

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

IRAQ

Appeal no. 01.88/2003

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	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care	1,416,505	1,254,137
2. Disaster Management	4,967,417	5,255,562
3. Organizational Development	455,159	313,534
4. Humanitarian Values	156,537	0
5. International Representation	99,544	156,767
Total	7,095,162¹	6,950,000

Introduction

The past two decades were extremely difficult for the Iraqi people. After two wars and 12 years of sanctions, the general situation in the country can best be described as a continuing humanitarian crisis.

The Iraqi Red Crescent Society (IRCS), founded in 1932, was involved in providing humanitarian assistance to the victims of the crisis. The focus shifted from massive food aid/medical programmes to community-based health activities and capacity building. The IRCS was supported, since 1991, in these efforts by the International Federation. Two core activities were identified for the future - health and care and disaster management - with community-based first aid (CBFA) and well-trained volunteers being the solid link between the two programmes.

National context

According to UNICEF (*The Situation of Children*, February 2002), the cumulative negative effects of the war and the subsequent sanctions on the living situation for the population, during the last ten years, have resulted in:

- An increase of 160 per cent of the mortality rate of children under-five years of age, with diarrhoea and respiratory infections accounting for up to 70 per cent of this rate.
- More than one-fifth of all children suffer from malnutrition, and need special therapeutic feedings.
- The lack of safe drinking water is a nationwide problem. Deterioration in the water quality is a leading cause of the increase in childhood diseases and mortality. There are some one thousand water treatment plants that are in need of rehabilitation.

¹ USD 4,868,775 or EUR 4,818,410.

² These are preliminary budget figures for 2004, and are subject to revision.

- The national health service system deteriorated. The number of operational primary health care centres (PHCs) declined from 1,800 to 900 units, due to the setback of the national economy. More than 500 PHCs are in need of rehabilitation and the training needs are high.

The gradual modifications of the Oil for Food Programme were not able to turn the downward trend. Even if signs of improvement of the overall health status became evident, it will require decades of extensive investments for the people of Iraq to reach the point prior to the conflict.

The general political situation in Iraq is complex, with recent US statements interpreted as a prelude to another military intervention in Iraq and with the increased tension in the whole region due to the Israeli-Palestinian conflict. The overall political situation at present can best be described as totally unpredictable.

In light of the worsening political developments during the autumn of 2002, a special action plan was prepared, aiming at accelerating the implementation of the long-term plan for strengthening the capacity of the Iraqi Red Crescent Society to respond to emergency situations. Refresher training of the society's volunteers and procurement of additional disaster preparedness stock is to be carried out as a priority during a three-month period (October/December).

This plan, a result of close cooperation between the Iraqi Red Crescent, the International Federation's delegation and the International Committee for the Red Cross (ICRC) are based on the assumption the present status quo will prevail, even if it is not certain which developments may occur during the implementation period.

The IRCS is playing an important role as the coordinator of humanitarian aid offered by the international non-governmental organizations (NGOs) in Iraq. This is a clear indicator that the IRCS is considered to have a solid capacity within the general national context. This special position also makes it possible for the IRCS to have considerable influence on the overall humanitarian agenda in Iraq.

The IRCS is committed to developing its capacity in line with the framework of national society capacity building. A number of important steps were taken, such as a self-assessment process, vulnerability capacity assessment and the recent evolution of a five-year strategic planning process.

Under the prevailing situation, disaster management (DM) was identified as a priority core activity for the IRCS, short term as well as long term and with a solid link with the health programme of the national society (NS). The health programme, a core activity, developed into a comprehensive process that combines the different community-based activities within the solid frame of a successful CBFA programme.

A persistent delay in the implementation of activities often creates difficulties. This fact is linked to the problematic situation in Iraq which affects the pace at which the NS can implement activities. Hence, although a high level of ambition needs to be maintained in the programme design, there is a need to follow a more flexible approach in order to adjust the plan of action/timetable according to the changing conditions.

One difficulty encountered was the shortage of delegates in the Federation's delegation, which is often associated with visa problems. It should be noted that the commitment by the IRCS to move forward, including facilitation of the Federation's work, did not achieve expected results. The situation is changing for the better and helped by strengthened cooperation between the IRCS, the Federation's delegation and the ICRC.

