



MAAIQ002 Appeal number

2,290,000 Swiss francs funding requirement

94,000 People to be reached

10,940 Volunteers country-wide

IRAQ

IFRC Country Office

2020

BACKGROUND

The IFRC will support IRCS, through the proposed plan, to reach approximately 94,000 people (women headed households, youth, children) in the governorates of Nineveh, Al Muthanna, and Al Basrah. Interventions will include vocational training as part of incoming generating projects, training in Community Based Health and First Aid (CBHFA), providing clean and potable water, rehabilitation of health facilities and education Infrastructure.

Country Profile

Iraq is going through a post-conflict phase, after the declaration of end of the war in December 2017. In 2018, the humanitarian context in Iraq underwent a substantial evolution, as normal life was slowly but surely resuming. Programming pivoted from emergency aid delivery during armed conflict to addressing the needs of millions of internally displaced persons, returnees and other vulnerable Iraqis living in areas impacted by the military operations against ISIL.

However, in October 2019, demonstrations in Iraq that started in Baghdad, and spread to other Governorates in Southern Iraq led to clashes between protestors and security forces, involving in some cases a high degree of violence, resulting in over 300 deaths and thousands injured. The protestors, who were initially mostly young men, were expressing their frustrations due to unemployment and poor public services and demanding national reform. They were joined by University students and members of the community.

According to the 2020 Iraq Humanitarian Needs Overview report published in November 2020, the number of people in need of humanitarian assistance in Iraq decreased 40 per cent in 2020 compared to 2019. The report further states, although the overall number is diminishing, the number of people in acute need remains significant. Of the 4.1 million people in need, 1.77 million people are acutely in need of some form of humanitarian assistance, with half concentrated in only two governorates (Ninewa and Al-Anbar). Of these, more than 816,000 are children.

Furthermore, AlBasrah governorate is facing a water pollution crisis which threatens the lives of the more than 2.5 million inhabitants of Iraq's largest second city. According to statistics from the Health Directorate, Basra's water pollution is staggering chemical contamination which stands at 100% with a level of bacterial pollution reaching 50%.



National Society Profile

The Iraqi Red Crescent society (IRCS) is an Independent, volunteer-based National Society that works to alleviate suffering of the most vulnerable communities in Iraq, as we are part of the international movement of the Red Cross Red Crescent movement and guardian of the Geneva Conventions. Iraqi Red Crescent Society derives its mandate as an auxiliary to the Government humanitarian efforts, through an Iraqi Civil codes Article 131 of 1967, that amended Article 40 of 1934, a further amendment was done in 2001. IRCS maintain its independence from authorities and function as an autonomous, non-political, non-partisan organization. IRCS volunteers and staff are part of local communities and they serve during peace and nature or manmade disaster.

The main programs run by the IRCS are: Disaster Management (DM), First Aid (FA) and preventive and curative health, water and sanitation (WASH), Dissemination of the International Humanitarian Law (IHL), Youth activities, Restoring Family Links (RFL) and Awareness programs for the war remnant (ERWA).

The IRCS, has branches in each of the 18 governorates in Iraq including the capital Baghdad, 77 offices, with human resources of 10,940 volunteers and 2848 staff.

IRCS is one of the few humanitarian actors in Iraq with presence and access in all areas across the country, under its commonly recognized fundamental principles of humanity, impartiality, and neutrality, one of its main advantages over other operational humanitarian actors in Iraq.

Role of the Country office

IFRC takes a lead in providing support to improve organisational efficiency including review and development of the IRCS strategic plan, disaster management, operational efficiency, disaster risk reduction, livelihoods, ICT, health, and strengthening internal and external coordination.

Movement Footprint

The RCRC Movement uses the shared leadership approach in strengthening movement cooperation. The Norwegian Red Cross, support finance development; Swedish Red Cross, together with IFRC, lead in strengthening PMER system; French Red Cross supports water and sanitation; German Red Cross are supporting disaster management; and Danish Red Cross supports IRCS in psychosocial support and cash and voucher assistance.

AREAS OF FOCUS

AREA OF FOCUS
DISASTER RISK REDUCTION
DRR

3,600

PEOPLE TO BE MADE RESILIENT AGAINST DISASTERS.

AREA OF FOCUS
LIVELIHOODS AND
BASIC NEEDS

1,200

PEOPLE WILL BENEFIT FROM PSYCHO-SOCIAL
SUPPORT.

AREA OF FOCUS
HEALTH

38,400

PEOPLE WILL BENEFIT FROM PSYCHO-SOCIAL
SUPPORT.

AREA OF FOCUS
WATER, SANITATION AND
HYGIENE (WASH)

50,797

PEOPLE WILL ACCESS CLEAN WATER, SANITATION AND
HYGIENE PROMOTION.



AREA OF FOCUS

DISASTER RISK REDUCTION

In order to prepare for and mitigate the impact of disasters on the most vulnerable population and be better able to respond to and recover from their consequences, one of IRCS' strategic objectives is to scale up disaster risk reduction activities in high-risk areas which are prone mainly to floods, earthquakes, droughts and other risks as identified in the 2019-disaster risk mapping.

