capacity and implementation of programmes.
- The youth department will inform volunteers regarding developments in the Movement.
- Community awareness of the principles and IHL will increase.
- Communication between headquarters and the branches, as well as among the branches, will improve.
- Expansion of headquarters and branch offices to manage all IRCS activities and training at branch level will occur.
- The IRCS has the financial resource capacity to minimize dependence on foreign or government assistance.

Monitoring and evaluation arrangements

Discussion/evaluation, to determine needed adjustment, between the IRCS Board and top management of the Federation delegation. The programme supervisor/manager will be responsible for reporting to both the Federation and the IRCS. The programme officer will maintain registers of all activities in the programme and will be responsible for updating the registers to include the names of newly-qualified volunteers and trainers and will report the information to the program supervisor/manager as well.

A schedule of volunteer activities will be submitted to the IRCS counterpart each month by each branch coordinator. The counterpart will maintain a file record of the schedules and be responsible for reporting this information to the Federation programme officer.

A schedule of volunteer activities will be submitted to the programme supervisor each month by the programme officer. The programme officer will maintain a file record of the schedules and be responsible for reporting this information to the programme supervisor/manager.

Regular visits to observe volunteer activities will be made by the programme supervisor/manager, programme officer and IRCS counterparts in headquarters. 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 at regular intervals through the program supervisor/manager.

Interim evaluation of activities will occur every six months in the form of written reports compiled by the program supervisor/manager and will obtain feedback regarding the impact of activities on the community.

Final evaluation of the programme will take place if funding for continuation of the programme is unavailable or when Federation support is no longer required. This will be in the form of a written report and input will be invited from representative of the IRCS and ICRC at that time.

Critical assumptions

Critical assumptions are the there will be no unforeseen expenditure and that the Federation will increase its support to the IRCS throughout the programme period. All external factors are assumed constant, financial calculation is on July 2001 prices.

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5. Coordination and management

Background and progress to date

The delegation was established in 1998, and has since facilitated the Federation's support to the IRCS. Since August 1994 the IRCS/Federation implemented major 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, the Community Based First Aid training of IRCS volunteers was introduced in the region. In 1999 the IRCS supported by the Federation was involved in supplementary feeding programmes, the rehabilitation of 12 primary health clinics (PHC's), the supply of basic medical kits for 72 PHCs, the introduction of health, nutrition, information and dissemination, and support for the Mosul I.V. fluid plant. The Federation became more strategic and focused in the implementation of its 2001 programme, and most of the programme activities foreseen for 2001 were implemented.

Goal The main objective of the delegation is to initiate, develop and support the capacity building of the IRCS, through a variety of activities reflecting Strategy 2010 which meets the need for support to the most vulnerable, and to promote the participation of support from partners within and outside the Movement, co-ordinating with the ICRC, national and international NGOs.

Objectives and activities

Objective 1 To facilitate the capacity building of the IRCS through the society's programs within health and care, DP, DR, organisational development, and the Movements' Fundamental Principles.

Activities to achieve this objective are:

- To support the accomplishment of the IRCS five year strategy by March 2002.
- To analyze the PHC rehabilitation and service performance of the society, with the aim of sustaining its services and widening the scope of activities within a community oriented context.
- To continue the organisational development program bringing the IRCS in line with the principles and practice of a well functioning national society.
- To promote the Movement's Fundamental Principles through support, guidance and development of youth and volunteer activities added to the existing program activities throughout the country.
- A high degree of close co-ordination and cooperation with the executive level of the society.
- Promote support to the IRCS.
- Support the development of PHC services and its centres with a wider scale and dimension of activities linking health and care to DR and DP.
- A follow up of the organisational development program as outlined in the plan of action for 2002.
- To initiate youth and volunteer activities as a means to promote the Fundamental Principles and humanitarian values and participation within health and social services.
- Co-ordinate with the ICRC and other partners of the IRCS.

Objective 2 To provide professional guidance and co-ordination to the Society within the implementation of the Federation supported programs.

The activity to achieve objective 2 is to assign highly professional delegates and field officers as counterparts to the national society, assisting in the implementation and evaluation of Federation supported programs.

Objective 3 To promote and communicate the potential for development of the society within the region, in the Movement and to other international partners.

The activity to achieve this objective is to actively informing potential PNSs and NGO`s about the objectives of the national society, through the annual appeals, bilateral contacts, written material, copies of projects and other available documentation.

Objective 4 To perform the functions of a delegation within a regional context with co-ordination of common objectives through the Amman regional delegation.