National Society Priorities

The IRCS was founded in 1932 and has, over the years, been actively involved in assisting the most vulnerable people of the country. Until 1991, the IRCS had only three main branches: Baghdad (headquarters), Mosul (north), and Basrah (south). Following many years of conflict and increased need for humanitarian assistance, the IRCS opened branch offices in the remaining 15 governorates. Consequently, the Red Crescent network today covers the entire country at the central and regional levels and has a strong core of some 3,000 trained volunteers.

The IRCS will continue to provide humanitarian assistance to the suffering people of Iraq with rehabilitation of primary health centres and local water treatment plants identified as the most urgent areas in need of response. Equally important are the continued efforts to improve the disaster preparedness (DP) capacity of the IRCS, both in terms of physical assets and human resource development.

The capacity building process is being addressed as an important challenge at all levels as outlined in the key planning documents of the national society: self-assessment, vulnerability capacity assessment and the draft document for a five-year strategic plan.

The leadership of the IRCS is eager to develop the capacity of the national society by a process in which the Federation is playing an important supportive role. In order to be able to fully achieve the set goals, it is important the members of the senior management of the national societies remain longer in their positions and the turnover of board members is based on a more gradual process.

Red Cross and Red Crescent Priorities

Since 1991, the Federation has been supporting the IRCS. A memorandum of understanding (MoU) was signed in 2001 outlining the areas of cooperation between the national society and the Federation. The next step would be to negotiate a status agreement with the Iraqi government.

The ICRC has a large delegation in Baghdad and sub-delegations both in the north and the south.

In order to further strengthen the basis for the support of the Red Cross/Red Crescent operation in Iraq, efforts are being made to consolidate a network of participating national societies which support the IRCS. Considerable progress was made to improve coordination with the ICRC through a solid trilateral Red Cross/Red Crescent relationship in Iraq. Substantial steps in this regard were already undertaken by the delegations of the Federation and the ICRC with the leadership/management of the IRCS.

Priority Programmes for Secretariat Assistance

The Federation is committed to continue its support to the IRCS in the field of humanitarian assistance and capacity building. The main focus is on two core activities: health and care and disaster management, including strong elements of humanitarian assistance and capacity building to achieve the following:

- increased awareness within basic health and nutrition, first aid and immunization; and
- increased capacity of the IRCS in disaster management to respond to the most critical and potential disasters.

Also of importance in the national context is the promotion of humanitarian values with the objective of increasing public awareness regarding the International Red Cross/Red Crescent Movement's fundamental principles, humanitarian values and work towards improving the lives of the most vulnerable.

The organizational development of the IRCS is an ongoing, long-term, process with its clear objective to operate as a well-functioning NS in line with Strategy 2010, thus maximizing its ability to improve lives of the most vulnerable people

A joint ambition in the ongoing Red Cross/Red Crescent operation is to move in a direction in which the IRCS will take full ownership of its programmes with the Federation playing a more supportive role.

1. Health and Care w [*<Click here to return to the title page>*](#)

Background and achievements/lessons to date

Since 1991, the Iraqi Red Crescent Society, supported by the Federation, provided assistance to the community in areas related to health and nutrition. In 1997, the community-based first aid programme, focused on training IRCS volunteers was introduced the society now leads the Middle East and North Africa (MENA) region in developing and implementing the CBFA programme. The programme involves all 18 branches of the national society.

In 2000, the programme was further developed to embrace three major areas of activities: CBFA training, health education and branch development. Between 1997-2001, more than 2,500 volunteers received basic CBFA training, and some 500 volunteers are planned to be trained in 2002, out of which 1,387 will be trained as trainers. In cooperation with the Ministry of Health, 15 volunteers in each branch are trained as health educators, each of them conducting two lectures monthly (15 more will be trained by the end of 2002, an activity expected to double the number of lectures and beneficiaries).

In 2000 and 2001, as a part of the CBFA programme, the health educators conducted more than 7,390 lectures covering the topics of nutrition, breast feeding, general hygiene, diarrhoea, prevention of communicable diseases and water and sanitation. The total number of beneficiaries in these services is estimated to reach 216,850. In four branches, 30 volunteers were trained in disaster preparedness. After the completion of the 2001 programme, the health educators in several of the branches continued giving lectures voluntarily. The lectures are conducted in the PHCs, schools, villages and mosques, and leaflets are distributed emphasizing important messages from the lectures. In order to develop and strengthen a more integrated approach in disease prevention, health education is implemented as an integrated part of the PHC rehabilitation and water/sanitation programmes.

