



# IRAQ Unified Plan

## Mid-year report 2023

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## Overall progress

The protracted humanitarian crisis in Iraq remains one of the largest and most volatile in the world. After years of armed conflict and instability, the health sector in Iraq is struggling to meet the dire needs. The political, economic, and social instability in Iraq is challenging the humanitarian response. The people most in need of such assistance continue to be those directly affected by the conflicts and recently affected by the pandemic compromising of IDPs, refugees, returnees, and host communities in and out of camps.

### Post-conflict recovery

As of 2022, some 2.5 million people in Iraq need humanitarian assistance, including over one million internally displaced persons (IDPs) who have not yet found a sustainable path back home after the conflict with the Islamic State of Iraq and the Levant (ISIL). People in need are present in nearly all of Iraq's eighteen governorates, but vulnerabilities continue to be highest in the conflict affected governorates of north and central Iraq. 66 percent of these IDPs hundreds of thousands of people first fled their homes eight years ago. While some have managed to create lives of relative stability in displacement, the most vulnerable among them live in critical shelter such as abandoned or unfinished buildings, including informal settlements, lacking access to health care or sanitation facilities, and facing increased food insecurity and heightened protection risks. Four years after the conclusion of the large-scale military operations against the Islamic State of Iraq and the Levant (ISIL), significant progress has been made in Iraq, enabling more than 80 per cent of the 6.1 million people displaced to return home, and slowly bringing many of those directly impacted by the ISIL crisis back towards parity with other Iraqis. However, at the same time more than one-million people remain in protracted displacement, and deep and acute humanitarian vulnerabilities still persist among a segment of those directly impacted by the horrific suffering, widespread destruction, and displacement, which took place during the 2014-2017 ISIL crisis. This includes people who live in critical emergency shelter, lost their civil documentation during the crisis, or whose access to essential services or livelihoods opportunities remains compromised due to the large-scale destruction and displacement that took place during the ISIL crisis, and therefore rely on harmful negative coping mechanisms, including those that result in significant protection concerns, such as child labour and early or forced marriage. These population groups continue to require lifesaving and life-sustaining humanitarian assistance to live in safety and dignity in their displacement and return locations, to be able to access essential emergency services, and to meet their most basic survival needs and reduce reliance on harmful negative coping mechanisms.

The scope of Iraq's humanitarian needs has shifted into a new phase, with no unanticipated adjustments reported to have had a significant influence on the humanitarian situation. Even though the number of people in need has decreased by 41% to roughly 2.5 million people since 2021, and the number of people in acute need has decreased to around 1 million, the severity of their needs has worsened. Displaced communities are typically forcibly repatriated to areas with insufficient access to essential services, deteriorating infrastructure, and unmet housing, livelihood, and protection needs as camp closures continued until 2021. People lost their livelihoods and income due to the COVID-19 pandemic, resulting in increased use of negative coping mechanisms among the most disadvantaged. Furthermore, because of the heightened socio-economic vulnerabilities during the previous year, the populace is seeing an increase in mental health challenges. Due to protracted lockdowns, an increased risk of gender-based violence (GBV), a lack of access to essential services, and a lack to education have been recognized as important protection issues within the community.

The many years of continuous conflict and economic stagnation in Iraq have affected nearly every aspect of the Iraqi society. Many lost their ability to recover economically and their resilience to overcome the crisis, as it affected their access to food, safe drinking water, protection, education, hygiene, and shelter. A great number of vulnerable households had to adopt some survival measures, such as reducing the number of meals, neglecting health care needs, accumulating debts, and more worrying, some households were forced to evacuate their housing units, as they were no longer able to afford the rent. All this has affected mental health and increased the fragility of vulnerable groups. The concern is people's access to food in the medium and long runs. The significant slowdown of all the world economies, and especially the economies of the most vulnerable ones will make Iraq, which is a

food import-dependent country, to struggle to have the needed resources to buy food. Legal and community-based support is still scarce. Health care, education, and water and sanitation services, which were already lacking prior to the COVID19 outbreak, are still inadequate in the aftermath of the pandemic.<sup>1</sup>

Considering the evolving context, and particularly the accelerated efforts towards durable solutions, including the development of a Durable Solutions Framework and the launching of the United Nations Sustainable Development Cooperation Framework (UNSDCF), and cognizant that many of the remaining challenges require long-term structural solutions beyond the humanitarian response, the humanitarian community in Iraq refined the criteria for assessing humanitarian needs. The revised criteria aimed to better identify people with the highest levels of vulnerability, particularly those with many needs, focusing on those needs that are a direct result of the ISIL crisis's impact. Meanwhile, the Government of Iraq continues to work towards ending displacement, and through accelerated joint efforts, with the support of the international community, progress is foreseen over the next year to facilitate return and advance durable solutions for the ISIL affected populations.

### **Healthcare**

After decades of war, sanctions, and occupation, Iraq's health services are struggling to regain lost momentum. Many skilled health workers have moved to other countries, and young graduates continue to leave. Despite much rebuilding, health infrastructure is not fully restored. National development plans call for a realignment of the health system with primary health care. Yet the health-care system continues to be centralized and focused on hospitals. These development plans also call for the introduction of private health care as a major force in the health sector, but much needs to be done before policies to support this change are in place. New initiatives include an active programme to match access to health services with the location and needs of the population.

