


www.ifrc.org  
Saving lives,  
changing minds.

# Emergency appeal operations update

## Iraq: Population Movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n°:</b> MDRIQ008		<b>GLIDE n°:</b> <a href="#">OT-2016-000069-IRQ</a>
<b>Operations update n°:</b> 1		<b>Timeframe covered by this update:</b> 7 July - 17 October 2016
<b>Date of issue:</b> 18 October 2016		<b>Operation start date:</b> 7 July 2016
<b>Revised Emergency Appeal operation start date:</b> 7 July 2016		<b>Timeframe:</b> 9 months; <b>End date:</b> 6 April 2017
<b>Appeal budget:</b> CHF 3,406,903	<b>Appeal coverage:</b> 55%	<b>Funding gap:</b> CHF 1,539,951
<b>N° of people being assisted:</b> 90,000		
<b>Host National Society:</b> Iraqi Red Crescent Society (IRCS): Number of Branches: 18. Number of volunteers: 7,300 volunteers		
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> ICRC, American RC, British RC, Danish Red Cross, Emirati Red Crescent, French Red Cross, German Red Cross, Red Crescent Society of Islamic Republic of Iran, Italian Red Cross, Japanese Red Cross, Kuwaiti Red Crescent, Norwegian Red Cross, Qatari Red Crescent, Swedish Red Cross, Turkish Red Crescent		
<b>Other partner organizations actively involved in the operation:</b> Government of Iraq (Ministry of Displacement and Migration/MoDM, Kurdistan Regional Government of Iraq (KRG-I), UN agencies and clusters		

### Summary

At the time of publishing, the long-awaited military operation to retake Iraq's second city of Mosul was underway, putting more than 1 million people in harm's way and in imminent need of vital humanitarian assistance.

People caught in the crossfire in Mosul face multiple lethal threats and will require safe corridors to enable their passage to multiple staging and screening areas before arriving at designated camps. At each step of the way, they will need essential support in the form of food, water, sanitation, shelter, protection and non-food items.

Iraqi Red Crescent Society (IRCS) stands at the front line of humanitarian response and is working with other humanitarian actors through national coordination mechanisms. In addition to the current emergency appeal, IFRC is ready to support IRCS in scaling-up the response to better address the expanding needs. IFRC is discussing with Movement partners on the best modality for this support.

The current appeal, launched in July has targeted people facing similar threats in Anbar, Nineveh, Salah-al-Din, Baghdad, Babylon and nearby areas. Under the Emergency Appeal operation, more than 60,000 families— an estimated 375,000 people— have received food, NFI, WASH assistance and health care as indicated in



IRCS volunteer providing psychosocial support to vulnerable children (Photo IRCS).

the table below. In most of the cases, people have received more than one type of assistance. For food, IRCS exceeded its target. 14,712 families were provided with basic food items at reception centres, while an additional 6,428 settled and other families were provided with food rations.

For NFI and WASH components, families have received some items of the package according to needs. Therefore, the number of families reached does not necessarily represent the package specified in the operational plan. WASH interventions benefited far more than the targeted number of families, largely due to large numbers reached in Babylon.

Table 1: Summary of number of people reached (as of 5<sup>th</sup> September 2016 estimated 6 people/family))

Governorate	Food	NFI	WASH	Health
Anbar	6,840	17,574	36,840	36,000
Nineveh	37,500	37,500	37,500	4,182
Salah-al-Din	114,228	31,728	114,228	29,700
Baghdad, Babylon, Thiqr, Wassit, Karbala			60,924	-
	158,568	86,802	249,492	69,882

Table 2: Summary of number of families reached (as of 5<sup>th</sup> September 2016),

Governorate	Food	NFI	WASH	Health
Anbar	1,140	2,929	6,140	6,000
Nineveh	6,250	6,250	6,250	697
Salah-al-Din	19,038	5288	19,038	4,950
Baghdad, Babylon, Thiqr, Wassit, Karbala	-	-	10,154	
	26,428	14,467	41,582	11,647

The Iraqi Red Crescent Society (IRCS) has been responding to displaced people's needs in targeted areas drawing on its relief stocks. IRCS continues to seek support from partners in order to continue to respond. Coverage of the current emergency appeal is 55%, thanks to support from American, British, Danish, Japanese, Swedish and Netherlands Red Cross Societies, as well as from the Japanese Government.