The integrated CBFA volunteer training and health education are the foundation for the health and care programme, including the following projects:

Immunization Campaigns

In November 2000, the WHO and Ministry of Health requested that the IRCS, as an independent organization, in cooperation with the Federation, be responsible for the monitoring process of the polio eradication campaign. The monitoring role of the NS covers all the governorates in Iraq. The campaigns will continue until the year 2005 at the rate of two campaigns per year with each campaign having two rounds. A total of five million children under five years of age are vaccinated in a four-day door-to-door campaign.

About 550 IRCS volunteers participate in each round as monitors and supervisors and 150 volunteers are participating in the MoH vaccination teams. The IRCS and the Federation have become visible to the people of Iraq in a very positive way through the leaflets distributed and the televised messages shown before and during the campaigns.

When the first measles immunization campaign covering children from nine months to five years took place in March 2002, the IRCS and the Federation were once again requested to be responsible for the

monitoring. Due to the short time period for raising the funding, low-scale monitoring was conducted in all governorates. A second campaign covering children 5-15 (or 18) years old is planned in the beginning of 2003. In addition to the MoH and WHO, the IRCS and the Federation have cooperated with UNICEF at governmental and governorate levels during the planning and the implementation of the campaigns. Efforts are now being made to include this project in the overall national budget for the vaccination campaigns.

Health education on breast cancer prevention

Breast cancer has become a major threat to female health. During the last 12 years, the number of cases has doubled from 646 to more than 1,200. In 2001, the MoH established a countrywide breast cancer education programme. Due to the well-established volunteer health education network all over the country, the IRCS in cooperation with the Federation was requested to participate in the prevention part of the programme. The IRCS responded immediately and two volunteers in each branch were trained to disseminate the importance of breast self-examination for early detection. This project has not received separate funding and has therefore been a low-scale project integrated within the CBFA programme. The benefit and needs for early detection of breast cancer are huge and the project has to expand so that more women learn how to conduct self-examination of their breasts.

HIV/AIDS

In a worldwide perspective, the fight against HIV/AIDS is the Federation's number one priority. Even if the HIV/AIDS problem, in the present national context, is of a relatively low scale in Iraq, the awareness of the potential risks must be increased nationally. Measures are now being taken to raise the level of awareness within the civil society. So far, the HIV/AIDS programme was a regional programme in MENA. In 2002, the IRCS and the Federation received some funding through this programme to integrate HIV/AIDS education into the CBFA and health education structure. Two volunteers (one male and one female) from each branch will be trained as HIV/AIDS trainers, and will then conduct a one-day awareness training for all the volunteers (six courses in each branch). The next step will be to train health educators who can give lectures in secondary schools and colleges.

Land Mine Victims

The IRCS plays an important role in the prevention of the adverse effects of explosive remnants left over from the war, through raising awareness as well as caring for victims of such accidents, through both physical and social rehabilitation. The Federation is providing the support for social assistance while the ICRC supports the other activities. The main objective is to help land mine survivors through small scale, grassroots projects with direct links to the people and the communities.

The programme has two objectives. The first objective is to establish a training centre for war remnant victims to be trained in skills/activities making them able to support themselves financially (income generating for the victims). Computer and sewing training will be the first activities. At the same time, the centre with specialized equipment will be used by the branch to conduct training for the volunteers. The second part of the programme focuses on recruitment and training of land mine victims as IRCS volunteers and as health educators. Preliminary discussions are taking place with the ICRC to establish a training programme for some of these volunteers as mine awareness disseminators. Statistics regarding war remnant accidents are not available; but according to the UNOPS, responsible for coordinating all mine programmes in the three autonomous governorates in the north (including Suleimaniya), approximately 30 new victims undergo rehabilitation programmes every month. In Basrah, no statistics are available but the office of social affairs provided the names of 500 victims who will benefit from such training. Both centres are now under construction and will be operational early in 2003. In addition, a third centre is planned in Missan (south) in 2003. Taking into consideration the experience from this project, a fourth unit is being planned for 2004 (Erbil). In order to achieve sustainability of the centres in the long-term perspective, income generating activities will be developed

for the branch to cover operational costs. Nevertheless, additional contributions for covering running costs will be needed in 2004.

