

Final Report

Iraq: Droughts

DREF Operation	Operation n° MDRIQ013
Date of Issue: 02/03/2023	Glide n° OT-2021-000119-IRQ
Operation start date: 2 September 2021	Operation end date: 31 August 2022
Funding requirements (CHF): CHF 680,569	Operation Budget: CHF 680,569
Number of people affected: 7,000,000	Number of people assisted: 43,116
Red Cross Red Crescent Movement partners currently actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC), The International Committee of the Red Cross (ICRC), in-country Participating National Societies (PNSs).	
Other partner organizations actively involved in the operation: Local government authorities, Ministry of Health and Environment, Ministry of Water Resources, Ministry of Agriculture, UNFAO	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, the Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors.

The IFRC, on behalf of the Iraqi Red Crescent Society, would like to extend thanks to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

Since autumn 2020, atypically low levels of rainfall across the eastern region of the Mediterranean basin have contributed to drought conditions in Iraq. In May 2021, water flowing into Iraq dropped from a peak of nearly 80 billion cubic meters per year in the 1970s to less than 50 cubic meters. In August 2021, the Iraqi Ministry of Water Resources, the World Food Programme (WFP), the Global Water Stress Index, and the European Commission's Joint Research Center all warned that the unfolding water crisis will soon become an unprecedented crisis across Iraq. Authorities began issuing water shortage alerts as main water storage areas began depleting.



Figure 1: IRCS drought response. Photo by: IRCS

Later, in April 2022, the Iraqi Ministry of Water Resources warned that the country's water reserve had halved since the previous year. The effects of climate change echoed throughout the country as the lack of rainfall significantly reduced water reserves along with water levels in the Tigris and Euphrates as both rivers already suffered from a decreased flow from upstream countries. The ministry predicted that, unless urgent action is taken to combat the looming droughts, Iraq's two main rivers will completely dry up in the coming years.

In June 2022, the situation was further exacerbated: prolonged heatwaves, declining precipitation, numerous dust storms, salinization, and loss of fertile land have all accentuated the dire need for immediate action. Water scarcity and land degradation have affected crop yields, directly impacting Iraq's food security. Downstream, seawater intrusion has destroyed 60,000 acres of agricultural land and 30,000 trees. Families living in the vicinity, mainly in the Basra governorate, were most affected. Internal displacement was recorded across 8 governorates as an estimated 3,000 families suffered from these environmental consequences.

Summary of current response

Overview of Operating National Society

IRCS dispatched 3 Mobile Health Clinics (MHCs) in Diyala, Ninewa, and Basra, which were operated by 18 staff members, including doctors, nurses, pharmacists, and data collectors to ensure the delivery of primary healthcare, in addition to free medication for individuals affected by drought-related diseases. Each emergency medical team was accompanied by a team of volunteers who provided awareness sessions. Further, over 48 volunteers were identified, trained, and mobilized to provide Psycho-Social Support (PSS) to affected communities.

IRCS set up four water treatment and desalination points in Basra and Diyala, in addition to an artesian well in Ninawa. Each of the above water sources fed into four water points which were rehabilitated by IRCS. On standby, two dedicated emergency response units/modules (KIT 5 and M15) were readily available to provide up to 20,000 individuals with water treatment, storage, distribution, and hygiene promotion in response to severe water outages in the foreseeable future.

Moreover, IRCS cash teams distributed a one-time multipurpose cash assistance of 100 USD to 1,500 households through a third-party Financial Service Provider (FSP) in order to meet the families' most urgent needs. One-time food parcels were also distributed to 5,775 households.

Overview of Red Cross Red Crescent (RCRC) Movement in-country

IRCS Headquarters, in collaboration with the IFRC Iraq Country Delegation, provided weekly updates on DREF operation activities and maintained a regular flow of communication with the Federation. Coordination and consultation with Movement partners in-country have been made during the launch of the operation. The Movement partners present in Iraq include ICRC, German, Norwegian, Danish, Turkish, Qatar and Swedish Red Cross / Red Crescent national societies. ICRC supported IRCS during WASH interventions, especially in operating the Reverse Osmosis (RO) plants in Wassit, Al Muthanna, Babel and Al Qadisiyyah governorates, where school-based WASH activities were also implemented. The ICRC supported IRCS as its primary partner in its development and operations, with a focus on the "Safer Access" approach that promotes safer access to persons affected by conflict and other situations of violence, whilst minimizing risks for staff and volunteers.

Overview of non-RCRC actors in country

IRCS conducted field visits with local authorities and federal government service points. In addition, information-sharing and validation were closely maintained with the ministries of Health, Water Resources, and Agriculture, along with the Basra Water Directorate. Furthermore, several humanitarian actors were active in the country, such as United Nations Food and Agriculture Organization (UNFAO) and the World Food Programme (WFP), which maintained direct support to the government, in addition to Oxfam, which implemented a water distribution intervention.

Needs analysis and scenario planning

Needs analysis

During August 2021, IRCS conducted a nationwide multisectoral needs assessment in collaboration with the departments of Health, Disaster Management, and Water/Sanitation. The national society engaged its staff and volunteers and collaborated with the relevant government authorities to collect the needed data. Data sources included the governmental meteorological system and field visits to the primary stakeholders, such as federal government service points in the assessed areas and local authorities. IRCS headquarters then mobilized branch staff and volunteers in their respective governorates to conduct community visits and identify the droughts'

impact on the sanitary, economic, agricultural, and health situation. Based on the aforementioned, the three governorates of Ninewa, Diyala, and Basra were determined to have the most vulnerable populations. In Northern Basra, which faced the most severe droughts, IRCS collaborated with the Basra Water Directorate on a technical assessment following the initial one to identify the sub-districts most in need.

Between March and April 2022, IRCS carried out a multi-sectoral needs assessment in seven governorates. In the agricultural sector, the impacts of the droughts were assessed in Ninewa, Basra, Diyala, Erbil, Duhok, Wassit, and Thi Qar. Findings showed that the droughts had severely affected vulnerable households in these governorates, and had led to the failure of cereal crops, along with water and grazing shortages. Rising food demand, urbanization, poor water management as well as climate change continue to threaten children, the poor, and the marginalized.