This will include engaging with communities, schools, local authorities and other local organizations to develop community level awareness sessions, contingency plans and carryout simulation exercises.

- Conducting disaster risk reduction awareness sessions in 90 schools targeting 40 students each.
- Contingency planning and simulations at community level.

250,000
SWISS FRANCS
FUNDING
REQUIREMENT



NUMBER OF PEOPLE TARGETED

3,700

NUMBER OF COMMUNITIES TARGETED

7

OUTCOME

COMMUNITIES IN HIGH RISK AREAS ARE PREPARED FOR AND ABLE TO RESPOND TO DISASTERS

OUTCOME

COMMUNITIES IN DISASTER AND CRISIS AFFECTED AREAS ADOPT CLIMATE RISK INFORMED AND ENVIRONMENTALLY RESPONSIBLE VALUES AND PRACTICES

AREA OF FOCUS

LIVELIHOODS AND BASIC NEEDS

The IRCS is targeting 1,200 vulnerable female headed households from (Muthana & Ninevah) governorates.

A total of 60 vocational training and marketing trainings will be implementing to improve income generation and support undertaking of small projects. These trainings will include digital skills, entrepreneurship, hair dressing, and catering to ensure sustainable income generation.

Activities

1. Conducting 60 vocational trainings targeting 20 vulnerable women each.
2. Procure and provide raw materials to start income generating projects.
3. Livelihoods (Micro Small & Medium Enterprises MSME).

600,000
SWISS FRANCS
FUNDING
REQUIREMENT



NUMBER OF VULNERABLE WOMEN TARGETED

1,200

OUTCOME

**COMMUNITIES, ESPECIALLY IN DISASTER AND CRISIS
AFFECTED AREAS, RESTORE AND STRENGTHEN THEIR
LIVELIHOODS**

AREA OF FOCUS

HEALTH

According to experience in CBHFA program and its outcomes in reducing communicable and non-communicable diseases in Iraq, IRCS has designed a new program of CBHFA targeting 28,800 people in Basra and Ninevah governorates. The IRCS health department is focusing on awareness-raising and health education in the local community. The program will include psychosocial support activities which will be integrated in health education and First aid Program.

Despite improvements having been made in water and sanitation conditions, several areas in Iraq including in Nineveh and Basra Governorates are still facing chronic safe water and food shortages, forcing people to resort to unsafe sources. Acute diarrheal diseases remain among the most common causes of health consultations. For example, according to WHO's Early Warning and Alert Response Network, whose reporting sites cover IDPs, refugees, returnees, and host communities, between 2015 and 2018, acute diarrhea ranked as one of the top morbidities in communicable disease reporting.

As part of the overall IRCS health strategy, IRCS has been implementing a community-based health program (CBHFA) in 18 governorates with the training of 10,000 volunteers (CHW). They are provided with an integrated initial training program covering the most salient health issues faced by these communities, including reproductive health, nutrition, childhood diseases, communicable diseases, hygiene promotion, and chronic NCDs, as well as psycho-social support (PSS) including Psychological first aid.

Due to the risk and frequency of communicable diseases especially among the most vulnerable population: displaced and returnee populations, Community Health Volunteers (CHV) also perform a vital role in outbreak surveillance and response, through early identification and health education, good hygiene practices, and food hygiene.

CBHFA is a Movement-developed approach that aims to create healthy and resilient communities through community volunteers. The essence of CBHFA is to empower volunteers from the community to identify issues and become agents that carry out activities and mobilize members of their community on various topics through an integrated approach towards stronger community and better health overall. CBHFA contributes to:

- Enabling communities to identify and address their community issues and health priorities.
- Empowering communities with the knowledge of first aid topics for common injuries.
- Advocating for health promotion and disease prevention.
- Building personal and community resilience through community preparedness.

220,000
SWISS FRANCS
FUNDING
REQUIREMENT



CBHFA is a flexible approach that evolves according to global trends and challenges, community needs and the experience of the volunteers on the ground. CBHFA approach plays a vital role in contributing to the SDGs (Goal 3.5, 3.6 and 3d)¹.

In addition to outreach and health campaigns, IRCS will organize recreational and social events to build cohesion for the affected communities in all implementation areas.

The CBHFA programming improves access to healthcare by providing community outreach, uncovering un or underserved people, and referring community members for necessary services. All community health volunteers will provide public health surveillance. Furthermore, CHVs provide crucial two-way communication between the community and the health system, by raising the awareness and the engagement of community on local health issues, and relaying community input and concerns, improving community accountability and provision of public services.