Good cooperation and coordination with the MoH, WHO, UNICEF and ICRC were established and maintained during the last two years in all the health related activities of the NS.

In 2001, the Federation's delegation, in cooperation with the branches, had responsibility for implementing the different programmes though the headquarters of the IRCS took part in the overall planning and decision making. However, the ownership of the national society has increased after a health department was established at the headquarters. The capacity of the department is being strengthened with CBFA, health education and the immunization campaigns/projects which are planned to be handed over to the NS by the end of 2002.

During mid-2002, a comprehensive evaluation of the CBFA and health education programme was carried out in four branches. The evaluation was conducted in cooperation with all Movement components - the IRCS, the Federation and the ICRC. The overall results show that the volunteers have good skills to implement the programme, they are highly motivated and are interested in more training to further improve their skills. Up to 75 per cent of the volunteers share their skills in first aid health education and the knowledge of the RC/RC with a wider pool of beneficiaries including their families, neighbours, friends and colleagues. The volunteer gender balance is about 50/50 in all branches.

The programme evaluation revealed the need for more practical first aid training with an emphasis on basic health and nutrition, strengthening the volunteer network in districts and rural areas, and reorganizing the programme structures in a more flexible way to include the development of new and sustainable activities that can support the self-reliance of the programmes. The 2002 programme is being revised according to the findings. The evaluation report is available and can be shared on request.

Overall Goal

The programmes of the national society are effectively contributing to improving the overall health standards and quality of life of the people.

Programme Objective

The NS has increased capacities to reduce vulnerability to diseases and disasters and improve the social conditions for land mine victims in the country.

Expected Results

- More volunteers are trained and the number of health education lectures is increasing. Each branch has increased its capacity in project management by planning, implementing and monitoring a micro-project within the health appeal for 2003 and 2004.
- By the end of 2003, the health department of the IRCS is a well-functioning department with the responsibility of implementation of all health programmes, and the Federation will be responsible for supervision, monitoring and resource mobilization.
- The IRCS is recognized as an important partner working with the MoH, WHO, and UNICEF in the implementation of vaccination campaigns.
- By the end of 2003, a total of 270 volunteers are trained in breast self-examination techniques, a total of 6,480 lectures are conducted and 130,000 women are taught how to detect breast cancer at an early stage. In 2004, the same number of volunteers (270) are trained doubling the number of lectures and beneficiaries.
- By the end of 2003 (the first year of the appeal), 360 volunteers are trained in HIV/AIDS education and 180 are trained to disseminate HIV/AIDS awareness. As a result of this training, a

total of 4,320 lectures are given and up to 110, 000 school children and students have increased their knowledge about HIV/AIDS prevention.

- By the end of 2003, a total of three training centres are established and 600 victims of land mines or other war remnants are trained in different skills to support themselves financially. By the end of 2004, an additional centre is established with 600 more volunteers trained in different skills.
- By the end of 2003, war remnant victims are trained as volunteers of the IRCS in all 18 branches and are working in mine awareness programmes.

2. Disaster Management w [<Click here to return to the title page>](#)

Background and achievements

The past two decades were extremely difficult for the Iraqi people. After two wars and 12 years of sanctions, the general situation is one of “a continuing humanitarian crisis”.

As a result of the cumulative effects of war and sanctions, the following are priority areas:

- The serious shortage of safe drinking water poses a nationwide problem. Deterioration in the water quality is a principal cause in the increase of childhood diseases and mortality. There are about 1,000 water treatment plants in need of rehabilitation.
- The health service system has deteriorated. The number of operational primary health care centres (PHC) has declined from 1,800 to 900 units due to the setback of the national economy. Rehabilitation of more than 500 primary care centres is needed along with the need to increase the training needs.

A constant threat of military intervention (including bombings) exists in parts of the country especially in the no-fly zones. In addition, natural disasters including floods and droughts affected the country. Iraq was affected by the drought for the past four years and by the flood in Kut City in the Wusit governorate.

Disaster management was identified as a short and long-term priority core activity for the IRCS. The priority is linked with the health programme of the Red Cross/Red Crescent. The health programme, another core activity, developed into a comprehensive concept of different community-based activities within the frame of a successful CBFA programme, and provides the basis for all activities related to disaster management. An important factor in this regard is the same core group of volunteers are engaged in both programmes.