Risk Analysis

Due to the nature of the operating environment and the extremely volatile situation, and despite having widespread acceptance across Iraqi territory, the IRCS applied all the necessary heightened security measures to ensure and prioritize the safety and security of staff and volunteers engaged in this operation. IRCS continuously monitored the security situation of the country and liaised closely with the security institutions to reduce the risk in the field, in an attempt to avoid any barriers that may impede access to the affected people as well as avoid any undue risk to its personnel. Lately, more than ever, IRCS has been jointly working with local authorities to find the best approach that ensures the safe delivery of humanitarian assistance to affected populations.

B. OPERATIONAL STRATEGY

Proposed strategy

This operation provided humanitarian assistance to the most vulnerable families in Ninewa, Diyala and Basra, reaching a total of 7,186 households whose primary source of livelihood had been disrupted by the droughts.

The operation was implemented within a twelve-month period, with a primary focus on emergency food security support, cash assistance, WASH, and health care services provision to drought-affected households. Throughout the operational timeline, IRCS has:

- Provided 5,775 households with food parcels.
- Distributed a one-time 100 USD cash assistance to 1,500 households.
- Deployed 3 mobile health clinics.
- Provided PSS support to 7,181 people.
- Provided safe water to 13,448 beneficiaries.

IRCS has also carried out a multi-sectoral needs assessment in drought-affected governorates, and overall operational support to IRCS for effective and efficient drought response. IRCS deployed people from its CVA-trained pool to the branches to assist in the implementation of the cash interventions. Furthermore, for this operation, cash distribution was done directly with the supervision of IRCS' Head of Disaster Management and CVA focal points. Post-Distribution Monitoring (PDM) was also conducted following the cash assistance, to ensure that the aid was distributed in a timely and accurate manner.

During the response, a strong coordination mechanism was developed with the government authorities and an assessment was conducted by trained IRCS staff and volunteers to identify the affected families. Furthermore, a lessons learned workshop was conducted towards the end of the DREF operation to identify the achievements, challenges, and recommendations for future programming. IRCS was responsible for the overall coordination and implementation of the humanitarian response operation, supported by the IFRC. Considering the nature and scope of the response, IFRC mobilized resources via the DREF operation on behalf of IRCS.

C. DETAILED OPERATIONAL PLAN



Livelihoods and basic needs

People reached: 43,650

Male: 21,912

Female: 21,738

Indicators	Target	Actual
# of households that have enough food, cash, or income to meet their survival threshold	6,000	7,275
# of households reached with food assistance for basic needs	4,500	5,775
# of households reached with multipurpose cash assistance for basic needs	1,500	1,500

Narrative description of achievements

Due to the drought's effect on mostly rural communities' livelihoods, particularly small-scale agricultural producers, providing food and cash assistance was deemed one of the main components of the operation. One-time food parcels were distributed to **5,775 households**. Additionally, one-time multipurpose cash assistance was distributed to 500 households in each of the targeted governorates (total of **1,500 households**), with a value of 100 USD that was calculated based on the marked price of items using the Iraq minimum household figure of 6 persons.

Food item procurement (such as rice, canned foods, etc.) was performed in bulk, which has allowed IRCS to make considerable savings and thus reaching 1,275 more households than the initial target.

Cash Assistance was distributed as a transfer to the individuals through a third-party financial service provider (Asia Hawala) while the National Society branches maintained the records for each household. To assist the implementation process, cash teams at NHQ, in consultation with the branches, prepared the cash programme implementation guidelines, selection criteria, and formats for data collection (beneficiary detail information). The selection criteria for assisted families were based on their level of vulnerability, including households that have lost their source of livelihoods, the chronically ill, the elderly, female-headed households, lactating mothers, under-five children (malnourished), pregnant women, and/or people with disabilities, availability, and access to potable water by households in the affected areas.

Post Distribution Monitoring (PDM) surveys were conducted after both the cash distributions and the food parcel distributions to gauge the relevance and effectiveness of the items.

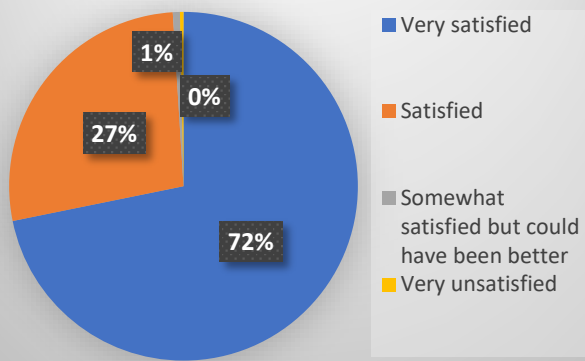
The main results of the PDMs can be found below:

Cash assistance PDM

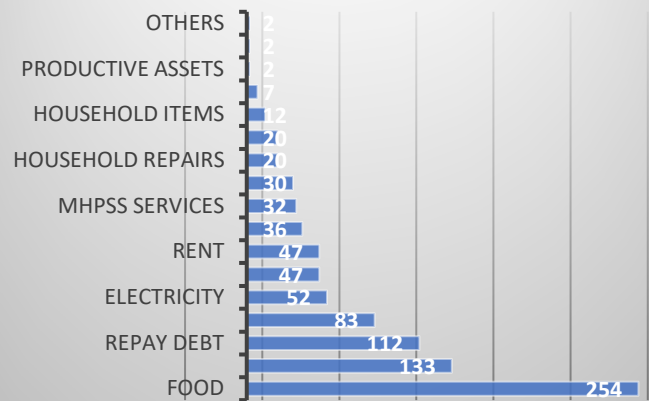
- Conducted with 305 respondents between 16 and 18 of August 2022.
- 78% of interviews were conducted in person.
- 77% of respondents were male, and 23% were female.
- Respondents were almost equally distributed between Ninewa, Basra and Diyala.
- 56% of respondents stated that the amount provided was not enough to meet their basic needs.