In keeping with its humanitarian mandate and role as a first responder in Iraq, the IRCS seeks support to deliver lifesaving assistance:

- **Food:** ready to eat through provision of field kitchen for first 3 to 4 days of any new wave of displacement, and appropriate and culturally acceptable monthly family food ration.
- **Non-food items and emergency shelter:** kitchen sets, jerry cans, blankets, emergency shelter materials and messaging.
- **Water:** bottled drinking water, water trucking and deployment of water plants.
- **Sanitation:** emergency latrines
- **Hygiene:** hygiene and personal care items and awareness campaign

- **Health and first aid:** provisions of first aid kits and supplies, and deployment of medical personnel and trained volunteers to provide health care and first aid.
- **Psychosocial support:** provision of psychosocial support to IDP's and host communities.

On area of coordination, IFRC together with IRCS and in-country PNSs have been participating in coordination platforms such as Movement Task Force (TF) meeting, Humanitarian Country Team, Shelter / NFI Cluster, WASH Cluster and the Logistics Cluster. The IFRC together with the German RC and Qatari RC have actively provided inputs to the Shelter / NFI Cluster emergency shelter technical consultations on multiple solutions for different anticipated settlement scenarios. The Shelter / NFI Cluster has adapted the 'IFRC Emergency Shelter tool kit' with some context modifications as an emergency shelter intervention.

On internal coordination, the Movement taskforce meets every month. One of the outcome of taskforce meeting is 4w matrix to capture, consolidate and present Movement's support to IRCS's operation. The use of the 4W matrix has two purposes:

- It is information and coordination tool.
- It will provide graphical presentations (in map form) and overview of the Movement partners intervention and help them avoid any potential duplication.

Information will benefit all partners to complement each other in operational planning and monitoring. Furthermore, this consolidated information is contribution to regional/MENA mapping.

## A. Situation analysis

### Description of the disaster

During the first half of 2016, humanitarian needs in parts of central and northern Iraq continued to rise as Iraqi state military and allied forces embarked on a military offensive to retake areas in northern and central Iraq including Fallujah, which have been occupied by organized non-state armed groups over the past 2 years. The violence and humanitarian crisis in Iraq remains at alarming levels. Widespread violence puts the overall civilian death toll for 2016 stands at more than 4,446 and more than 9,387 injured.<sup>1</sup>

#### Anbar

The battle for the city of Fallujah led to intense levels of fighting, levelling public and private infrastructure as well as leading to population movements of more than 87,000 people. Most displaced people from Fallujah were taken to Ameriyat al Fallujah, around 30km south of the city. Others fled areas north of Fallujah towards the east, hosted in local schools and in the Al Ahal camp<sup>2</sup>.

#### Nineveh, Salah al-Din, Kirkuk

In and around Nineveh governorate, Iraqi security forces continued an offensive to retake territory which resulted in the displacement of thousands of people in Salah al-Din and Kirkuk governorates. Almost 6,500 Iraqi families from Mosul and Ba'aj districts in Nineveh and from Salah al-Din have fled into Syria. As the battle for Mosul escalates, more Iraqis are expected to flee towards Syria.

The humanitarian situation is fragile in the Fallujah and surrounding areas. Although people are liberated from violence and insecurity, they live with fear of uncertainty for rehabilitation. According to IRCS field assessment, at least 20% people are in need of basic assistance of food, drinking water, and health care.

In some locations, IDPs are ready to return home but they need support for restoration of their shelter, livelihood, water and sanitation facilities. IRCS seeks support to help IDPs for their safe and sustainable return.

## Coordination and partnerships

<sup>1</sup> Estimate based on UNAMI figures and media reports as of 16 September. Data available here

[http://www.uniraq.org/index.php?option=com\\_k2&view=itemlist&task=category&id=159:civilian-casualties&Itemid=633&lang=en](http://www.uniraq.org/index.php?option=com_k2&view=itemlist&task=category&id=159:civilian-casualties&Itemid=633&lang=en)

<sup>2</sup> OCHA Humanitarian Bulletin:

<http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA%20Iraq%20Humanitarian%20Bulletin%20%28May%202016%29.pdf>

The IRCS has been operating in close coordination with various government ministries, UN, International Organizations in the area of geographical coverage, targeting people for different type of assistance, feasible solutions for different settings i.e. camp, non-camps, spontaneous and host communities. Being a key humanitarian actor, IRCS is a member of Joint Coordination and Monitoring Center (JCMC) and Joint Crisis Coordination Centre (JCCC), Emergency Response Committee (ERC) in Erbil, Board of Relief and Humanities Affairs (BURHA in Dohuk), and Joint Crisis Coordination Centre (JCC, in Erbil) and NGO Coordination Committee of Iraq (NCCI). It has been participating in all aforementioned committees/cells and contributing to the efforts of coordinated response plan and implementation.

