



Emergency Assistance to Vulnerable Populations in Iraq

Cooperative Agreement # HDA-A-00-03-00134-00

Final Report
March 2003 - March 2005



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Final Report

USAID/OFDA-Funded Emergency Assistance to Vulnerable Populations in Iraq

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I. Executive Summary

As of the end of January 2005, Mercy Corps completed all OFDA-funded activities under Cooperative Agreement # HDA-A-00-03-00134-00 *Emergency Assistance to Vulnerable Populations in Iraq* and through this program benefited more than 2.4 million vulnerable Iraqis. Since March 2003, twenty-one Implementation Plans (IP) were executed in the southern, central, and northern Governorates of Qadissiyah, Wassit, Suleimaniyah, Erbil, Diyala and Tameen.

While the program initially focused on the Governates of Wassit and Qadisiyah, with lesser amounts of work in Diyala, Erbil, and Tameen Governates, in December 2003, Mercy Corps made the decision to close USAID/OFDA-funded operations in south central Iraq and transfer remaining funds to address needs in northern Iraq. On June 20, 2004, OFDA granted a six-month extension to Mercy Corps' north program and added an additional 1,500,000 USD to IP #24. These funds were allocated to meet two objectives:

- 1) Vulnerable populations have access to sufficient quantities of emergency relief commodities, and
- 2) Vulnerable populations have access to sufficient water and sanitation services.

In September 2004, OFDA allocated an additional 200,000 USD towards IP #24 in order to support IDPs and vulnerable families in and around Bacuba, with a primary focus on emergency livelihood support. Later, on November 20, 2004, OFDA granted an additional 500,000 USD towards IP #24 for operations in Bacuba and Kirkuk, which concentrated on the provision of winterization materials and livelihood assets to IDPs and EVIs in Diyala and Tameem Governorates. Note: A full-time line of the Cooperative Agreement and modifications to it are included as part of Annex 1. End note.

Although the expected large-scale humanitarian crisis did not develop in the post-March 2003 Iraq, the needs of the population, especially in regards to water and sanitation, livelihood assets, and health care, were enormous due to twelve years of neglect, damage from the recent war, and the looting that ensued after the conflict. The degradation of water and sanitation and the health infrastructure threatened the public health of large segments of the population, especially young children and the aged/infirm.

In response to these needs, USAID/OFDA funded Mercy Corps for the Cooperative Agreement entitled, ***Emergency Assistance to Vulnerable Populations in Iraq*** on March 28, 2003. The goal of the program was:

To help minimize loss of life and human suffering within vulnerable civilian populations following the military conflict in Iraq.

This was to be accomplished through the following four objectives:

- ***Vulnerable populations have access to sufficient quantities of emergency relief commodities.***
- ***Vulnerable populations have access to sufficient water and sanitation services.***
- ***Vulnerable populations have access to basic shelter materials.***
- ***Vulnerable populations have access to adequate primary health care services.***

As of January 31, 2005, Mercy Corps has assisted 2,430,442 individuals* in Wassit, Qadissiyah, Diyala, Suleimaniyah, and Tameem Governorates through this program. Altogether, Mercy Corps was able to execute twenty-one Implementation Plans. The majority of these IPs concentrated on water and sanitation (wat-san) and livelihood assets distribution.

IP # and Description	Location	USD Spent	Number of Beneficiaries	Status
IP #1 Staffing and Office Start-up	Iraq Wide		N/A	Completed
IP #2: Temporary Support to Kirkuk Water Treatment Plant	Kirkuk City (Tameem Governorate)	\$21,335	470,000 (indirect beneficiaries)	Completed
IP #3 & #22: Water Treatment Plant & Overhead Water Tank	Khanaqin City (Diyala Governorate)	\$230,072	80,000	Completed
IP #4: Rural Water Supply Project (Installation of Ten Compact Units)	Numaniyah, Al-Ahrar, Al-Suwaira, Al-Aziziya, Sheikh Saad, Al-Hayy (Wassit Governorate)	\$301,650	400,000	Completed
IP #5: Repair of Water Treatment Plant	Al-Kut City (Wassit Governorate)	\$336,433	250,000	Completed
IP #6: Rehabilitation of School Latrines and Public Health Education	Khanaqin City (Diyala Governorate)	\$110,554	52,779	Completed
IPs #7 & #9: Rehabilitation of Four Reticulation Systems	Neighborhoods (Damuk, Al-Aumal, and Al-Hayderyah Quarter) in Al-Kut City (Wassit Governorate)	\$771,512	150,000	Completed