- 76% of respondents felt a reduced level of stress after receiving cash support.

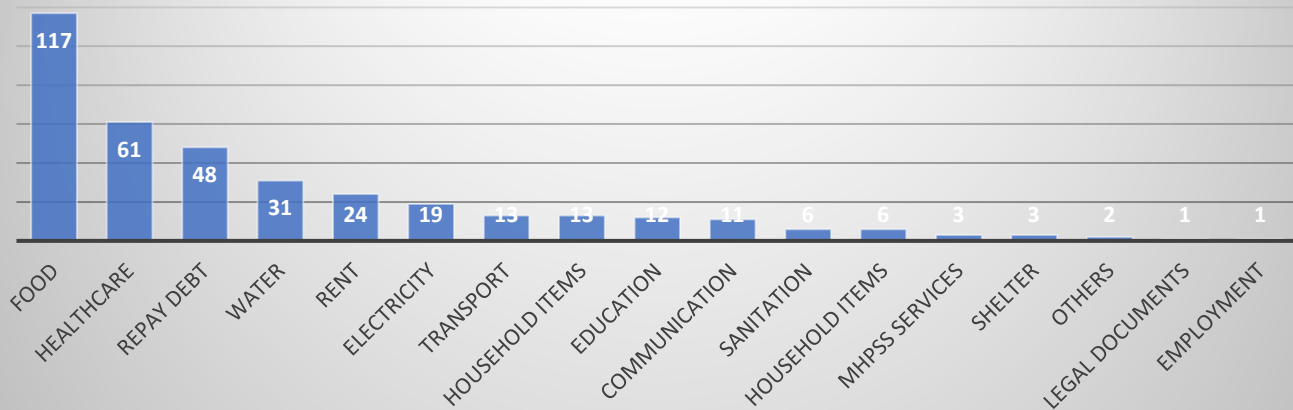
Respondents' satisfaction with cash distribution process (timeliness, relevance, and quality)



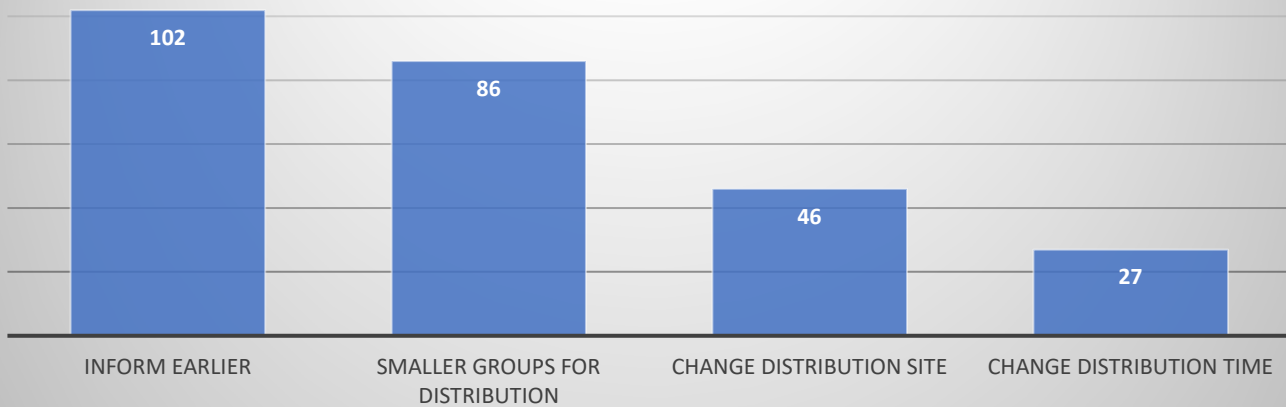
What was the cash assistance spent on



Needs that the cash assistance did not fully cover



Recommendations to improve future distributions



Food parcels PDM

- Conducted with 184 respondents on 17, 22, 23, and 28 August 2022.
- 53% of interviews were conducted in person.
- 70% of respondents were male, and 30% were female.
- The majority (65%) of respondents were in Ninewa.
- 70% of respondents stated that the food parcels helped them in overcoming the food crisis.



Figure 2: Food parcel distribution to drought-affected governorates. **Photo by: IRCS**

Challenges

- Procurement delays for the food parcels.
- Difficulties in accessing the distribution points for some families as they were located remotely.
- Delays in completing the Framework Agreement with Financial Services Provider (FSP) for cash assistance.
- Technical issues with the financial system of the contracted company for 20 days.
- Difficulties in communicating with some of the beneficiaries (wrong phone number, do not use SMS, etc.).
- Delays in administrative and financial approvals.
- Operation activities were delayed due to the security situation in the implementation areas, COVID-19 restrictions and Parliament Elections in the country, which impacted the sociopolitical situation and resulted in nationwide demonstrations. This led to movement restrictions and the occurrence of security incidents which limited access to operational areas.

Lessons Learned

- Using primary data sources to collect information about families.
- Building and maintaining a strong relationship and appropriate level of communication with all stakeholders.
- Better planning of logistics for future interventions and embedding it in the project plan clearly.
- Developing alternative methods of communication with beneficiaries, to avoid communication difficulties in the future.
- Contracting more than a communication company to encourage competition and to avoid delays in communications and cash distribution through them, in case of system failures.