In addition, IFRC together with IRCS and in-country PNSs have been participating in coordination platforms such as Humanitarian Country Team, Shelter / NFI Cluster, WASH Cluster and the Logistics Cluster. The IFRC together with the German RC and Qatari RC have actively provided inputs to the Shelter / NFI Cluster emergency shelter technical consultations on multiple solutions for different anticipated settlement scenarios. The Shelter / NFI Cluster has adapted the 'IFRC Emergency Shelter tool kit' with some context modifications as an emergency shelter intervention.

On internal Movement coordination, the Movement taskforce meets every month, reviews implementation progress and takes joint decision to further improve cooperation between Movement partners in dealing with resource mobilization conducting with growing needs of humanitarian assistance to be delivered to new influx of IDPs, refugees and host communities. One of the outcome of taskforce is 4w matrix to capture, consolidate and present Movement's support to IRCS's operation. The use of the 4W matrix are two, it is information and coordination tool. It will provide graphical presentations (in map form) and overview of the Movement partners intervention and help them avoid any potential duplication. Information will benefit all partners to complement each other in operational planning and monitoring. Furthermore, this consolidated information is contribution to regional/MENA mapping.

Table 3: The updated table of Movement partners support-

Movement member	Interventions
German RC	Non-Food Items(NFIs), Shelter, Logistics, Health, Cash Transfer Programming(CTP);
French RC	WASH, Relief Logistics, CTP and Capacity-building
Danish RC	Health/ Hygiene and First Aid (FA) , Psychosocial Support(PSS) and Capacity-building;
Italian RC	Food;
Japanese RC	Food ,NFIs, WATSAN
British RC	Food, NFIs Food, Capacity building (Disaster Management, Logistics)
Turkish Red Crescent	Food/NFIs and Shelter
ICRC	Health, Food, WASH, CTP, Logistics, Capacity-building
Islamic Republic of Iran RC	Food
Qatar RC	Food/NFI, WATSAN
Swedish RC	WASH, Volunteer Management, PMER and Emergency response
Norwegian RC	Health Capacity-building, Public health in emergency, relief
Kuwait RC	Food
Turkish Red Crescent	Food/NFIs and Shelter

## Operational implementation

### Challenges

The operation experienced a slow start due to lack of clarity on how procurement would be conducted. Initially procurement of food items was launched by IFRC Global Logistics Service. However, the content of food parcel did not match local requirement and hence it was not endorsed by the IRCS. Instead, IRCS has made suggestion to introduce local procurement of food items to be more appropriate to local context in terms of people food habit, climate, etc. Considering the fact, IFRC changed procurement plan after consultations at various technical levels to introduce local procurement.

Since IFRC does not have its legal status in country to operate with its own rules and procedures, alternative option of procurement through IRCS had to be explored. By the time it reached agreement of local procurement of food items through IRCS, the operation had to make adjustment in distribution schedule with delay of 1 to 2 week. Meanwhile, IRCS has diverted food and NFIs from its disaster preparedness stock earmarked for other regions to Fallujah and surrounding areas through provision of replenishment under the Emergency Appeal. Moreover, delay in obtaining necessary visa and residency for key delegates to support the emergency operation as well as shortage of funding and human resources for filling the gap under surge capacity.

In addition to operational challenge, the Appeal funding coverage is low to address unmet needs of people. Under the circumstances, IRCS with the support of IFRC and other Movement partners continues exploring additional funding opportunities to extend its support to people in need.