IP #8: Hospital Supply Project to Hospitals and Clinics	Qadissiyah Governorate	\$22,992	150,000	Completed
IP #10: Water Supply Project	Al-Ahrar, Al-Husseiniya, Abdalla Area & Saeed Abd Al-Adeem Village (Wassit Governorate)	\$52,071	40,000	Completed
IP #11: Distribution of Hospital Materials to Hospital and Clinics	Al-Kut City (Wassit Governorate)	0	N/A	Completed with USAID CAP Funds
IP #12: Material Aid Distribution	Wassit, Diyala, Erbil, Suleimaniyah Governorates	\$148,163	75,000	Completed
IP #15: Solid Waste Collection	Khanaqin City (Diyala Governorate)	\$23,153	24,480	Completed
IP #16 & #20: Water Supply in Remote Villages	Diyala Governorate	\$222,519	30,000	Completed
IP #17: Water Supply in Remote Villages (Water Tanks)	Khanaqin Region (Diyala Governorate)	\$85,119	5,760	Completed
IP #18: Rehabilitation of the Reticulation System	Diwaniyah City (Qadissiyah Governorate)	\$70,913	60,000	Completed
IP #19: Rehabilitation of the Reticulation System	Villages outside of Diwaniyah City (Qadissiyah Governorate)	\$128,967	170,000	Completed
IP #21: Emergency Repair of Reticulation System	Khanaqin City (Diyala Governorate)	\$440,241	80,000	Completed
IP #23a: Repair of Sewage Disposal System in Al-Zahra Hospital	Kut City (Wassit Governorate)	0	N/A	Completed by IMC
IP #23b: Sub-grant to ACTED for Wat-San Activities	Diyala, Karbala, Najaf, Salah Al-Din, and Wassit Governorates	\$1,094,128	272,000	Completed
IP #24a: Protection of Livelihood Assets	Diyala Governorate	\$2,189,051	105,723	Completed
IP #24b: Wat-San in IDP and Host Communities	Diyala Governorate	\$148,461	14,700	Completed
TOTAL:		6,397,334	2,430,442	

***Note: This number reflects the sum of all beneficiaries by projects. However, some of the same beneficiaries were counted *more than once*, since they often benefited from different types of assistance in the same geographic area. Given the constraints of the operating environment in Iraq, it is impossible at this time to disaggregate how many individuals were counted more than once. Under this cooperative agreement, there was also no consistent differentiation made between *direct and indirect* beneficiaries, an omission that has been corrected during the new grant and cooperative agreement from USAID/OFDA.**

As shown in the preceding table, Mercy Corps completed twenty-one (21) Implementation Plans in Iraq. Although twenty-three (23) Implementation plans were approved, two Implementation Plans were completed with non-OFDA funds. Mercy Corps executed IP #11 with other USAID monies that allowed for development activities that fell outside of OFDA's mandate. IP #23 was completed by another international NGO, International Medical Corps (IMC), following negotiations with the Department of Health and IMC.