The ongoing COVID-19 pandemic caused considerable disruptions to the provision of health services. Health services have deteriorated, and the sector has faced continuous shortages in drugs and other supplies. The limited availability of primary healthcare services, the lack of sufficiently trained health personnel, the destroyed or inadequate healthcare infrastructure and shortages of medicines and medical supplies weakened the health system. Furthermore, the healthcare system always faced additional pressure due to different critical incidents and violent crackdowns in the country. COVID-19 stretched these services further hitting the public health care system particularly hard, which exacerbated pre-existing vulnerabilities among conflict affected populations, resulting in the increased use of negative coping mechanisms.

There are capacity constraints related to overall governance, financial management, human resources management, procurement, surveillance, monitoring and evaluation, and laboratory services. Despite these challenges, the Ministry of Health and Environment, with support from the Iraq Health Cluster has continued efforts to improve routine health care, public health functions and health system development<sup>2</sup>. Current government efforts focus on the health sector's development, with a focus on enhancing the HIS and generating evidence for decision-making. In line with current efforts to respond to national, regional, and global demands for reliable and timely health information, this comprehensive assessment aims to align national efforts to improve health outcomes with accelerating progress towards universal health coverage.

### **Climate and environment**

Iraq faces a unique set of environmental challenges, the impacts of changing weather patterns have already been felt in recent years, with increased frequency and intensity of extreme weather events and rising environmental degradation throughout the country. As demographic growth puts further strain on natural resources that are becoming increasingly scarce, the government's capacity to devise and implement the necessary adaptation and mitigation policies is hampered by a daunting context of post-conflict reconstruction. The water crisis in the country is expected to persist and may have humanitarian,

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<sup>1</sup> Sida: Iraq Humanitarian Crisis Analysis, March 2022

<sup>2</sup> The Iraq Health Cluster consists of international nongovernmental organizations, local nongovernmental organizations and United Nations agencies.

economic, security, and social ramifications, including population movements. The most serious long-term threat to the country, however, is the potential economic impact and environmental devastation caused by climate change. According to the UN Environment Program, Iraq is the fifth most vulnerable country in the world to the effects of climate change. Extreme heat is becoming more common, drought is becoming more frequent, and dust storms are becoming more intense, affecting 39 percent of Iraq's territory, and increased salination threatens agriculture on 54 percent of the land.<sup>3</sup>

Iraq is ranked 119/182 in the ND-Gain index, reflecting that the population is highly vulnerable to climate change with a low level of readiness. Climate change induced disasters have different impacts on various segments of the population, depending on their level of exposure to hazards and threats, their vulnerability and ability to cope with adverse impact of disasters and the level of community resilience. With fewer resources to buffer against shocks and low investment in mitigation, the most vulnerable families suffer disproportionately when disaster strike and among them vulnerable groups such as women (especially widows), children, people with disabilities, the elderly, landless tenants, and sharecroppers are the most affected.

Further intensified climate change effects and water shortages will decrease agricultural production. Even before the recent disruptions in global food supplies, Iraq faced significant food security risks as domestic food production fell short of demand from the country's rapidly growing population. Across the region, rising temperatures, record low levels of rainfall, and drought are depriving people of drinking and agricultural water. It is also disrupting electricity as dams run out of water, which in turn impacts the operations of essential infrastructure including health facilities. Higher temperatures caused by climate change increase the risks and severity of droughts. In Iraq, the loss of access to water from the river, and drought, threaten more than seven million people. Some 400 square kilometers of agricultural land risk total drought. In Iraq, the loss of access to water from the river, and drought, impacted more than seven million people. The large swathes of farmland, fisheries, power production, and drinking water sources have been depleted of water. In the region, Tigris and Euphrates rivers are currently experiencing drought conditions, resulting in lower river flow, and affecting dam storage.

Drought has been a severe recurring phenomenon in Iraq over the last two decades due to climate change, although Iraq has historically been one of the most water-rich countries in the Middle East. Balancing the needs of the environment and agriculture in Iraq is a challenge, and the Iraqi government lacks a clear management plan for the future.<sup>4</sup> With water depletion, there are security risks associated with water depletion, which could be exacerbated by drought and climate change.<sup>5</sup>

## **Disasters**

Due to extreme risks in Iraq, disasters will continue to occur continuously for the foreseeable future.<sup>6</sup> Increasing disaster occurrence and loss, therefore, is a predictable variable, which must be factored into planning and programming decisions. It is necessary, therefore, to assist the communities to strengthen their capacities to minimize loss and suffering when disasters do occur, through disaster risk reduction activities, early warning information into effective disaster preparedness planning and increased capacity of institutions for emergency management at all levels. Disaster risk reduction interventions aim to minimize the effects of natural hazards on communities by reducing their vulnerability to loss of life and livelihoods, within a broad context of sustainable development. This may include protecting and diversifying livelihoods, for example through crop diversification and tackling chronic food insecurity. Tackling the causes of hazardous events is also crucial, for example reducing the likelihood of landslides through reforestation or ensuring appropriate cropping and water-use practices in drought-prone areas in the country.