## DETAILED PROGRESS BY SECTOR

### Quality programming / Areas common to all sectors

Planned interventions	Implementation
<b>Outcome 1: Continuous assessment and analysis is used to inform the design and implementation of the operation.</b>	
<b>Output 1.1 Participation in assessments and continuous collection of information from local branches</b>	
<b>Activities planned</b>	
Beneficiary Perceptions and Satisfaction Survey	0%
Real Time Evaluation	10%
IRCS/IFRC and in-country PNSs coordinated monitoring mission	0%
Establish a Community Engagement and Accountability mechanism, including information dissemination and two-way communication systems	0%
Workshop for the development of emergency information management (IM) products and systems including regular situation reports and analysis, in-country RCRC 3Ws, and others as relevant	15%
Lessons learnt workshop	

### Progress towards outcomes

IRCS has been continuing field assessment through its branches and relief team deployed in the field to inform further assistance to be delivered to people. Apart from the field assessment, no other activities could not be initiated due to shortage of funding. However, some progress i.e. Terms of Reference of Real Time Evaluation has been prepared. In addition, 4W matrix has been developed to capture and consolidate Movement partner's intervention.

Full implementation of activities will take place at a later stage upon availability of funding.

### Emergency food (cooked food and food rations)

Planned interventions	Implementation	
	Target	Actual
Outcome 1: Food needs of IDPs living in camp, non-camps and host families are supported reduced through provision of cooked food and food rations		
Output 1.1 15,000 families or 90,000 people are provided with two round of food (cooked food for 3-4 days and food ration for 1 month)		

<b>Activities planned</b>		
Beneficiary selection		
Deployment of field kitchen in strategic spots for distribution of cooked food	<b>15,000</b>	<b>14,712 (98%)</b>
Procurement of food ration (relevant to cultural context) as per the Sphere Standard		
Distribution of food ration for 1 month	<b>15,000</b>	<b>6,428 (43%)</b>
Distribution reports		

## Progress towards outcomes

Table 4: Distribution of food

Governorate	Food item	Families reached	
		Emergency Appeal	IRCS
Anbar	Food parcel <sup>3</sup>	1,140	-
Nineveh	Hot meal	-	6,250
Salah-al-Din	Partial food parcel <sup>4</sup>	-	13,750
	Food parcel (out of same families who have received partial food parcel)	5,288	
		6,428	20,000

Parallel to field assessment for multi-sector assistance, IRCS has distributed some basic food items to people as they arrived at reception/screening centres. At a later stage, IRCS has mobilized food parcel to be distributed to families settled into camps or other scenario. During the reporting period, 21,140 families were provided either with basic food items or culturally appropriate food parcel. First round of basic food items took place to 13,750 families or 82,500 people in reception centres, which is estimated to be over 50% people of the first wave of IDPs. Following the distribution in reception centres, IRCS conducted needs assessment in camps, non-camps and collective centres and identified 6,428 families to be assisted with food ration.



IRCS volunteers preparing meals in field kitchen (Photo IRCS).

Targeting of these families were based on 'inclusion' and 'exclusion' criteria-

- inclusion criteria; families living in locations with less access to humanitarian assistance or were yet to be assisted by other agencies
- Exclusion criteria; families already registered or likely to be registered by other agencies.

IRCS continues field assessment to identify gaps of families in need for food assistance. Based on this assessment, another round of food distribution to rest of 8,572 families including 350 returnees will be organized in days to come.

## NFIs and emergency shelter

Planned interventions	Implementation	
	Target	Actual
<b>Outcome 1: IDPs in camp, non-camps and host families are able to live with privacy, safety and security through provision of essential non-food</b>		

<sup>3</sup> Package contains ; Rice ,bean ,lentils ,sugar ,Tomato paste ,Tea ,spaghetti ,noodles and cooking oil

<sup>4</sup> Package contains-dates, cheese, milk (full fat and milk for child feeding) and bread

<b>items and emergency shelter solution</b>		
<b>Output 1.1</b> 15,000 families or 90,000 people received NFI package of cooking set, blankets, water jerry cans & emergency shelter materials i.e. tarpaulins, plastic sheet, etc.	15,000	14,467 <sup>5</sup>
<b>Activities planned</b>		
Beneficiary selection		
Procurement of NFIs and emergency shelter materials (relevant to cultural context) as per SPHERE and local standards		
Deployment of volunteers		
Coordination with Shelter/NFI cluster in delivering appropriate shelter solutions		
Distribution of NFI and emergency shelter materials and support with construction for the most vulnerable		
Distribution reports		