Health

People reached: 45,278

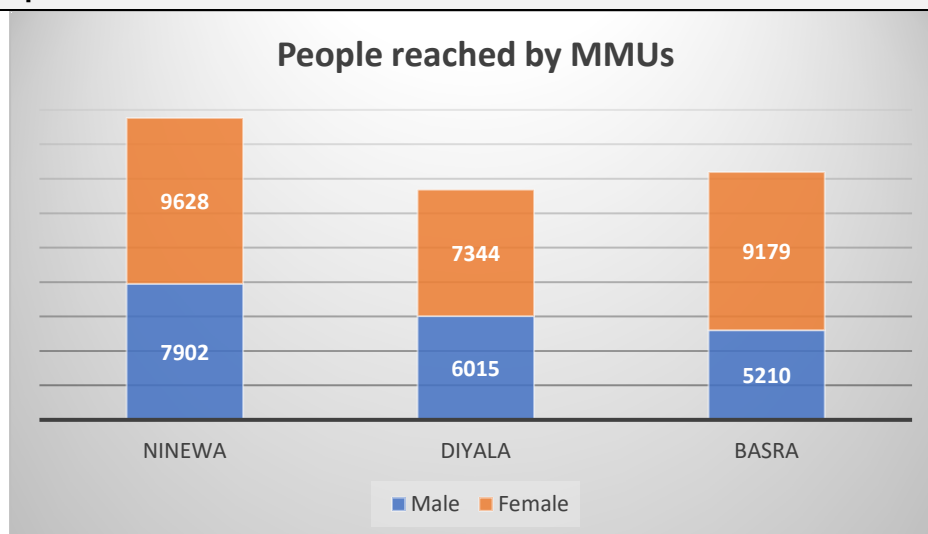
Male: 19,127

Female: 26,151

Indicators	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	40,780	45,278
# of Mobile Health Units deployed to provide health services support	3	3

# of people reached through NS emergency health management programme	40,780	45,278
# of people reached with psychosocial support	4,800	7,135
# of people, IRCS staff and volunteers reached through PSS activities	4,800	7,181

Narrative description of achievements



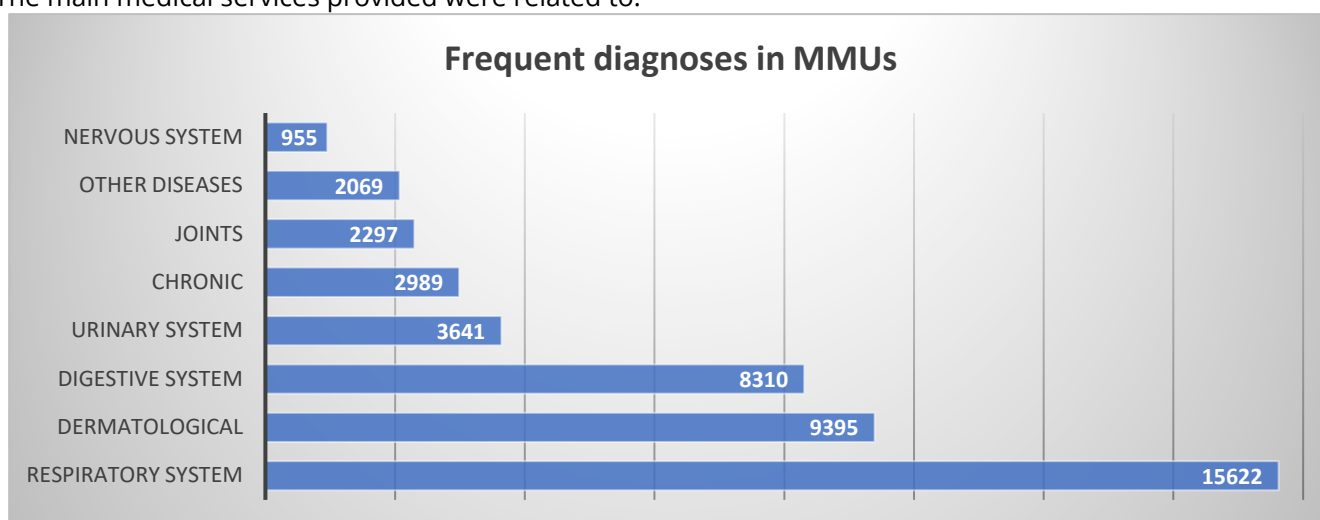
Mobile Medical Units (MMUs)

Three (3) Mobile Health Units were deployed in Ninewa, Basra and Diyala. Each mobile unit team consisted of two doctors, two nurses, one pharmacist, and one data collector. The main purpose of these clinics was to provide primary healthcare and free medication to populations suffering from health conditions related to the droughts. Assessment criteria were based on population's accessibility to healthcare services, road quality, in addition to the number of reported transmissible diseases by area.

A total of **45,278 individuals** were reached (26,151 females (61%), 19,127 males (39%)) through the medical units, between 14/11/2021 and 31/07/2022. The number reached exceeds the initial target by 4,498 individuals, mainly due to the high need for medical services in the affected areas.

The distribution of people reached was as follows:

The main medical services provided were related to:



Health Awareness Sessions

Health awareness sessions about droughts and their related health problems were given in the targeted governorates.

Volunteers provided these sessions to a total of **5,486 individuals** (2,556 females, 2,930 males), distributed such as 2,555 people in Basra, 1,708 in Diyala, and 1,223 in Ninewa.

The target groups were disaggregated as follows:

- 4,260 school children
- 1,108 local community
- 83 health centre auditors
- 35 state department employees



Figure 3: IRCS Mobile Health Units provide Primary Health Services to drought-affected populations. Photo by: IRCS

Psycho-social Support (PSS)

During the operation, branch staff were deployed in the three governorates to support the Emergency Medical teams. A total of 16 volunteers from the Diyala branch were trained on how to conduct awareness raising sessions, psychological first aid, and home visits. These volunteers later remotely trained staff and volunteers from the Ninewa and Basra branches through the Zoom application, reaching a total of 30 participants.

The psychosocial component of the operation was centred around raising awareness on psychosocial health, protection from the current psychological problems related to the droughts and help the local community to deal with this crisis through positive coping mechanisms.

A total number of **7,181 individuals** (3,414 females, 3,767 males), overpassing the initial target by 2,381 beneficiaries. Beneficiaries were distributed such 2,955 people in Ninewa, 1,734 in Basra, and 2492 in Diyala).