## **Security**

Sectarian identities still damage social cohesion in specific locations. The security situation is continuously precarious. Iraq is considered one of the most high-risk countries by the INFORM index

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<sup>3</sup> Climate change in Iraq: June 2021

<sup>4</sup> Ensuring Iraqis' access to clean water in times of scarcity: Submission to the United Nations Universal Periodic Review 34th Session, 4-15 November 2019

<sup>5</sup> UNDRR: Special Report on Drought 2021

<sup>6</sup> The state of disaster risk reduction in Iraq, 2009

due to the growing likelihood of conflict. In the last decades Iraq has faced serious security threats, in addition to indirect security threats such as environmental degradation. However, the securitized lens through which this latter has approached Iraq has led to its prioritization of security and economic interests. The political situation in Iraq remains unstable, destabilized by pervasive corruption, and the overall security situation continues to pose major challenges. On Transparency International's corruption perception index, Iraq is placed 160 out of 180 nations. Many partner organizations believe that further instability and weak state structures are inevitable in the future, posing a threat to the efficiency of the humanitarian response.

The situation in Iraq is punctuated with episodes of extreme violence, which requires the implementation of stringent security measures to operate. Besides the complex humanitarian situation compounded with acute watery diarrhea (AWD) and Cholera outbreak, there are several risks directly associated with the outbreak, including COVID-19, protracted droughts, and Crimean Congo hemorrhagic Fever (CCHF), affecting the whole country in general, as well as the weak community-based surveillance and health management information systems (HMIS). Potential resurgence and new waves of COVID-19, predictable during these days, could potentially further overstrain the fragile health system. A further security situation could also be the main risk for this operation.

### **Humanitarian response**

The humanitarian response in Iraq is characterized by various challenges. It has been found that response gaps are mostly due to lack of funding, access, partner presence, camp closures and reprioritization of beneficiaries, or COVID-19-related challenges. Although the situation in Iraq remains precarious, there is a general agreement that the focus should shift from humanitarian assistance to longer-term objectives and interventions. Many of the current strategic partners in Iraq are focusing on long-term solutions in addition to their core humanitarian programming. However, community tensions, IDP and returnee intentions and protection risk for the displaced have not driven planning processes. As a whole, the international community is struggling to develop programmes that both meet humanitarian needs and strengthen the resilience of Iraqi communities.

The government of Iraq has traditionally responded reactively to disasters associated with flooding, earthquakes, drought, conflict, and industrial accidents. However, the institutional capacity of the state to effectively manage disaster risk and climate change was inhibited during the post-war transition. Moreover, it appears that the absence of a national platform to coordinate the efforts of institutions at all levels of government poses serious limitations for existing institutional and legislative systems for disaster management and climate actions.

However, long-term solutions are thought to be better governed by other strategies than humanitarian ones, and thus the next few years will most likely be a period of consolidation and phasing out. There is an opportunity to build synergies between strategies and programs through close collaboration between the humanitarian organizations and other partners in Iraq. At the same time, a general decline in international support for Iraq is foreseen, thus it is anticipated that an exit of actors is to be seen.

Humanitarian funding in Iraq is declining dramatically. Current funding is insufficient to maintain core services in IDP camps, much less fill the gaps in public services. Humanitarian organizations have recorded a deterioration of living standards in affected communities and certain IDP camps with gaps in service attributed to lack of funding evident in several camps. Shortfalls in food, WASH and health services are particularly critical. Partners note an increase in higher household debt levels and negative coping standards in the camps most affected by the service gaps. The humanitarian organizations are working towards understanding community and conflict dynamics to engage vulnerable conflict-affected women in the economic life. A key element of this is influencing local communities and in turn, other agencies, to advocate for gender-sensitive livelihoods programming in such a fragile context.

The humanitarian community in Iraq has taken several steps in support of the transition and scale down the collective, whole-of-system, international humanitarian architecture. In recent months, the United Nations and its humanitarian partners have conducted discussions with key counterparts to address funding shortfalls that were leading to gaps in services in several communities and camps for internally displaced persons (IDPs). Robust advocacy undertaken by the humanitarian community in Iraq has

since secured anticipated financing to bridge the immediate service gaps. Nevertheless, challenges remain for medium-to-long term scenario planning, and more acute crises in other parts of the world compete for limited global resources.

## IFRC Network Action

### Sectors of intervention



#### Livelihoods

##### Objective:

*Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods.*

Iraq confronts multiple challenges caused and exacerbated by climate change, including prolonged heat waves, declining precipitation, loss of fertile land, salinization, insufficient infrastructure investments, transboundary water shortages and a prevalence of dust storms. Water scarcity, the removal of topsoil and decline in land productivity have led to reduced food production in Iraq. Drought conditions in Iraq have been exacerbated by the threat of climate change, which has contributed to record low rainfall and increasing temperatures throughout the country. The drought has affected northern Iraq since early 2021, while governorates in the South have witnessed decreased water supply and quality for several years. Crop and livestock production have since plummeted, impacting vulnerable communities that have been affected by conflict and displacement over the last several years. At least seven million people in Iraq have been affected by the drought in recent times which took a massive toll on access to water, food, basic services such as electricity, in addition to farmer livelihoods. These circumstances have had a significant impact on livelihoods and have exacerbated food insecurity. As the pandemic greatly affected people's purchasing power and ability to secure food for their families. IRCS distributed food parcels to the most vulnerable families to close the basic nutrition gap created by financial circumstances. With the support of the Ministry of Planning and public authorities, the most vulnerable communities were selected based on surveys and statistics highlighting the areas with highest COVID-19 incidence as well as highest poverty rates.