Table 5: Distribution of NFI

Governorate	NFI item	Families reached s	
		EA	IRCS with PNS support
Anbar	Clothes	-	2,679
	Tormis (water cooler )	250	-
Nineveh	Shoes and Clothes	-	6,250
Salah-al-Din	Blankets, kitchen set, Jerry-can, cooking stoves mattresses and clothes	5,288	
		5,538	8,929

Distribution of NFIs to families continues in sporadic manner as the need appear. Corresponding to NFI table above, 14,467 families were provided with NFIs as appropriate to their needs. Thus, either full or some basic items were provided to families on the basis of actual need. With reference to the table 14,467families living in host communities were provided with some essential items such as clothes, shoes while 5,288 families living in camp, collective centre and spontaneous setting were provided with full package of NFIs with a view to help them settle into a temporary setting. The target of 5,288 families for full NFI package in coordination with other actors on the ground in the area of geographical coverage and package to avoid potential duplication of interventions. Based on the ongoing field assessment, families in need of non-food items will be identified and provided with assistance.

### Water, sanitation and hygiene

Planned interventions	Implementation	
	Target	Actual
<b>Outcome 1: Vulnerable people's health and dignity are improved through increased access to appropriate and sustainable water, sanitation and hygiene services.</b>		
<b>Output 1.1</b> 15,000 families or 90,000 people have access to drinking water, hygiene kits and hygiene awareness; communities are supported to reduce open defecation.	15,000	62,214

<sup>5</sup> 5,288 families have received full package of NFIs

<b>Activities planned</b>		
Beneficiary selection		
Essential water supplies distributed to target population through a combination of mechanisms, including but not limited to water trucking, bottled water and mobile water treatment units as available		
Provision of emergency latrine facilities to people in informal settlements where not covered by other actors		
Procurement of locally appropriate hygiene kits		
Distribution of hygiene kits targeting women, adolescent and elderly		
Develop/reprint and distribute IEC materials on hygiene for public awareness		
Distribution reports		

### Progress towards outcomes

Table 6: Water, sanitation and hygiene activities

Governorate	Type of support	Families reached	
		Emergency Appeal	IRCS own resources
Anbar	Hygiene kit	1,140	-
	4 Water tank( distribution centres)		5,000
Nineveh	Bottled water, Diaper and Hygiene kit	-	6,250
Salah-al-Din	Bottled water and pacifier with lactations	-	13,750
	Hygiene kit, and sanitary napkin for women and children	5,288	
Baghdad, Karbala, Thiqr, Anbar, Wassit and Babil	Drinking water through RO units	-	10,154
		6,428	35,154

Prior to arrival of IDPs, IRCS has mobilized WASH capacity i.e. trained volunteers, Reverse Osmosis (RO) units and water truck in pre-identified spots to deliver drinking water, distribute hygiene kits and conduct hygiene awareness campaign. During the reporting period, 41,582 families or 207,910 people were benefitted from water, sanitation and hygiene activities under the Emergency Appeal and IRCS own resources. In addition, 15,248 people were provided with hygiene knowledge i.e. hand wash, waste disposal, safe stock of water and use of hygiene kits during last 3 months. Following activities were carried out during the period-

**Drinking water:** Through deployment of 18 RO units, approximately 35,154 families or 175,770 people were provided with drinking water in 5 governorates (Baghdad, Babylon, Thiqr, Wassit, and Karbala). With RO units, 1 water truck was deployed to transport water to people in remote locations. Every individual has received at least 25-30 liter/day or more depending on needs of family which is above Sphere minimum standards. Since day one, 35 trained volunteers were deployed to operate RO units and distribute water to people. Installation of additional 1 RO unit in Ramadi city centre, Anbar is underway targeting 5,000 people daily for drinking water for returnees conducting recovery stage. Post water distribution beneficiary feedback suggest that people received adequate quantity of water for drinking, hygiene and household use. The risk of water borne diseases was tackled through provision of drinking water supply. The distribution of drinking water through ROs will continue until people find longer term and sustainable solutions.