In 1992, the government established a ‘High Committee for assisting the victims of disasters’, responsible for disaster preparedness and response throughout Iraq. The government also appointed the IRCS as coordinator of this committee. Other committee members include the ministries of health, social affairs, trade, directorate of the electricity, water and sewerage authority and the Civil Defence.

All of the members provided the committee with knowledge, experience and capacity as required. The existence of such resources and capacities forms the basis for a concrete disaster preparedness programme where the IRCS can demonstrate its national leading role and implement the Strategy 2010 in relation to disaster management. The branch directors of the IRCS hold similar coordination roles in their respective regions.

The planning and the implementation of the disaster management programme are carried out in close cooperation with the International Committee for the Red Cross in order to ensure appropriate links between the disaster preparedness supported by the Federation and conflict preparedness supported by the ICRC.

The disaster management activities of the IRCS encompass three main priorities, including disaster preparedness, disaster response and rehabilitation:

- **Disaster preparedness**

The IRCS developed a disaster preparedness plan that covers all 18 governorates with skilled management and well-trained volunteers. The plan has a clear emergency profile, aiming at rapid response capacity during the first weeks after a strike and followed by a long-term action based primarily on cross border relief assistance. The emergency disaster preparedness stock quantities were based on a total of 100,000 persons and are to be available in six regional warehouses located in strategic parts of the country.

Training programmes supported by the regional delegation were carried out to improve the disaster preparedness of the IRCS. The first workshop in June 2002, *Setup of Emergency Planning*, was attended by heads of departments at the headquarters level and by all directors from the branches as well as by a representative from the ICRC. The staff and volunteers of the national society were also trained on basic techniques of conducting vulnerability capacity assessments.

In 2001, the Norwegian Red Cross funded two disaster preparedness projects in four governorates: Baghdad, Ninawah, Erbil and Basrah. The staff and volunteers of the IRCS were trained in DP, the logistical capacity was strengthened, four warehouses of the IRCS were rehabilitated and relief materials were provided for 2,000 families. In 2002, part of the relief stock in Baghdad and Erbil was used for floods in Nasiriyah, Kut-area and in the north.

The implementation of the programme in 2002 reached a level of around 20-25 per cent. Depending on the funding situation, it was originally planned that the programme would be fully implemented by the end of 2004, with a clear focus on management capacity, training of emergency teams and completing establishment of the emergency stocks. The following table summarizes the activities undertaken and the outstanding needs in terms of disaster preparedness:

Item	Total Need	Provided	Outstanding Needs
Tent	15,000	1,500	13,500
Blanket	300,000	10,000	290,000
Stove	15,000	5,000	10,000
Heater	15,000	5,000	10,000
Cooking set (two cooking pots, four deep dishes, four flat dishes, four spoons, one knife, two tea pot and one bucket)	15,000	5,000	10,000
Jerry can (20 l)	15,000	5,000	10,000
Kerosene lamp	15,000	5,000	10,000
Towel	15,000	5,000	10,000
Soap	15,000	5,000	10,000

Due to the deteriorating political situation during the last months of 2002, a special effort was made to accelerate the implementation of the DP plan of action with special emphasis on a refresher training course for volunteers and the procurement of DP stock.

- **Disaster response**

Disaster response is the cornerstone of the Federation's appeals launched on behalf of the IRCS during the past four years. Due to the ongoing conflicts and sanctions in Iraq, a large number of people, mostly

the poor or those with limited economic resources, are facing harsh living conditions in different parts of the country.

Since 1997, the International Federation has been supporting the IRCS in implementing major relief programmes to distribute non-food relief items to the internally displaced people (IDPs) in the three northern governorates (Erbil, Suleimaniah and Duhok) taking into consideration the difficult living conditions and the threatening social environment in that part of the country. In 2001, supported by the Norwegian Red Cross, this activity was replaced by a more general *winter assistance project*, targeting some 1,000 families living in very poor conditions. The beneficiaries were provided with blankets, heaters, kerosene lamps, cooking-sets, water tanks, etc. The need for such assistance remains high, especially during the winter period, and not only in the north but throughout the country. The large number of IDPs living in different parts of Iraq under severe conditions is of special concern.