Activities to achieve this objective are:

- Establish effective lines of information and communication with the regional delegation in Amman, sharing the annual plans of actions of the delegation and the programs in progress according to the established working modalities.
- Interacting with professional delegates within the region as a resource base for the program implementation of the IRCS.

Objective 5 To maintain and increase the delegation performance.

Activities to achieve this objective are:

- Setting standards for professional performance through communication, proper job descriptions, and daily management
- Offering educational and training opportunities to delegates and local staff.

Expected results

- The successful implementation and positive evaluation of the objectives set by the IRCS and the delegation.
- Donor support will be given to the appeal and other Federation supported activities.
- The delegation will be fully funded, covering the annual core costs according to the budget.
- The interaction between the delegation, the national societies and the regional components of the Movement, will result in improved quality and efficiency of the implementation of programs.
- The main objectives outlined in the Strategy for 2010 will be achieved during the period.

Indicators

- The IRCS have developed their capacity within the core areas of strategy 2010.
- The sustainability of the IRCS is shown by positive growth throughout the period.
- The IRCS health programs show an increased community oriented profile.
- The activities and contribution of the youth and volunteers are gradually strengthened within the IRCS.

Critical assumptions

- The success of the delegation depends on its financial and human resource capacities and performance.
- The overall security situation allows the programme to be implemented as planned.

Monitoring and evaluation arrangements

- The degree of achievement will be analysed quarterly and annually through the Federation reporting system on a regional and Secretariat level.
- Continuous communication and follow up with the IRCS will be part of the daily routine of the delegation, focusing on the programs objectives and activities.
- Through workshops and other sorts of sessions that include direct dialogue between the IRCS, the regional delegation, and the country delegation .
- Field visits will be performed on a regular basis.

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PROGRAMME BUDGETS - 2002								
Delegation Iraq								
PROGRAMME	Disaster Resp	Disaster Prep	Health & Care	Human. Values	IDRD	Reg. Co-operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	1'618'000	48'000	0	0	0	0	0	1'666'000
Clothing & Textiles	242'200	76'000	0	0	0	0	0	318'200
Food & Seeds	0	0	0	0	0	0	0	0
Water	0	0	0	0	0	0	0	0
Medical & 1st Aid	77'000	0	0	0	0	0	0	77'000
Teaching Materials	0	90'000	242'460	0	0	0	0	332'460
Utensils & Tools	374'000	106'000	0	0	0	0	0	480'000
Other Relief Supplies	34'000	10'000	0	0	0	0	0	44'000
Subtotal Supplies	2'345'200	330'000	242'460	0	0	0	0	2'917'660
Land & Buildings	0	0	275'110	0	99'000	0	0	374'110
Vehicles	0	48'030	0	0	0	0	0	48'030
Computer & Telecom	14'300	2'500	0	0	48'200	0	0	65'000
Medical Equipment	0	0	0	0	0	0	0	0
Other Capital Equipment	3'000	1'200	29'000	0	15'250	0	3'000	51'450
Subtotal Capital	17'300	51'730	304'110	0	162'450	0	3'000	538'590
Programme Management	218'035	49'050	128'469	0	36'343	0	22'573	454'471
Technical Services	65'268	14'683	38'457	0	10'879	0	6'757	136'045
Professional Services	72'382	16'283	42'648	0	12'065	0	7'494	150'872
Subtotal Programme Support	355'686	80'016	209'575	0	59'287	0	36'824	741'387
Warehousing/Inspection	12'200	500	0	0	0	0	0	12'700
Transport & Vehicles	56'730	26'700	57'000	0	0	0	13'500	153'930
Subtotal Transport & Storage	68'930	27'200	57'000	0	0	0	13'500	166'630
Delegates & Expatriates	102'000	0	103'200	0	0	0	198'480	403'680
National Societies and Local Staff	271'632	119'396	363'271	0	134'560	0	36'960	925'819
Subtotal Personnel	373'632	119'396	466'471	0	134'560	0	235'440	1'329'499
Travel & Related Expenses	18'800	1'200	37'740	0	10'800	0	11'400	79'940
Information	21'040	9'065	121'604	0	24'000	0	2'600	178'309
Consultants	12'000	0	0	0	0	0	0	12'000
General Expenses	18'920	18'660	65'945	0	23'076	0	28'400	155'001
Training Workshops & Seminars	2'000	90'150	400'320	0	124'800	0	3'600	620'870
Security	0	0	0	0	0	0	0	0
Subtotal Training, Information & General	72'760	119'075	625'609	0	182'676	0	46'000	1'046'120
TOTAL BUDGET	3'233'508	727'417	1'905'224	0	538'973	0	334'764	6'739'886