Having done drinking water distribution at the scale possible, IRCS seek support to enhance its capacity to address unmet and emerging water need in Anbar and Salah-al-Din. In addition, the IRCS is preparing to respond to emergency needs of potential IDPs from Mosul operation. Given the growing needs, the IRCS capacity need to be reinforced by additional 10 RO units and 5 kit 15, water truck and technical training of volunteers and staff.

**Hygiene promotion:** Along with RO units, 42 trained volunteers from 17 governorates were deployed to conduct hygiene promotion among IDPs and host communities. During the reporting period, 15,248 people were provided with hygiene knowledge i.e. hand wash, waste disposal, safe stock of water and use of hygiene kits during last 3 months. Information Education and Communication (IEC) materials developed by IRCS and ministry were disseminated during the campaign. Separate awareness sessions on hygiene care for women and adolescent were held. Promotion of hygiene knowledge was further expanded by volunteers recruited from IDPs and host communities. IRCS weekly monitoring report suggest that people conduct hygiene practice contributing to prevention of diarrhoea disease and cholera epidemic.

The campaign will continue in the form of likely 40 awareness session weekly and dissemination of IEC (information, education, communication) materials to new IDPs and host communities across the governorates.

**Hygiene kits:** Hygiene kits were distributed to 6,428 families or 32,140 people. The hygiene kit contains soap, washing powder, shampoo, cleaning spray for 60 days. The hygiene kit has been contextualized to local culture and practice. Feedback received from beneficiaries particularly women, contents and specifications of hygiene kits are being revised and upgraded to 'dignity kit' as appropriate to typical needs of women. During the distribution, volunteers conducted brief orientation to beneficiaries on what are the items and how to use them. These hygiene kits were dispatched from IRCS pre-positioned stock to be replenished through the Emergency Appeal.

#### Health, first aid and psychosocial care

Planned interventions	Implementation	
	Target	Actual
<b>Outcome 1: Risk of deterioration of health is reduced through provision of first aid, health care and psychosocial support</b>		
<b>Output 1.1</b> 15,000 families or 90,000 people receive first aid, health care and psychosocial support	90,000	69,880 (78%)
<b>Activities planned</b>		
Deployment/continuation of IRCS mobile medical team		
Replenishment/procurement of first aid kits and materials		
Deployment/continuation of IRCS psychosocial support team		
Coordination with government or non-government medical services for referral cases and infection control/public health in emergencies		
Records of medical service and psychosocial care		

#### Progress towards outcomes

Table 7: Health activities

Governorate	Type of support	People reached by IRCS with PNS support
Anbar	Psychosocial support to men and women	8,688
	Psychosocial support to children	6,990
	Health awareness on hygiene care and transmission of diseases	6,704
	First Aid services	3,319
	First aid kit	2,217
	Medical treatment/services	8,081

<b>Nineveh</b>	Psychosocial support	2,136
	First Aid services	747
	Health awareness on hygiene care and transmission of diseases	1,100
	First aid kit	200
<b>Salah-al-Din</b>	Psychosocial support to men and women	8170
	Psychosocial support to children	3959
	Health awareness on hygiene care and transmission of diseases	7,444
	First Aid services	1922
	First aid kit	956
	Medical treatment/services	7249
		69,882

During first wave of IDPs, IRCS has mobilized health care, first aid and psychosocial team to pre-identified spots in governorates of Anbar, Nineveh and Salah-al-Din. Referring to the aforementioned table, approximately 69,880 people including 10,949 children were provided with various type of health care, first aid and psychosocial support. Activity wise description is given below-

**Psychosocial support:** IRCS has deployed 20 psychosocial support team consisting of volunteers and staff in different corridors, reception/screening centres and camps. Since the EA was launched, 18,994 men and women were provided with psychosocial support to help them adapt with new situation of uncertainty, In addition to men and women, 10,949 children either separated from their family or traumatized by violence they experienced were provided support in the form of sports, quiz, toys and other local popular form of entertainment. IRCS will continue this service to people, particularly children until they are able to settle into the new context.

**First aid:** IRCS has established first aid field visits in pre-identified strategic locations i.e. different corridors used for the traffic of IDPs. These first aid field visits are being run by 15 teams of 75 people, each team consists of 5 first aid trained volunteers. They were mobilized from IRCS Anbar, Nineveh and Salah-al-Din and neighbouring branches. During the reporting period, 5,987 people in Anbar, Salah-al-Din and Nineveh with minor injuries and complaints such as burns, trauma were provided with first aid services. The first aid posts are equipped with essential first aid kits and these are replenished on a regular basis.