1. 720 sessions on eCBHFA targeting 40 participants each.
2. Conducting 720 community-based health and first aid workdays for IDPs, returnees and the local community in Ninawa and Basra.
3. Purchasing health awareness materials.
4. Purchasing First Aid training 10 mannequins (adult + infant).
5. Purchasing 10 health awareness mannequins for breast cancer awareness.
6. Health campaign (9,600 beneficiaries (4,000 male – 5,600 Female) 96 working days during 2020 (24 workdays in each sector (Telkaif, Hamdaniya) in Ninawa, and (Fao, Abu Alkhasieb) in Basra.
7. Medical devices (70 blood pressure inspection devices, 70 blood sugar inspection devices, 70 weight balance devices, 70 Length devices).
8. Baseline and end line survey (600 families from Ninawa (Telkief and Hamdaniya) and Basra (Fao and Abu Alkhasieb).
Baseline survey during the first half of 2020, and endline survey during second half of 2020.

NUMBER OF PEOPLE TARGETED

38,400

NUMBER OF COMMUNITIES TARGETED

4

OUTCOME

VULNERABLE PEOPLE'S HEALTH AND DIGNITY ARE IMPROVED THROUGH INCREASED ACCESS TO APPROPRIATE HEALTH SERVICES

¹ WHO, SDGs: <https://www.who.int/sdg/targets/en/> 13 May 2019.

AREA OF FOCUS

WATER, SANITATION AND HYGIENE

The role of IRCS will include the procurement and installation of 10 Reverse Osmosis (RO) stations targeting health centers, hospitals and schools in Nineveh and Muthana governorates- creating water distribution points for neighbor areas which will benefit around 10,000 people. This will include training of the local community to rehabilitate these stations. IRCS will provide spare parts for these water RO stations and water distribution points.

A total of 10 hygiene promotional campaigns will be implemented inside the rehabilitated schools in the targeted governorates and specifically in the fields of water storage, waterborne diseases and rationalization of water consumption. A total of 5,000 health kits will be distributed to the targeted beneficiaries.

1. 5 hygiene promotion trainings targeting 20 participants each.
2. Procurement and distribution of 5,000 hygiene kits.
3. Procurement & installation of 10 RO stations covering 10,000 beneficiaries.
4. Procurement and Installation 80 (1000lts and 500lts) Water tanks, installing water cooler with filters and its connections, FA Box and additional staff, detergents, trash cans.
5. 5 Hygiene promotion sessions targeting 20 participants each.
6. Procurement and distribution of 5,000 hygiene kits.

580,000
SWISS FRANCS
FUNDING
REQUIREMENT



NUMBER OF PEOPLE TARGETED

50,700

OUTCOME

VULNERABLE PEOPLE HAVE INCREASED ACCESS TO APPROPRIATE AND SUSTAINABLE WATER, SANITATION AND HYGIENE SERVICES

STRATEGY FOR IMPLEMENTATION

STRENGTHEN NATIONAL SOCIETY CAPACITIES

Carry out a participatory assessment of the most relevant priorities in terms of core functions and systems for the National Society to develop. Challenges and opportunities will be analyzed building on the results of the OCAC process undertaken in 2014; on the on-going projects supported by different Movement components (e.g. Financial Development and PMER); and in coordination with the outcome of the on-going SAF workshops. The assessment will be articulated within the framework outlined in IRCS Strategic Plan 2019–2023 and will have the goal to underpin systematic and well-designed processes for the functioning of the IRCS.

Design a detailed plan of action for the top organizational development priorities for the coming three (3) to five (5) years, which is consistent with the background set by the IRCS Strategic Plan for 2019–2023.

Identifying an OD Delegate who will be embedded in the IRCS to Support the IRCS OD Department in refining the draft Strategic Plan 2019–2023 and related operational plan with the aim of reaching detailed guidance (also identifying who does what when) for the National Society departments at headquarters and branches + coaching of staff on OD mechanisms and tools.

Presentation on the National Society development plan of action (possibly together with the refined strategic plan) to Movement partners to frame future support.

Training on Movement and effective National Society features for newly elected IRCS board members (including the latter’s roles and responsibilities as National Society Governance).

The IRCS will strengthen the capacity of their staff and volunteers in Nineveh, Muthana and Basra branches. This will include strengthening their knowledge and skills in the areas of results-based project management and communications, setting up monitoring and evaluation tools for the proposed actions, narrative and financial reporting, monitoring and evaluation.

The proposed plan includes strengthening of the IRCS monitoring and evaluation system. The IRCS project staff will be trained on collecting, analyzing and reporting on the progress activities against planned results.

360,000
SWISS FRANCS
FUNDING
REQUIREMENT

NUMBER OF IRCS STAFF AND VOLUNTEERS TARGETED

90

OUTCOME

NATIONAL SOCIETY CAPACITY BUILDING AND ORGANIZATIONAL DEVELOPMENT OBJECTIVES ARE FACILITATED TO ENSURE THE NECESSARY LEGAL, ETHICAL AND FINANCIAL FOUNDATIONS, SYSTEMS AND STRUCTURES, COMPETENCES AND CAPACITIES TO PLAN / PERFORM



Contact information of the IFRC Country office, for partners who wish to find out more

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