A total of 11,000 families (66,000 people - male: 33,462 and female: 32,538) received a one-time food parcel, the latter being in line with the Ministry of Health quality standards for consumables. All foods were tested for quality control prior to distribution, and all manufactured goods were purchased with a minimum of 12 months expiry date. The 11,000 food parcels that were distributed contained the following items:

Content of food parcels	Quantity
Rice	5 kg
Cooking Oil	1 ltr
Tomato Paste	830 gms
Sugar	1 kg
Salt	750 gms
Chickpea	1 kg

Lentils	1 kg
Beans	1 kg
Tea	200 gms

IRCS has distributed Agriculture input to 200 farmers families affected by the drought to address the challenges facing agriculture and improve farmers' outcomes. Orientation trainings were conducted with the local communities in vegetable gardening including climate smart practices, soil, and water conservation, targeted 200 farmers in four governorates how to increase agricultural productivity and addressing food security challenges.



## Health & Care

*(Mental Health and psychosocial support / Community Health / Medical Services)*

### Objective:

*Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening*

Conflict in Iraq resulted in the destruction and damage of hundreds of ambulances.<sup>7</sup> Referral services in camps and areas of return have been compromised due to the shortage of ambulances, exacerbated by the increasing number of returnees and internally displaced persons (IDPs) in need of emergency referral services. People resettling back face difficulties in accessing referral services. Ambulatory care services are pivotal to providing a service for those with urgent and life-threatening health conditions. Accordingly, the project will procure and buy medical equipment (Continuous Positive Airway Pressure (CPAP), Endoscopy Machine, Ligature System, Infant Baby Incubator and Mammography System) and two fully equipped ambulances to be operated and managed by the IRCS to support ambulatory services in the country. With the growing need to assist the vulnerable communities to access health and medical services that can save lives and treat their conditions with the best approach to ensure full respect of human lives. With the decline in the medical and surgical services provided by the Iraqi Ministry of Public Health and overwhelmed facilities with COVID-19 cases mandate finding accessible accredited medical and surgical services especially in urgent trauma and accidents. Since the Iraqi government's health system is lacking the enough and proper medical equipment and diagnostic tools, this utmost need in emergency cases is considered a fundamental component of health systems in IRCS hospitals as they are essential to prevent, diagnose, treat, and rehabilitate illnesses and diseases in a safe and effective way. This equipment needs to be installed within this phase of the 16-beds

<sup>7</sup> Press release: The World Health Organization, Baghdad, Iraq, 12 June 2019

emergency ward construction at the Iraqi Red Crescent hospital which is also supported by the Government of Japan.

**Activities:**

- Procurement of two equipped ambulance vehicles for IRCS health services.
- Procurement of medical equipment for IRCS hospital.

**Building Trust during the COVID-19 Pandemic in Humanitarian Settings (USAID / BHA) programme:**

COVID-19 revealed structural weaknesses in health systems worldwide and negatively impacted individuals, societies, and economy in Iraq. Having been heavily impacted like other countries in the Region, Iraq is determined to take transformative action to build a stronger, more resilient health system that can better prevent, prepare for, and respond to future shocks while maintaining essential health services. Investments in health system resilience have the potential to improve health and productivity, reduce mortality and morbidity, and enable equity and public trust not just during crises but also between them.

Iraq witnessed two outbreaks in 2022, namely Crimean-Congo hemorrhagic fever and cholera, with 380 confirmed cases of Crimean-Congo hemorrhagic fever and more than 3,400 confirmed cases of cholera reported all over the country. Additionally, the COVID-19 pandemic continued in Iraq with two waves in 2022. The communicable diseases surveillance programme was implemented to support the Ministry of Health in controlling these outbreaks, ensuring the availability of diagnostic kits for early detection and confirmation of cases, and sustaining the delivery of public health services. The IRCS under Building Trust during the COVID-19 Pandemic in Humanitarian Settings (USIAD / BHA) programme carried out several activities to build to build trust in public health responses through Risk Communication and Community Engagement (RCCE) campaigns became a cornerstone of IRCS's work, seeking to enhance community participation in preparedness and response to various health issues, including emergencies and outbreaks. IRCS has been reached out total of 208,394 (male: 114,171 and female: 94,223).



**Water, Sanitation and Hygiene**

**Objective:**

*Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions*

The IRCS staff and volunteers are involved in the Building Trust during the COVID-19 Pandemic in Humanitarian Settings (USAID / BHA) programme including COVID-19, Cholera and Crimean-Congo hemorrhagic fever (CCHF) and water-borne diseases. IRCS has been incorporating hygiene and health promotion activities in this programme in line with the revised plan and hygiene promotion activities. IRCS has been involved in delivery the messages during shrine visits to Karbala and Baghdad. IRCS aims at enhancing the overall well-being of the affected families through a comprehensive WASH and health activities with engagement of 53 volunteers and staff from the local branches, which improve people's hygiene behavior and prevent the spread of disease. These hygiene promotion activities enable people to prevent water, sanitation, and hygiene-related diseases by mobilizing and engaging the population, their knowledge, and resources.