The target groups were disaggregated as follows:

- 3,139 school students
- 2,922 local community members
- 1,007 health centre staff auditors
- 67 government department employees
- 46 IRCS volunteers given sessions on stress management post-intervention



Figure 4: IRCS teams provide PSS sessions to beneficiaries. Photo by: IRCS

Challenges

- Delays in administrative and financial approvals.
- Data collection errors due to the usage of paper surveys instead of electronic ones.

Lessons Learned

- Implementing primary data collection methods to gather information about families and their needs.
- Better planning of logistics for future interventions and embedding it in the project plan clearly.
- Fulfilling the planned objectives and defining the potential objectives for future interventions.



Water, Sanitation, and Hygiene

People reached: 43,116

Male: 21,644

Female: 21,472

Indicators	Target	Actual
% of the targeted population has access to clean water and sanitation	80%	100%
% change in knowledge of personal hygiene according to Sphere standards	80%	33%
# of site assessments carried out and shared	8	14
% of people provided with safe water (according to WHO standards)	80%	100%
# of water points rehabilitated/repared	6	24
# of Mobile/HH water treatment plants rehabilitated/repared	2	5
# of IRCS staff/volunteers trained on hygiene communication plan	60	140
% of the targeted population reached with hygiene promotion activities	80%	100%
# of hygiene kits distributed to target communities	1,500	1,500
# of school children reached with hygiene promotion sessions	80%	100%

Narrative description of achievements

Under Water, Sanitation and Hygiene (WASH), IRCS aimed to promote good personal and environmental hygiene to protect health and facilitate access to water resources. Selection criteria for beneficiaries were based on individual water consumption per day, number of damaged water and hygiene facilities (water taps, latrines),

school infrastructure, number of time shifts/school, gender disaggregation, and number of people with disabilities in each area.

The 80% target, which was set as a minimum to reach, was exceeded as the WASH team was able to reach all of the population targeted by the operation due to the extended operational timeframe. This allowed them to reach more people with safe water and hygiene promotion activities.

Providing Safe Water

Safe water was provided to the most vulnerable villages suffering from droughts through the installation of four (4) reverse osmosis stations (desalination points) in Diyala and Basra and the drilling of an artesian well in Ninewa. Further, M5 and M15 stations were rehabilitated and transferred from Thi Qar to Ninewa, which were stored and ready to be used in case of emergencies. A total of **13,446 people** were able to access safe water as a result (7,000 in Diyala, 5,931 in Basra, and 515 in Ninewa).

Additionally, tanks with a capacity ranging from 5,000 to 30,000 liters were installed for water storage and distribution purposes, resulting in a total of 110,000 liters of storage space.

These tanks were set up as follows:

- 8 tanks of 5,000 liters capacity in Basra, and similarly in Diyala (40,000 liters in each governorate).
- 1 tank of 30,000 liters capacity in Ninewa.



Figure 5: Desalination point in Basra. Photo by: IRCS

Hygiene Kit Distribution

A total of **1,500 hygiene kits** were distributed to the affected families (500 kits in each of the three governorates) to increase personal hygiene maintenance among beneficiaries and promote continuous hand washing. Distribution was performed by 5 teams of 2 in each governorate during the span of 5 days. The

distribution has reached **8,651 people in total** (3,606 in Diyala, 2,545 in Ninewa, and 2,500 in Basra).

The hygiene kits included the following items:

- 24x bar soaps
- 3x laundry detergent
- 3x shampoo bottles
- 3x razors
- 6x diaper bags
- 6x toothpaste
- 6x toothbrushes
- 2x body towels
- 2x hand sanitizers
- 5x trash bags



Figure 6: Hygiene kit distribution in Diyala. **Photo by: IRCS**

Child Hygiene And Sanitation Training (CHAST)

20 volunteers and 56 staff members from the 3 targeted governorates were trained on personal hygiene promotion. The trainees then provided personal hygiene awareness sessions in schools, reaching a total of **997 students** (593 females, 404 males).



Figure 7: Personal hygiene promotion sessions at schools. **Photo by: IRCS**

Menstrual Hygiene Management (MHM)

Sixty-four volunteers and staff (58 females, 5 males) were trained on MHM in all three governorates. The trained volunteers then provided MHM sessions to a total of **551 female students** (335 in Basra, and 216 in Diyala).

Further, 225 menstrual hygiene kits were distributed. These kits included:

- Menstrual pads
- Soap/washing lotion
- Underwear
- Hot water bag
- Small trash can
- Plastic bags
- Awareness material



Figure 8: MHM sessions at schools. **Photo by: IRCS**

Designing and Printing Awareness Posters

Posters of different sizes (4,520 in total) were designed, printed, and used in all three governorates to raise awareness on rationalizing water consumption, preserving water storage, and preventing diseases. These posters were hung near the desalination points, as well as included in folders that were distributed to beneficiaries, and used in awareness campaigns.