- **Rehabilitation**

Up to 2002, the IRCS and the Federation jointly implemented rehabilitation of 45 PHCs. In 2003/2004, some 35 PHC centres and up to 15 water treatment plants are planned to be rehabilitated. This project was supported by several donors including the Japanese Red Cross, Netherlands Red Cross, and the European Commission's Humanitarian Office (ECHO) and was successful, despite the delay experienced in the process of implementation. The following table summarizes the efforts made over the past few years and the scope of work planned for 2003/2004 in the rehabilitation of the PHC centres and water treatment plants:

<i>Year</i>	<i>Primary Health Care Centers</i>	<i>Water Treatment Plants</i>
1999	12	/
2000	10	/
2001	12	/
2002	11	/
2003	20	6-8
2004	15	6-8

The implementation of the rehabilitation project is having a positive impact on the development of the IRCS at the local level, as the NS plays an important role within the PHC service including health education. The PHCs are also functioning as multipurpose "activity centres" for the Red Cross/Red Crescent, making it possible for the IRCS to strengthen its capacities to work more closely with the most vulnerable people at the grassroots level.

The rehabilitation of the run down water treatment plants is another area of focus which represents an important community priority. Several surveys carried out by UNICEF and other organizations indicate the seriousness of the problem the communities face as regards the poor quality of drinking water. A special technical assessment, launched by the Federation in May and June 2002, highlighted the need to support rehabilitation of community based (small/medium-sized) water treatment plants. This project started with a total of ten units to be rehabilitated during late 2002 and 2003. The project is supported by ECHO and the American Red Cross.

Overall Goal

The IRCS substantially contributes to the alleviation of human suffering through relief and rehabilitation operations.

Programme Objective

The IRCS has a well functioning DM capacity at headquarters and branch levels, including well-trained human resources and emergency stocks for effective rapid response, to plan and implement relief and rehabilitation programmes.

Expected Results

- The IRCS has established comprehensive disaster preparedness plans based on vulnerability and capacity assessments.
- The headquarters of the IRCS (in 2003) and the branches (in 2004) have established DM operational departments, to include skilled staff, communication and early warning systems.
- The number of volunteers (both male and female) of the IRCS, working in risk awareness and emergency response, increases progressively.
- The six regional warehouses are fully stocked and are operational by 2003 with trained staff and volunteers managing the stocks.
- The IRCS has established a radio communication system with a base radio network as well as mobile radio units, in close consultation with the ICRC.
- The quality of the water produced by rehabilitated water treatment plants is improved and meets the standards required for human consumption.
- The quality of the PHC services is improved contributing to the decrease of mortality rate for children under five years of age.

3. Humanitarian Values w [<Click here to return to the title page>](#)

Background and achievements/lessons learned

The promotion of humanitarian values in Iraq, whose population has long been suffering from the consequences of major crises, is of key importance. The IRCS is positioned to take the lead in this challenge due to its nonpolitical and humanitarian agenda, continuous and strong links with the International Red Cross Red Crescent Movement, and its wide grassroots network of volunteers across the country.

The Federation and national societies in Strategy 2010 committed themselves to “raising their voice” about the humanitarian impact of sanctions. Since the Iraqi population was increasingly affected by twelve years of embargo imposed on the country, the national society has played a major advocacy role, targeted at the various components of the Movement, governments and the general public.

Consequently, the IRCS is currently focusing on the promotion of humanitarian values as one of its top priorities. Supported by the Federation, this new programme is to be implemented along with the national society’s traditional core activities, namely disaster management and health and care. It is also strongly linked to the organizational development programme.

Steps were already taken to develop the information and advocacy capacities of the IRCS, but more needs to be done to improve the responsiveness and efficiency of its communication activities system. A limiting factor is insufficient human and financial resources allocated by the NS and its donors for communications. A positive move in the right direction, though, is the joint production of selected information materials between the IRCS, the Federation and ICRC.

Overall goal

Increased awareness of the fundamental principles of the Movement, providing a basis for action against the humanitarian consequences of sanctions in Iraq.

Programme objective

The capacity of the IRCS is increased in order to promote its humanitarian work and the fundamental principles of the Movement.