Considering growing need, the first aid team capacity is being expanded by offering IRCS online basic first aid course (<http://firstaid.3sidedcube.com/iraq>). The content of the online course includes topics related to definition of first aid, step by step learning, how to do first aid in emergencies, etc.

**Mobile health service:** Since 7 July 2016, the emergency appeal was launched; IRCS has deployed 7 mobile health service team in governorates of Nineveh and Salah-al-Din. Each mobile health service team consists of 2 physicians, 1 pharmacist and 2 nurses. These mobile health service teams are equipped with ambulance, essential medicines and medicaments. Approximately, 15,330 people have received different type of health care services in respective gastrointestinal tract, respiratory tract, urinary tract and dermatological diseases. Each team mobile health service handles 100-200 cases every day. In addition, 15,248 people received health awareness related to hygiene care and transmission of disease messages.

### NS capacity building

Planned interventions	Implementation	
	Target	Actual
Outcome 1: NS emergency response capacity to deliver timely and relevant humanitarian assistance through provision of trainings, logistics/warehouse and improved emergency operation centre is strengthened		0
Output 1.1 NS formed National Disaster Response Team and conducted on-job training and refreshers courses of staff and volunteers in relief, assessment, distribution, monitoring, etc.		

<b>Activities planned</b>		
Conduct training needs assessment		
Identify staff and volunteers with right profile (age, education, gender, geography, etc.)		
Develop standard curriculum in coordination with in-country Movement partners		
Facilitate trainings and refresher courses		
Develop a pool/roster of trained staff and volunteers		
<b>Output 1.2 NS established well-functioning operation centres and warehouses</b>		
<b>Activities planned</b>		
Review and update available NS capacity assessment data in DM and Logistics		
As appropriate, provide IT and tele communication tools, and equipment to set up operation centre		
As appropriate, provide equipment i.e. fork lift, truck, fire safety measures, etc. for warehouses		

### **Progress towards outcomes**

Due to low funding coverage, no progress to NS capacity building could be made and IRCS prefers to utilise the available funds in meeting the most vulnerable needs as top priority compared to capacity building issues. IFRC is exploring possible funding windows with Movement partners to support these activities.

On other hand IFRC boosted its capacity in Iraq to support IRCS technically by having the Head of Country Office based in Iraq, Logistics delegate, Disaster Management delegate, Disaster Management officer, Finance and Administration Officer, Mosul Dam Preparedness 3 three consultants, including one national consultant in addition to Operation Manager. In addition the Federation country office receives necessary support and back up from the regional office in Beirut and the Secretariat Head office in Geneva as relevant.

## Contact information

### For further information specifically related to this operation please contact:

- **In Iraq: Iraq Red Crescent Society:** Mohammed Abdulsattar, Acting Secretary General, email: [ircinfo@yahoo.com](mailto:ircinfo@yahoo.com) or International Department [ircs\\_int\\_dep@yahoo.com](mailto:ircs_int_dep@yahoo.com)
- **In Iraq: IFRC Country Representation:** Mohamad Babker, Head of Country Office Iraq mobile: +964 782 7843 674; Email: [mohamed.babiker@ifrc.org](mailto:mohamed.babiker@ifrc.org)
- **IFRC MENA Regional Office, Beirut:** Mads Brinch Hansen, Head of Emergency and Crisis Unit, phone Mob. +961 76 174 468; email: [mads.brinch@ifrc.org](mailto:mads.brinch@ifrc.org)

### For Resource Mobilization and Pledges:

- **IFRC MENA Regional Office, Beirut:** Bayarmaa Luntan, Head of Partnerships and Development, Mobile +961 79 301 195; Email: [bayarmaa.luntan@ifrc.org](mailto:bayarmaa.luntan@ifrc.org)

### For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **IFRC MENA Regional Office, Beirut:** Robert Ondrusek, PMER Coordinator, Mobile: +961 79 300 561; Email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)
- **IFRC MENA Regional Office, Beirut:** Nadine Haddad, Senior Officer, PMER, Mobile: +961 71 802 775; Email: [nadine.haddad@ifrc.org](mailto:nadine.haddad@ifrc.org)

## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.