## Disaster Risk Reduction and Climate Change Adaptation

### Objective:

*Communities take action to increase their resilience to evolving and multiple shocks and hazards environmental crises.*

Iraq is at risk of multiple disasters ranging from natural disasters such as droughts, sandstorms, heatwaves, floods, desertification, and epidemics, all the way to man-made ones. Due to its diverse topography, Iraq is exposed to multiple natural hazards. Floods and epidemics pose the greatest risks in the country, followed by earthquakes and droughts. Changing weather patterns are likely to lead to more extreme weather events and an increase in the number and magnitude of weather-related disasters. Climate change continues to evolve as a critical threat to the development in Iraq, fueling conflicts, humanitarian sufferings, and population displacement. Iraq is frequently at odds over water issues, the country depends on the Tigris and Euphrates rivers for nearly all its water needs. Water resources are becoming increasingly scarce, especially for the millions there who already lack access to sanitary water. Desertification is a sweeping environmental problem, with vast effects in Iraq.

IRCS has organized Enhanced Vulnerability and Capacity Assessment (EVCA) workshop for 28 staff (21 males and 7 females) from 18 branches of Iraq. The workshop aimed at familiarizing programme staff in the use of EVCA for participatory community risk assessment process. Which enables communities to assess and analyze the risks they face, explore where these risks come from, which members of the community are most exposed, what coping capacities are available, and what initiatives can be undertaken to strengthen coping capacities and reduce the risks.

IRCS has formed 20 Village Disaster Management Committees (VDMCs) and organized community based DRR awareness raising sessions for the targeted communities, which covers (3,675 males and 2,371 females:). 20 community-based disaster risk management (CBDRM) plans have been developed for the local communities by ensuring community engagement and approaches. IRCS has also organized school safety activities in twenty targeted schools e.g., awareness raising sessions, developed evacuation plans, and conducted mock drills in the schools with.



## Protection, Gender, and Inclusion

### Objective:

*Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs.*

IRCS teams are constantly thriving to ensure the inclusion of vulnerable populations (person with disability, pregnant and lactating women, elderly head of households, and widows) into their interventions. All programme interventions ensured equitable access to both genders. In addition, data collection tools included gender disaggregation where possible. Most importantly, awareness sessions on hygiene promotion, disaster preparedness, in addition to all-female MPHSS sessions were delivered by the IRCS teams. An integrated strategy to mainstream gender protection and inclusion and community engagement and accountability (CEA) element in the intervention are implemented. Special attention paid to the most vulnerable groups, e.g., women and children, ensuring their needs are met.



## Community Engagement and Accountability

### Objective:

*National Societies are provided with simple and affordable tools and advice to ensure that programming and communication aimed at public behavior change (in public health, resilience, inclusion, etc.) are informed by science and data-informed approaches (e.g., “nudge theory”) and integrated with CEA initiatives.*

IRCS ensures community engagement and accountability (CEA) element in their programme the most effective ways of building this trust are to make sure that people always can engage with us, and to guarantee that we will act based on their feedback and needs.

Based on the community structures in the governorates, IRCS focused on women’s participation and decision making in the community is essential; promoting elders as active agents in all activities including longer-term social inclusion initiatives. IRCS governorates teams are equipped with referral information and have received orientation on Protection, Gender, and Inclusion to support house-to-house visits when difficulties in access may be increased.

## Strategic Priorities

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. IRCS has a long-term record of providing life-saving assistance to people in need with its strong presence and local networks are exceptionally well established across the country, which allows IRCS to also reach vulnerable populations who are not served by other humanitarian actors, such as hard to reach and remote areas. IRCS works to improve humanitarian standards, as partners in development and in response to disasters. IRCS has extensive expertise with various types of programming through multilateral projects supported by the IFRC, ICRC, and the Movement partners. This includes humanitarian response operations, disaster risk reduction/management, climate change and anticipatory action, cash and voucher assistance (CVA), youth and volunteers’ development, community-based health and first aid (CBHFA), restoring family links, community resilience (including WASH and livelihoods, etc.), dissemination of international humanitarian law (IHL), humanitarian values, and Red Cross/Red Crescent principles, and rehabilitation for physically disabled people for internally displaced people (IDP). IRCS volunteers play a critical role at all stages of the organizational response operations and programme. The branches in targeted areas have teams of trained volunteers in disaster preparedness and response such as the Emergency Response Teams and being involved in operation activities through the governorate’s branches.

## Climate and environment

IRCS has conducted sessions on Enhanced Vulnerability and Capacity Assessment (EVCA) in target governorates. IRCS as lead organization is present in communities before during and after emergencies, the staff and volunteers come from those local communities and are the best placed to define the risks that the communities face but also to define the local solutions to address the local needs and mobilize the communities. This means in practical sense that the NSs are the “partner of choice” to effectively mitigate and adapt to climate change and environment risks. The national societies’ role is unique as their activities and programs come together at the community level.