Expected results

- The information/communication capacity of the IRCS is considerably developed.
- Communications components are integrated into, and technical support provided to all programmes of the IRCS, mainly disaster management and health and care.
- Relations are expanded with the local and international media to secure sustained and high profile media coverage for the activities of the IRCS and the Federation.
- Key stakeholders in the country, such as the authorities, UN agencies and diplomatic missions, etc., have an increased awareness of the activities and humanitarian values of the Red Cross/Red Crescent Movement.
- The IRCS, Federation and ICRC are working closely in promoting a more united and solid image of the Movement in Iraq.
- The effects of sanctions on the Iraqi population are better documented and disseminated within and outside the Movement.

4. Organizational Development w [<Click here to return to the title page>](#)

Background and achievements/lessons to date

Despite the complex political situation and the continued needs for large-scale humanitarian assistance, progress was made within the field of capacity building (organizational development) despite the adjustment of the proposed time frame.

The most important achievement during the 1990s was the establishment of a nationwide regional branch network. Initially, there were three branches and today the IRCS has a total of 18 branches dispersed in all the governorates throughout the country.

Since the beginning of 1997, branch development was an integrated part of the health programme. The majority of the branches are functioning well, but a few are in need of special attention in the upcoming years. In 2000 and 2001, each branch implemented a micro-project with an objective to improve the capacity of the branch in implementing health activities and improving the health situation of its beneficiaries. These projects are a part of the 2002 health programme and are planned to continue in the future. Projects aiming at branch capacity building will also focus on income generating activities.

The capacity building at branch level has been, and still is an area of special priority. Considerable progress was made in this regard taking into consideration the strong motivation within the leadership of the majority of the branches.

As part of the focus of organizational development within the IRCS, the following were identified as priorities:

- a series of discussions are underway regarding the need to improve governance and management;
- a health department was established at the headquarters and preparations are underway to establish a disaster management unit to strengthen the structure of the NS at the central level; and
- additional steps are needed to improve the links between the headquarters and the branches.

Important milestones in the area of capacity building are the self-assessment exercise, the vulnerability and capacity assessment, as well as the preparation of a five-year strategic plan. These three key processes are expected to be consolidated, providing a solid foundation for a focused and structured

approach for the capacity building efforts during the next several years. Based on these processes, the IRCS has developed a projected vision concerning the future focus of the national society.

The overall goal of assistance by the Red Cross and Red Crescent partners is to build the capacity of the IRCS in specific programme areas and meet the humanitarian needs of vulnerable people. The national society will develop a cooperation agreement strategy (CAS). The CAS is a process to enable the priorities of a national society, as expressed in its strategic/development plan, to be fully supported by partners (both Red Cross and Red Crescent and external). Through this process commitment to a shared strategy can be developed that will strengthen the impact of the national society's work in improving the lives of vulnerable people.

Considering the general situation in Iraq, disaster management represents the highest priority in terms of both short and long term considerations, followed by health and care in which the NS continues to play its auxiliary role. This establishes the link with the OD process which needs to focus on providing the necessary capacities for the implementation of the core priorities in terms of service delivery.

Taking into consideration the important process of establishing a strong position on the local level - with the PHCs serving as "RC activity centres"- plans are underway to establish two prototypes of the PHCs in Duhok and Dialla.

As the NS is taking over increased responsibilities for programme planning and implementation, the capacity building support becomes even more relevant for the IRCS to ensure full ownership, with the Federation focusing on its supportive role, which includes monitoring and reporting

Overall goals

The IRCS is able to operate as a well-functioning NS in line with Strategy 2010, thus maximizing its contributions towards the improvement of the lives of the most vulnerable people in Iraq.

Program Objectives

The capacity of the IRCS to implement effective programmes serving the most vulnerable is improved.

Expected results

- The NS develops its Cooperation Agreement Strategy based on the priorities identified in its strategic plan.
- The NS has established an organizational and planning department which is empowered to drive the capacity building process at all levels.
- The NS works on an efficient structure for governance and management to include establishment of disaster management, health and care and information departments.
- The NS has capacities to mobilize the youth in a more efficient way.
- The NS has a formal agreement with the government in defining its auxiliary role in disaster management and health and care.
- The number of volunteers increases by ten per cent in 2003 and by 25 per cent in 2004.
- The IRCS has improved its self financing capacities at the headquarters and branch levels.
- The staff of the IRCS has improved language and computer skills.