Figure 9: Awareness posters designed by IRCs. Photo by: IRCs

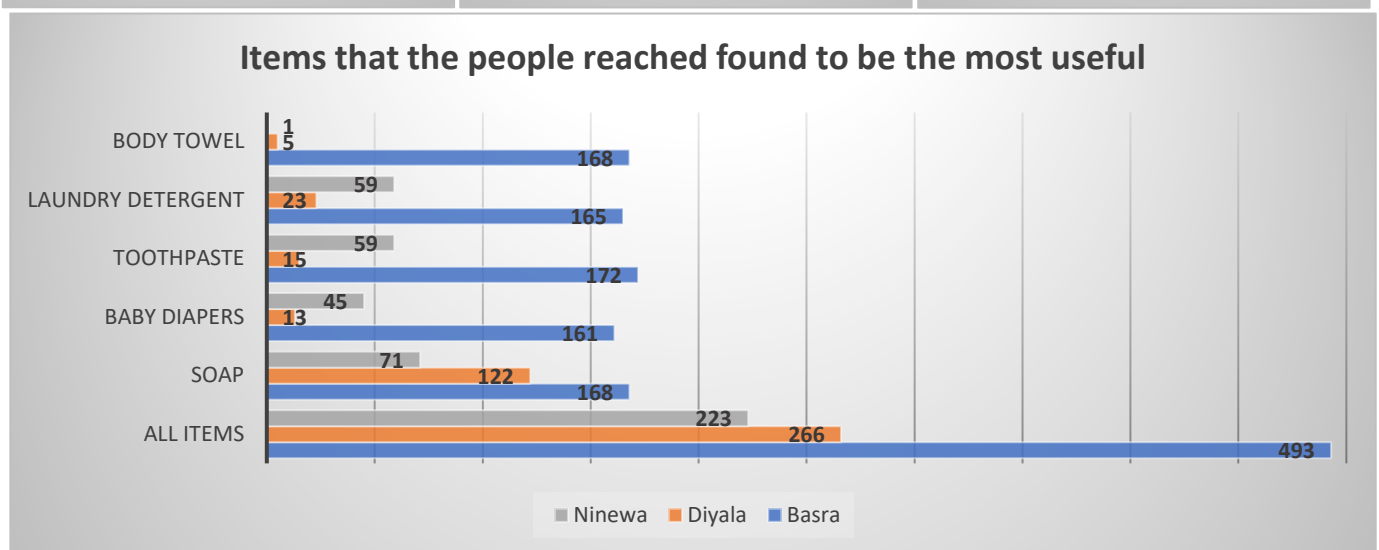
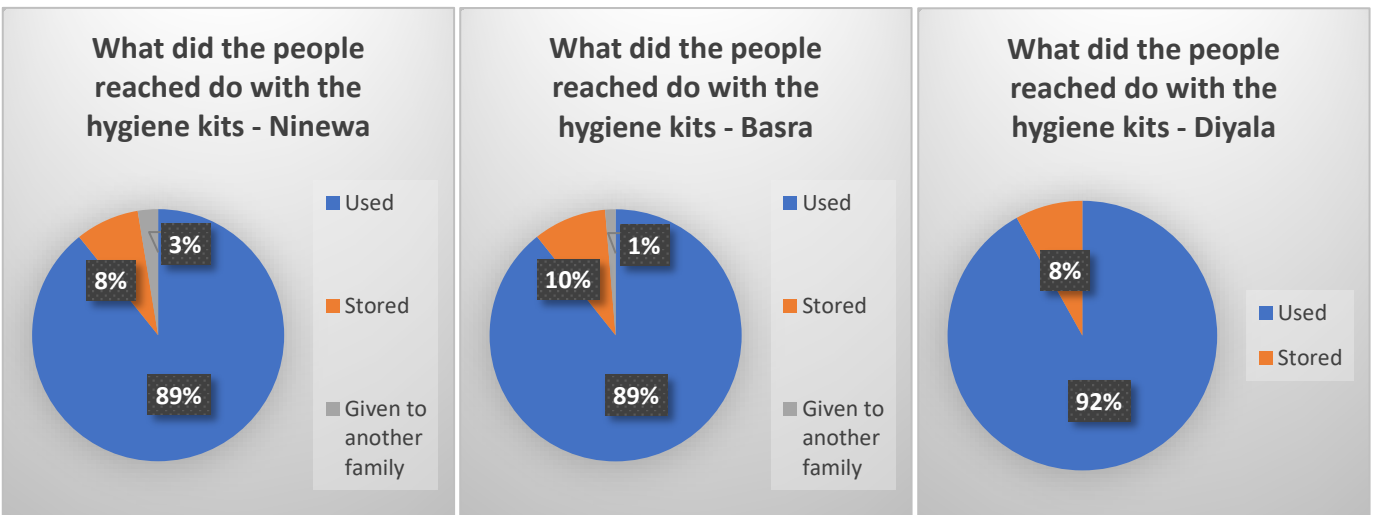
Multi-sectoral Needs Assessment

Prior to the intervention, IRCs had conducted a multi-sectoral needs assessment in various governorates, including the targeted governorates under this operation. Specifically, 150 assessment surveys were conducted in each of Ninewa and Diyala, and 151 in Basra. These assessments helped identify the most prevailing needs of the families, as well as highlight the most vulnerable areas. Some of the main assessment findings relevant to this operation are:

- Of the respondents in each governorate:
 - o Suffer from some kind of physical or mental disability: 23% in Basra, 11% in Ninewa, and 8% in Diyala.
 - o In need of immediate first aid support: 15% in Basra, 4% in Ninewa, and 5% in Diyala.
 - o In need of chronic medication: 39% in Basra, 29% in Ninewa, and 35% in Diyala.

Post-Distribution Monitoring (PDM)

A PDM was conducted after implementation, in order to assess the quality of the hygiene kits distributed, their suitability and appropriateness, along with their usefulness to the beneficiaries (1,164 respondents in total).



Note: The IRCS bases its WASH activities on the Sphere minimum standard and the Humanitarian Charter to ensure good management of the entire water chain - water sourcing, treatment, distribution, collection, household storage, and consumption.

Challenges

- Delays in the procurement of hygiene kits.
- Difficulties in communicating with some of the beneficiaries (wrong phone number, do not use SMS, etc.) and bad signal coverage in some areas.
- Delays in administrative and financial approvals.
- Operation activities were delayed due to the security situation in the implementation areas, COVID-19 restrictions and Parliament Elections in the country, which impacted the sociopolitical situation and resulted in nationwide demonstrations. This led to movement restrictions and the occurrence of security incidents which limited access to operational areas.

Lessons Learned

- Avoiding long processes and due diligence to respond faster by holding frequent meetings among different stakeholders and project staff.
- Implementing primary data collection methods to gather information about families and their needs. Developing alternative methods of communication with beneficiaries, to avoid communication difficulties in the future.