IRCS has been supported by the in country PNS to address the need of local communities affected by the climate crisis. IFRC MENA Regional Office will continue to increase NSs’ capacities to work on climate and environmental crises in communities; enhance the integration of climate change and

environmental sustainability into plans, programs, and operations; build capacities of staff and volunteers to address the climate crisis and help national societies to leverage their auxiliary role that is critical to be considered as the partner of choice in their countries.

## **Disasters and crises**

Iraq is at risk of multiple disasters ranging from natural disasters such as droughts, sandstorms, heatwaves, floods, desertification, and epidemics, all the way to man-made ones. Due to its diverse topography, Iraq is exposed to multiple natural hazards. Floods and epidemics pose the greatest risks in the country, followed by earthquakes and droughts. These disasters accounted for approximately 45% of deaths and 80% of economic losses from disasters in the country. Due to extreme risks in Iraq, disasters will continue to occur continuously for the foreseeable future. Increasing disaster occurrence and loss, therefore, is a predictable variable, which must be factored into planning and programming decisions. Therefore, IRCS integrates the community based DRR and resilience approaches into the mid-term and longer-term initiatives of the programme. This allows to identify and taking into consideration the underlying causes of risks and vulnerability factors of the Iraqi population. IRCS promote community based DRR and resilience building to mitigate the risks through specific activities and take into consideration cross-cutting topics such as gender and diversity inclusion, youth engagement, social networks strengthening, women empowerment, livelihood diversification and protection. Additionally, IRCS can incorporate DRR into multiple sectors across the response, where relevant and feasible in their regular programming.

## **Health and wellbeing**

IRCS is one of the few humanitarian actors in Iraq with presence and access in all areas across the country. IRCS with the support of Movement partners and other donor has a long-term record of providing life-saving assistance to people in need with its strong presence, which allows IRCS to also reach vulnerable populations who are not served by other humanitarian actors, such as hard to reach and remote areas. IRCS at its HQ hospital in Baghdad, provides medical support including emergency response, intensive care, physiotherapy, and mental healthcare. RCS delivers primary and secondary healthcare including services for expectant and new mothers, treatment for chronic diseases, surgery and rehabilitation for the wounded, mental health support and health education activities. This utmost need in emergency cases is considered a fundamental component of health systems in IRCS hospitals as they are essential to prevent, diagnose, treat, and rehabilitate illnesses and diseases in a safe and effective way.

IRCS community outreach programmes are important, bringing health education and direct health services delivery to the communities. IRCS assists communities and hospitals to reach mutually beneficial goals that would otherwise not be achievable for promoting accessible and equitable care. The situation in Iraq is punctuated with episodes of extreme violence, which requires the implementation of stringent security measures for IRCS to operate. Besides the complex humanitarian situation compounded with AWD and Cholera, there are several risks directly associated with the outbreak, including COVID-19, protracted droughts, and CCHF, affecting the whole country in general, as well as the weak community-based surveillance and health management information systems (HMIS). IRCS is also committed to building the capacity of local communities on Community-based health and first aid (CBHFA) approach to empower communities and their volunteers to take charge of their health. These tools are simplified and adapted to the local context; communities can be mobilized to address priority health needs.

## **Migration and displacement**

IRCS has been regularly coordinating with the Ministry of Migration and Displacement joint forces to secure sustainable return of displaced people in Iraq. NS has been extensively engaged for implementation of durable solutions to issues related to the return of displaced people, as well as to

provide appropriate support and approaches for return and reintegration in the country, as well as to provide technical advice on returns and adequate support, health, basic services, food assistance and related infrastructure and upgrade of water, hygiene and sanitation facilities to ensure safe and dignified return.

## **Values, power, and inclusion**

IRCS has given a high priority to ensure gender and social inclusion of all concerned in the programme and operations activities. IRCS mainstream protection gender and inclusion and community engagement and accountability (CEA) element in the intervention implementing through IFRC's guidelines and approach. NS ensures the data collection regarding sex, age and disability disaggregated and analyses to increase the understanding each segment of the society what their distinct needs, protection concerns, and priorities. IRCS is committed to ensure the implementation of IFRC Code of Conduct and Child Safeguarding Policy, as well as obligations of volunteers, staff, and management to ensure a zero tolerance to sexual exploitation and abuse (PSEA). Beneficiary groups are involved in all aspects of the project planning and implementation, to ensure their needs are met. Special attention pays to the most vulnerable groups, e.g., women and children, ensuring their needs are met.

## **Enabling functions**

### **Iraq: Cholera Outbreak DREF Response**

On 19 June 2022, Iraq's health authorities announced a cholera outbreak after at least 13 cases were confirmed across the country and thousands of hospital admissions for acute diarrhea were reported. The number of diarrhea cases kept increasing well beyond the normal ranges witnessed in previous years. As of 02 November 2022, there were 3,063 confirmed cholera cases and 19 deaths across the country. Cholera remains a threat to public health and an indicator of inequity and lack of awareness in communities. Under DREF operation, IRCS has deployed two Mobile Medical Units (MMU) in both Al Muthanna and Sulaymaniyah governorates, to provide basic health services to those in need. Awareness-raising activities were also conducted 340 sessions in Sulaymaniyah, Al Muthanna, Baghdad, Kirkuk, and Al Qadisiya governorates. Further, 40 volunteers were trained in Oral Rehydration Therapy (ORT) usage, along with cholera prevention and management. Similarly, 60 community leaders were also trained in cholera prevention and management, including environmental health management, as well as community-based surveillance in all 6 governorates. Under Risk Communication and Community Engagement (RCCE), activities are ongoing to promote community-based disease control and health promotion by engaging traditional leaders. Further, communication and engagement with target communities related to case detection and referral systems were established and are functioning well. IEC materials were produced according to the Ministry of Health guidelines, including 5 videos that were completed, which were distributed through various media in the target governorates.

