

# IRAQ

## EMERGENCY ASSISTANCE PROGRAMME

**CHF 8,364,000**  
**160,000 beneficiaries**

**Programme No. 01.44/98**

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The sanctions imposed upon Iraq following the Gulf War will enter their eighth year in 1998. Under their cumulative effect the situation of the Iraqi people has continued to deteriorate, especially in the areas of public health and medical care. The population at risk according to UN statistics is estimated at 3.5 million persons.

The UN Secretariat and the Government of Iraq signed a Memorandum of Understanding on 20 May 1996 on the implementation of Security Council Resolution 986 (SCR 986), known as the "oil for food" resolution. This allows Iraq to sell two billion dollars' worth of oil over a six month period and to use part of the proceeds to purchase food, medicines and other humanitarian goods.

After some delays the implementation of Phase 1 of SCR 986 got under way in mid-1997. Substantial quantities of food commodities began entering Iraq in the second half of the year; medical supplies however arrived much more slowly. In August the government of Iraq and the UN agreed on a second phase of SCR 986 and further phases of the "oil for food" deal may be implemented in 1998.

The purchasing power of the Iraqi Dinar has declined significantly since 1990 and remains unstable. In the last quarter of 1997 some prices increased by 50 - 100%, while some basic food commodities dropped sharply in price. Nevertheless, many families still have insufficient resources to purchase basic family requirements.

Sanctions have brought mass unemployment. Over 80% of the population, including government employees and pensioners, have no income in real terms. As the country's infrastructure progressively deteriorates, basic services such as sanitation and water supplies are failing and most hospitals are functioning at only 30% of their capacity.

The effects of sanctions have permeated most aspects of daily life in Iraq and the longer the situation continues, the higher the toll will be. Although the effects of the "oil for food" deal will help alleviate some of the suffering, at this stage it is too early to fully assess its true impact, particularly in terms of the most vulnerable.

## *The Operation*

The Federation/Iraqi Red Crescent Society (IRCS) relief operation began in October 1994 and has continued through to the present day. It provides basic medical supplies and drugs to hospitals and food aid to the most vulnerable, including supplementary feeding to 46,000 undernourished children.

The Federation is one of the very few international humanitarian organisations based in Baghdad which works in south and central Iraq as well as in the north. In northern Iraq its operation is closely co-ordinated with the ICRC.

Thanks to the donor community's generous response to the Federation's 1997 appeal, the operation was carried out as planned. Food distributions reached more than 350,000 vulnerable persons each month, representing more than 3.5 million beneficiaries for the year and a total of over 16,500 metric tonnes of food transported to Iraq. The medical aid programme distributed a wide variety of medical kits to 22 paediatric and maternity hospitals throughout the country, covering approximately 30% of the needs in these hospitals.

In September 1997 the Federation carried out a medical/nutritional needs review and assessment in Iraq in order to formulate a plan of action for 1998 based on conditions in the country and, as far as possible, the current and future impact of the implementation of SCR 986. It concluded that nutritional and health support will need to continue, at least throughout 1998, but that general food distributions would no longer be necessary.

## *Objectives in 1998*

- | To continue to provide medical supplies and drugs to 22 paediatric and maternity hospitals throughout Iraq;
- | to provide basic medical equipment to 22 paediatric and maternity hospitals;
- | to restore 10,000 severely malnourished children to health;
- | to assist vulnerable groups with a supplementary food ration should this prove necessary, given the oil for food arrangement;
- | to begin a development programme with the IRCS, including institutional and branch development.

## *Plan of Action*

### **Medicines / Medical supplies**

The operation will continue to supply 22 paediatric/maternity hospitals with a range of medical kits every three months. A medical kit contains sufficient supplies for a specific function (e.g. maternity emergency, anaesthesia) for one 60-bed hospital for three months. This medical aid will terminate in June 1998, when it is expected that "986" medical supplies will start arriving in hospitals.

### **Basic Medical Equipment**

The operation will identify and supply basic emergency equipment needed to improve the general health care facilities of these maternity and paediatric hospitals. Since medical equipment is not

covered by the 986 resolution, this equipment will ensure that the expected 986 medical supplies can be properly used.

### **Supplementary Feeding**

In 1998 the operation will specifically target 10,000 malnourished children under five years old to prevent a further deterioration of their condition and to restore them to health. Such assistance will be required regardless of the implementation of the SCR 986 programme.

Malnourished children will be identified at community level by IRCS health volunteers. Each child will receive a daily supplementary food ration of 900 KCal and will be monitored every month at IRCS branch centres. Their mothers will be given a supplementary food ration, to encourage them to feed their children adequately at home, and will receive health education and advice. IRCS health volunteers will make regular home visits to beneficiary families. Beneficiary children will be assisted until they have fully recovered.



### **General Food Distribution**

The benefits of SCR 986 began reaching the entire population from August 1997 onwards, when the government began the distribution of a full adult food ration of 2030 KCal to everyone over the age of 12 months. However, if it is seen that some vulnerable groups are missing out and are in need of food assistance, the operation will provide a supplementary monthly ration of 500 KCal. This programme will be reviewed on a quarterly basis.

## **Development Programme: from Relief to Development**

A full-time Development Delegate will be employed to assist the National Society in Branch development and National Headquarters institutional development, and to build upon projects already initiated in 1996/97.

## ***Capacity***

### **National Society**

Through its involvement in the emergency relief operation the Iraqi Red Crescent Society has developed into an effective operational entity at both HQ and Branch level. Its 18 branches -- one in each of the country's 18 governorates -- are run by motivated volunteer leaders. It has established a high profile within the country as well as among international aid agencies. As the only indigenous organisation working throughout the country, its co-operation is sought by many NGOs in their relief activities. Eighty staff are employed at NHQ. The Society's 18 branches are linked by HF radio; the NHQ has a Pactor link to the Regional Delegation in Amman.

### **Federation**

The Federation's presence in Iraq will be strengthened in 1998 by the positioning of a Head of Delegation in Baghdad, in addition to the three Relief Administrators (one with a health background) already there. The Regional Delegation in Amman will continue to provide logistical and administrative support.

## ***Co-operation***

The Federation co-ordinates closely with the ICRC Delegation in Baghdad and with the ICRC sub-Delegation in Erbil. It attends regular meetings with all UN and humanitarian agencies operating in Iraq. On nutritional matters close contact is maintained with WFP and UNICEF.