Protection, Gender & Inclusion

Indicators	Target	Actual
Operation demonstrates evidence of addressing the specific needs to ensure equitable access to disaster response	Yes	Yes
# of assessment of specific needs conducted as per minimum standards commitments	1	1
Narrative description of achievements		
IRCS teams are constantly thriving to ensure the inclusion of vulnerable populations (persons with disability, pregnant and lactating women, elderly heads of households, and widows) into their interventions. Mobile Health teams ensured equitable access to both genders. In addition, data collection tools included gender disaggregation where possible. Most importantly, awareness sessions on Menstrual Hygiene Management in addition to all-female PSS sessions were given by IRCS teams.		

Migration		
Indicators	Target	Actual
The operation demonstrates the needs analysis of migrants, displaced persons, and host communities to identify their priorities	Yes	Yes
# of assessment conducted to identify the drought and climate change affected population	1	1
Narrative description of achievements		
The Iraqi Red Crescent governorate branches are coordinated with the Joint Coordination and Monitoring Centre and other government authorities for crisis management efforts regarding internally displaced persons due to climate change, among other reasons. The center is also active in broader crisis preparation processes as well as in the efforts of response and recovery.		

Strengthen National Society		
Indicators	Target	Actual
# of IRCS branches that are well functioning (for the operation)	1	1
# of insured volunteers	60	168
Narrative description of achievements		
IRCS has a strong network in the country with all 18 governorate branches, which are well capable in providing relief in times of emergencies. A total of 168 national society staff and volunteers were trained in disaster response, under health, PSS, or hygiene promotion. These members are competent in life-saving techniques to assist rescue operations in times of need, and they directly supported DREF operation activities. The IRCS implemented this operation through its three governorate branches, supported by the national headquarters and national/branch response teams (N/BRT). Furthermore, implementation was supported by both IRCS HQ and IFRC delegation in Iraq.		
Challenges		
<ul style="list-style-type: none"> - All of the National Society branches are still facing the main challenge of ensuring continuous volunteer support throughout operations. 		
Lessons Learned		
<ul style="list-style-type: none"> - Volunteer management mechanisms should be identified and the skills of the volunteer base should be diversified and strengthened. 		

International Disaster Response		
Indicators	Target	Actual
Effective and coordinated international disaster response ensured	Yes	Yes
# of expert members deployed	1	1
# of surge deployments in support of the operation	1	1

Narrative description of achievements	
<p>IFRC delegation in Iraq provided support to IRCS for this operation. The Disaster Risk Management Delegate with the support of the MENA Regional Health, Disasters, Climate and Crises (HDCC) team and in regular coordination with the National Society, provided technical support and backstopping for financial processes, implementation of cash voucher assistance (CVA) interventions and PSS activities with IRCS technical teams. In addition, PMER Support from the MENA Regional Office was deployed for reporting.</p> <p>Regular meetings took place with the National Society to discuss progress and challenges faced by the operation. Appropriate mitigation actions were identified and carried out to address challenges.</p>	
Challenges	
<ul style="list-style-type: none"> - The widespread unrest in the country was the main challenge as the heightened security situation posed a constant threat. Other risks involved were the Crimean Congo Haemorrhagic Fever (CCHF) spread, along with the recurrence of sandstorms, heatwaves, and the cholera outbreak. 	
Lessons Learned	
<ul style="list-style-type: none"> - The need to prepare pre-disaster multi-hazard contingency plans. 	

Influence Others as Leading Strategic Partner			
Indicators:		Target	Actual
IFRC and NS are visible, trusted, and effective advocates on humanitarian issues		Yes	Yes
# of lessons learned workshop conducted		1	1
# of post-distribution monitoring exercise conducted		1	1
Narrative description of achievements			
<p>IRCS has earned the acceptance of local communities, as it is present in all governorates and is assisting vulnerable people. IRCS's mandate to ensure the wider provision of emergency mental health and psychosocial care to individuals and affected families is much needed in the country.</p> <p>Communications materials produced (social media) IRCS posts regular updates on social media, including Facebook and Twitter. Furthermore, the IRCS website is regularly updated to share updates on the operation.</p> <p>Post-Distribution Monitoring (PDM) Post-distribution monitoring was conducted for both the livelihoods and basic needs as well as the WASH components. PDM main results can be found under their respective sections.</p> <p>Lesson Learned Workshop (LLW) A lessons learned workshop was conducted to identify the learnings of the operation. A total of 22 staff members from the headquarters and branches attended (14 males, 8 females).</p>			
Challenges			
<ul style="list-style-type: none"> - The reliance on paper-based surveys created more difficulties in data collection. 			
Lessons Learned			
<ul style="list-style-type: none"> - The volunteers' soft skills need to be continuously assessed and improved, including PSS knowledge and first aid. - Multi-lateral coordination with local government authorities were successful and are to be sustained over time. 			

Effective, credible and accountable IFRC		
Indicators:		Actual
% of compliance to IFRC financial standards		100%
Narrative description of achievements		

IFRC Iraq Country Delegation, in close collaboration with the IFRC MENA finance team, were monitoring the implementation of IFRC standards throughout the financial processes in this operation. Compliance with these standards was ensured, and financial backstopping was provided as required.

Challenges

N/A

Lessons Learned

N/A

D. Financial Report

CHF 680,569 has been allocated for IRCS to respond to the immediate needs of 43,116 people (7,186 families) in Diyala, Basra, and Ninewa. ***The final financial report is found below.***

DREF Operation

FINAL FINANCIAL REPORT

MDRIQ013 - Iraq - Droughts

Operating Timeframe: 02 Sep 2021 to 31 Aug 2022

Selected Parameters			
Reporting Timeframe	2021/1-2023/1	Operation	MDRIQ013
Budget Timeframe	2021/9-2023/1	Budget	APPROVED

Prepared on 23/Feb/2023

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	680,569
DREF Allocations	680,569
Expenditure	-680,584
Closing Balance	-15