Under the WASH component, 10 assessments were done to identify the hygiene situation in the targeted communities, along with water and sanitation quality. A pre and post KAP (Knowledge, Attitudes and Perceptions) survey was conducted for WASH activities. A total of 420 sessions on hygiene promotion were conducted, mainly focusing on the use of latrines, handwashing, and IPC (Infection, Prevention and Control) activities with MMU teams in all 6 governorates. During the implementation, IRCS distributed 2,000 hygiene kits to the targeted communities under water, sanitation, and hygiene (WASH) interventions.

### **Strengthen National Society**

- IRCS engaged the trained staff and volunteers' network in six target governorates, which are well capable of providing relief in times of emergencies. They are trained in disaster response, specialized in health, MPHSS and hygiene promotion.

- IFRC delegation in Iraq with the support of the MENA HDCC team were in regular coordination and providing technical support to the National Society. In addition, PMER support from the MENA Regional Office was deployed.
- Post-distribution monitoring was carried out under the WASH component after distribution of the hygiene kits.
- The lessons learned workshop (LLW) was conducted at the end of the operation, in February 2023.

## **Strategic and operational coordination**

### **RCRC Movement**

IRCS maintained daily communication with the IFRC Iraq country office in Baghdad, as well as other Participating National Societies (PNS) based on need. IFRC/IRCS established coordination mechanisms in place at national, national and government level in the country. During the implementation period IFRC and IRCS represented in disaster management and health departments and clusters at governorates level and all internal partners and external stakeholders are informed on Japan government support, progress sharing and for their inputs and feedback to ensure quality project implementation.

### **External coordination**

At the national and governorates level, the IRCS coordinates its activities with the Prime Minister's office, local governments in the targeted governorates, the ministries of health, environment, education, displaced, and reconstruction and Ministry of Labour and Social Affairs. Additionally, the IRCS coordinates with other national and international humanitarian organizations.

The IRCS governorates branches administration participated in the meetings to share the updates and progress of resilience and humanitarian assistance programme activities. The cluster meetings occur monthly at the national level and are coordinated by the respective cluster lead agencies through Cluster Coordinators. Meetings are attended by cluster partners, members and observers and aim to strategize and coordinate humanitarian activities at the cluster or sector level and to share information on challenges and bottlenecks faced at the operational level.

## **National Society development**

National Society development is in the first instance the responsibility of National Society. The IFRC country delegation is engaged with its member National Societies (NS) both on bilateral basis and also in different groups, aiming to support IRCS for NSD implementation.

After the OCAC exercise and NS priorities, in country partners are committed to support IRCS for NSD plan. PNS leads in supporting the National Society in financial development, strengthening the data management system, WASH and running a portfolio of multiple grants mainly focusing on WASH, health, livelihoods and DRR. Some of them are supporting the NS on Cash programming and disaster management and with the humanitarian assistance through multipurpose cash assistance and strengthening community-based preparedness for the conflict affected population in the region and to build the NS capacity in readiness to effectively respond to the humanitarian crisis in the project areas of operations. In addition to support other programmes including review and development of the NS Strategic Planning for next years. The IFRC country delegation is closely coordinating with the PNS

regarding the capacity building of National Society staff and volunteers and to reinforce RCRC presence in the country.

## Humanitarian diplomacy

The IRCS with the support of IFRC and the Movement Partners focuses their humanitarian diplomacy efforts on the prioritized humanitarian concerns to support vulnerable people and their basic needs, emerging crisis in relation to epidemics/ pandemics and climate change, hosting community in terms of building local resilience and contribute to sustainable development.

In this regard, IRCS focuses to strengthen and disseminate the key role of the NS. IRCS has also developed the Humanitarian Diplomacy Guidance Briefing Note. This document serves as a guide for senior-level Movement partners wishing to engage with donors, policymakers, and other relevant stakeholders with an interest in Iraq.

- Auxiliary role of the NS as an evidence-based trustable credible and professional organization in the country.
- Reinforcing the position of the IRCS as the main responder to disasters in the country.
- Promote RCRC principles and values and IHL.
- Advocate towards more localization among donors and international partners with the necessary investment in local capacities of the NS.
- Promoting Programmatic approach rather than fragmented project approach.
- Call for donors and partners to invest in longer-term programming.

## Operational constraints – not for public versions

A series of political, economic, and environmental stresses posed challenges to programming and results during the reporting period. Nevertheless, the project also yielded many valuable lessons that will guide future programming and project management for the duration of the Iraq recovery programme. Due to the slowing rate of return for IDPs, more than half of the 1.4 million IDPs are still hosted in the region, while the programme's funding needs have not been met. At the same time, donors are showing interest in areas outside of the Kurdish Region of Iraq (KRI), where the needs of other vulnerable populations can be addressed. Putting the community at the center of intervention, a community-led development approach is embraced by beneficiaries with great enthusiasm to continue activities following the end of project funding. However, some community members also express doubt that they can manage the continuation of project initiatives e.g., volunteer networks or youth groups, in the immediate future without humanitarian actors' support, given the challenges they face.