5. International Representation w

Background and achievements/lessons to date

The special coordination role the IRCS was given by the government provides ample opportunity to further develop useful linkages with the different international NGOs operating in the country, a relationship that could become very important for the IRCS in the long-term perspective.

The IRCS, supported by the Federation, plays a significant role in rehabilitation of the PHCs in Iraq, both in terms of physical restoration and health education. This experience could provide the NS the opportunity to have additional roles by being a key implementing partner in large scale rehabilitation of the national primary health infrastructure once a normalization process is initiated in Iraq.

The IRCS, in partnership with the Federation, has a well-functioning relationship with both the WHO and the UNICEF within the field of public health, especially with the national campaigns on polio vaccination. Close relationships, such as these, can be of importance in the long-term perspective.

More recently, the IRCS has taken important initiatives establishing links with sister national societies in the region, a process important for building networks for future cooperation. The NS is ready to prepare its staff and volunteers for possible international missions within the Movement.

Despite some positive developments, the IRCS is at times perceived by the international community as an organization too closely associated with the government. This perception is based on the lack of discussion and regular information regarding the work of the IRCS. There is a need for the national society to provide more accurate information about the humanitarian situation in Iraq and the role it plays as an independent organization working according to the fundamental principles of the Movement. The Federation's delegation is expected to facilitate and assist the national society in improving its links, communication and cooperation with organizations to project its true image both nationally and internationally.

Overall goal

The IRCS is recognized as a key partner, both in the national and the international context, in efforts made to improve the situation for the most vulnerable people.

Programme objective

The national society will improve links with local and international partners to benefit sustainable cooperation.

Expected results

- National and international organizations as well as the general public have increased knowledge and understanding about the humanitarian situation in Iraq and the humanitarian work of the IRCS.
- The improved image of the national society is generating positive responses and support to its programmes and, at the same time, laying the foundation for long-term, sustainable partnerships.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.88/2003

Name: Iraq

PROGRAMME:

	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	25,000	225,000	0	0	0	250,000
Clothing & textiles	0	0	739,000	0	0	0	739,000
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	5,250	2,000	0	0	0	7,250
Medical & first aid	0	5,880	24,960	0	0	0	30,840
Teaching materials	10,000	0	0	0	0	0	10,000
Utensils & tools	0	6,000	369,750	0	0	0	375,750
Other relief supplies	0	0	45,000	0	0	0	45,000
SUPPLIES	10,000	42,130	1,405,710	0	0	0	1,457,840
Land & Buildings	15,000	72,000	1,936,100	0	0	0	2,023,100
Vehicles	0	0	0	0	0	0	0
Computers & telecom	38,592	47,195	51,717	25,236	0	760	163,500
Medical equipment	0	0	140,000	0	0	0	140,000
Other capital exp.	10,321	1,000	30,522	5,510	0	68	47,421
CAPITAL EXPENSES	63,913	120,195	2,158,339	30,746	0	828	2,374,021
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	8,466	250,170	104,639	2,914	0	11,790	377,979
TRANSPORT & STORAGE	8,466	250,170	104,639	2,914	0	11,790	377,979
Programme Support	29,585	92,073	322,882	10,175	0	6,470	461,185
PROGRAMME SUPPORT	29,585	92,073	322,882	10,175	0	6,470	461,185
Personnel-delegates	86,400	230,400	417,600	28,800	0	0	763,200
Personnel-national staff	159,840	257,240	329,376	33,600	0	0	780,056
Consultants	50,000	0	0	0	0	0	50,000
PERSONNEL	296,240	487,640	746,976	62,400	0	0	1,593,256
W/shops & Training	12,000	271,740	42,080	10,200	0	10,000	346,020
WORKSHOPS & TRAINING	12,000	271,740	42,080	10,200	0	10,000	346,020
Travel & related expenses	16,000	0	0	9,960	0	30,000	55,960
Information	0	117,800	133,140	19,800	0	25,000	295,740
Other General costs	18,955	34,757	53,651	10,342	0	15,456	133,161
GENERAL EXPENSES	34,955	152,557	186,791	40,102	0	70,456	484,861
TOTAL BUDGET:	455,159	1,416,505	4,967,417	156,537	0	99,544	7,095,162