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods	141,091	37,274	103,818
PO03 - Multi-purpose Cash	146,578	139,121	7,457
PO04 - Health	158,336	195,529	-37,193
PO05 - Water, Sanitation & Hygiene	187,534	252,065	-64,532
PO06 - Protection, Gender and Inclusion	2,939		2,939
PO07 - Education			0
PO08 - Migration	2,939	77	2,862
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	639,417	624,066	15,351
EA01 - Coordination and Partnerships	11,758	54,382	-42,624
EA02 - Secretariat Services			0
EA03 - National Society Strengthening	29,394	2,136	27,258
Enabling Approaches Total	41,152	56,518	-15,366
Grand Total	680,569	680,584	-15

DREF Operation

FINAL FINANCIAL REPORT

MDRIQ013 - Iraq - Droughts

Operating Timeframe: 02 Sep 2021 to 31 Aug 2022

Selected Parameters			
Reporting Timeframe	2021/1-2023/1	Operation	MDRIQ013
Budget Timeframe	2021/9-2023/1	Budget	APPROVED

Prepared on 23/Feb/2023

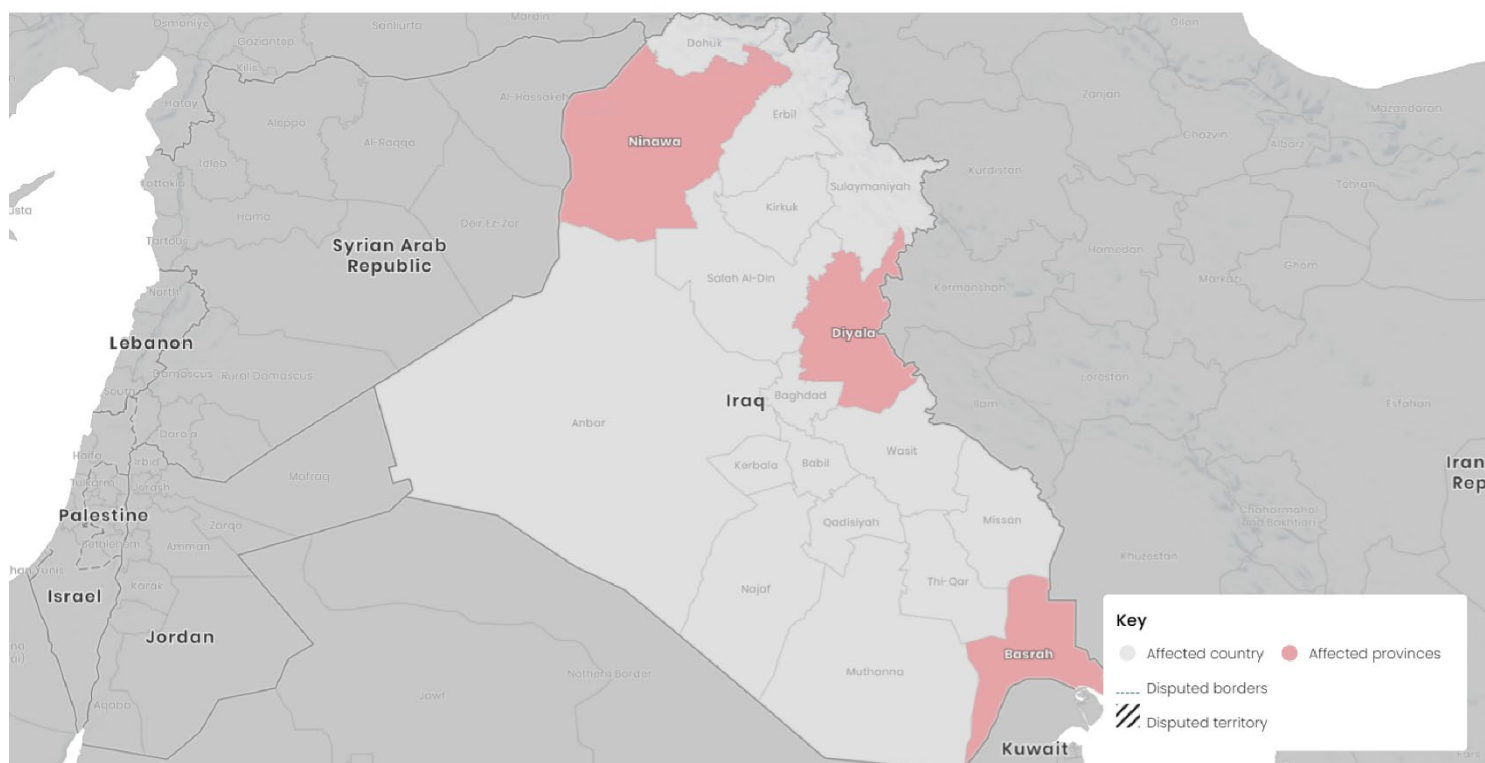
All figures are in Swiss Francs (CHF)

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	517,960	520,602	-2,642
Food	124,200	122,285	1,915
Water, Sanitation & Hygiene	151,800	144,191	7,609
Medical & First Aid	115,000	128,425	-13,425
Cash Disbursement	126,960	125,701	1,259
Logistics, Transport & Storage	8,280	7,313	967
Distribution & Monitoring	8,280	7,090	1,190
Transport & Vehicles Costs		223	-223
Personnel	27,600	4,803	22,797
National Society Staff	18,400	4,803	13,597
Volunteers	9,200		9,200
Workshops & Training	77,280	46,790	30,490
Workshops & Training	77,280	46,790	30,490
General Expenditure	7,912	59,538	-51,626
Travel	3,312	1,226	2,086
Information & Public Relations	2,760	8,639	-5,879
Office Costs		4,622	-4,622
Financial Charges	1,840	3,629	-1,789
Other General Expenses		41,422	-41,422
Indirect Costs	41,537	41,538	-1
Programme & Services Support Recover	41,537	41,538	-1
Grand Total	680,569	680,584	-15

Iraq - Droughts

2 September 2021



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities, Data sources: IFRC, OSM contributors, Map box.

Contact information

Reference documents:

Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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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 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.