The IRCS governorates branches have identified the below lessons learned which would help for future programming in complex crisis:

- To provide an effective and well-coordinated regional and governorates coverage in complex emergency crises, the primary role, functions, and relationship of IRCS governorate branches must be clearly defined.
- In complex emergency crises with a high political profile like Iraq, there is a risk that the political process takes precedence over humanitarian concerns, which in turn emphasizes the need for IRCS to take a stronger leadership position and speak out in the defense of the humanitarian principles.
- The extensive needs in Iraq make IRCS's experience relevant and makes them a strategic aid partner to provide service delivery and build capacity of the government line departments and local community.

## Risk management update - not for public versions

Risk	Likelihood	Impact	Mitigating actions
	Low/medium /high	Low/medium/ high	
<p><b>Security risks:</b> Impact of the sociopolitical situation (e.g., demonstrations, attacks, disruptions in the project activities) could lead to movement restrictions, programme delays, occurrence of security incidents limiting access etc.</p>	High	High	<p>IRCS follows movement security guidelines and guidance.</p> <p>Context analysis will be done regularly to assess the situation.</p> <p>All possible efforts to secure access and acceptance will be explored in advance through coordination and communication with the conflicting parties.</p>
<p><b>Management risks:</b> Lack of sufficient engagement and commitment from IRCS and Leadership and Senior Management to the project; or waning interest over time.</p> <p>Weak absorption of funds in a well-planned and effectively managed manner.</p> <p>Limited management and technical capacity to implement the project at all levels.</p>	Medium	High	<p>Establish mechanisms for regular information sharing and shared decision making (i.e., quarterly review meeting).</p> <p>Ensure results and learning are well documented and publicized to build ownership and pride in the investment.</p> <p>Organize field visits regularly and update field contexts, achievements, and challenges.</p> <p>Enhanced management systems and human resources to ensure both IFRC and IRCS are accountable for the funds.</p> <p>Committee engagement structure at HQ and governorates levels and annual stakeholder reflections to capture voices and monitor progress.</p> <p>A robust inception phase will ensure clear job descriptions and proactive recruitment to be followed by inductions.</p>
<p><b>Programme risks:</b> Low level of community/local level Government engagement for programme activities as this may not be perceived as a priority.</p> <p>Limited expertise and human resources available to effectively implement the project.</p>	Medium	High	<p>Ensure robust engagement and communications strategies to ensure coordination where appropriate.</p> <p>Flexibility in programme implementation to adapt to evolving needs and more</p>

<p>Minority/vulnerable groups, particularly women, disable face barriers/obstacles in relation to participation in programme.</p>		<p>appropriate timing for specific interventions.</p> <p>Regular programme reviews with stakeholders to gauge progress, interest, and relevance.</p> <p>Promote Community Engagement and Accountability (CEA).</p> <p>Ensure job descriptions are appropriate and relevant.</p> <p>Regularly undertake capacity building, team development and motivation activities for staff.</p> <p>Ensure Protection, Gender, and Inclusion (PGI) in all phases of the project.</p> <p>Ensure effective Community Engagement and Accountability.</p>
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## Contact information

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

### Iraqi Red Crescent Society

- **Mohammed A. Mohammed**, Secretary General; phone: +964 7706740050; email: [gs@ircs.org.iq](mailto:gs@ircs.org.iq)
- **Husam Sabri**, Head of International Relations Department; phone: +964 7704621141; email: [relations.dept@ircs.org.iq](mailto:relations.dept@ircs.org.iq)

### IFRC Iraq Delegation

- **Cristhian CORTEZ CARDOZA**, Head of Delegation; +961 71802926; email: [cristhian.cortez@ifrc.org](mailto:cristhian.cortez@ifrc.org)
- **Abdul Basit Khan SWATI**, Manager, Programmes and Operations; phone: +964 7833239278; email: [abdul.basit@ifrc.org](mailto:abdul.basit@ifrc.org)

### IFRC Regional Delegation

- **Dr. Hosam FAYSAL**, MENA Regional Head of Health, Disaster, Climate & Crisis (HDCC); phone: +961 71802916; email: [hosam.faysal@ifrc.org](mailto:hosam.faysal@ifrc.org)

### For IFRC Partnerships and Pledges support

- **Francesco Volpe**, MENA Regional Head of Strategic Engagement and Partnerships; phone: +961 81311918; email: [francesco.volpe@ifrc.org](mailto:francesco.volpe@ifrc.org)
- **Adam Haydar**, MENA Partnerships and Resource Development Senior Officer, phone: +961 81 397945; email: [adam.haydar@ifrc.org](mailto:adam.haydar@ifrc.org)

**For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)**

- **Dr. Mohamed HAMAD**, MENA Regional Head of Programme Quality and Monitoring; phone: +961 81 543 307; email: [mohamed.hamad@ifrc.org](mailto:mohamed.hamad@ifrc.org)
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## **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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and always promote 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.