MAJOR ACCOMPLISHMENTS:

- Provided material aid, safe drinking water, appropriate sanitation facilities, hygiene promotion messages, and health supplies benefiting 2,430,442 individuals* in Wassit, Qadissiyah, Diyala, Suleimaniyah, and Tameem Governorates.
- Generated approximately 7,855 formal and informal jobs through the approved IPs in south central and northern Iraq. These jobs positively affected the lives of over 47,130 people (assuming an average family size of six persons per family according to Iraqi statistics).
- Conducted needs assessments in 361 communities in Wassit, Qadissiyah, Diyala, and Tameem Governorates, identified the neediest areas, and implemented OFDA-funded projects.
- Distributed water testing kits to water system authorities in Al-Kut, Diwaniyah, and Khanaqin.
- Established strong and enduring relationships with local authority structures (Water, Health, and Education Departments) in each Governorate and coordinated all project activities through the appropriate channels (Ministries in Baghdad, CIMIC, CPA, and local authority structures).
- Rehabilitated the water treatment plant and furnished ten state-of-the art compact units in Al-Kut, providing safe drinking water to 150,000 residents on the left bank of the Tigris and 100,000 people on the right bank.
- Through the provision of hygiene items and fresh bedding, a sterile environment has been ensured for 36 health structures in Qadissiyah Governorate. According to records from the Department of Health, these structures directly serve a population of over 150,000 people in the Governorate.
- Using Iraqi sub-contractors, Mercy Corps cleared almost 35 miles worth of drainage canals to increase the flow of water in Al-Ahrar and Al-Husseiniya (Wassit Governorate). The aim of the project was to provide drinking water purified by compact units, as well as to furnish communities with vital water supplies to enable them to replant their agricultural fields.
- Completed the rehabilitation of latrines for 60 schools in Diyala Governorate, improving the sanitary conditions of close to 17,000 students and teachers.
- Rehabilitated the reticulation systems in the cities of Al-Kut, Diwaniyah, and Khanaqin by refitting and repairing over 70km of pipe networks, benefiting over 390,000 people.
- Rehabilitated the rural water systems in over ten villages in Qadissiyah and 41 villages in Diyala Governorates, benefiting over 200,000 people.
- Rehabilitated the main water treatment plant and water storage tank in Khanaqin, Diyala Governorate, which serves approximately 80,000 people.
- Through a sub-grant to the French NGO ACTED, repaired 91 compact units, rehabilitated two municipal networks and installed three new pilot compact units in Qadissiyah, Diyala, Wassit,



Beneficiaries in Diyala

Thi-Qar, Karbala, and Babil, ensuring clean water supply for over 272,000 people in 91 communities.

- Constructed a complete reticulation system in Khanaqin by replacing or extending a total of over 40km of pipes in place, benefiting over 80,000 individuals.
- Through both Mercy Corps and its sub-grant with ACTED, conducted health and hygiene awareness training directly benefiting 140,976 women and children (ACTED 124,036 and Mercy Corps 16,940) in Diyala, Wassit, Kerbala, Thi-Qar, Babil and Qadissiyah Governorates and indirectly benefiting an additional 153,803 people.
- Distributed 848,000 liters of kerosene to over 5,200 families (31,200 individuals) during the winter of 2004/2005.
- Established close cooperation with and promoted the capacity growth of local NGOs, including the Al-Salaam Organization based in Khanaqin, the IDP Organization based in Mogdadiya, the Women's Union based in Khanaqin, and the Defenders' Organization based in Jalawla.
- In Khanaqin, Mercy Corps provided over 500 trashcans, which serve 4,080 families daily, amounting to approximately 24,480 people.
- Procured and installed water tanks in remote villages of the Khanaqin area, providing clean drinking water to over 5,000 inhabitants.
- Drilled deep wells in remote villages around Khanaqin, ensuring access to clean drinking water to over 30,000 inhabitants.
- Implemented water and sanitation projects in 21 villages in Diyala, supplying over 14,700 IDPs and EVIs with potable water.

II. Background

Before the start of the conflict in March 2003, Mercy Corps already had several members of its Global Emergency Operations team in the region and augmented this group with a team of disaster relief professionals. In Northern Iraq, Mercy Corps, in conjunction with its strategic partner Peace Winds Japan, had opened an office in Erbil in February 2003. Using this office as a base for operations in Northern Iraq, Mercy Corps began water and sanitation programming in the city of Kirkuk and expanded into the towns of Suleimaniyah and Khanaqin. In the south central Iraqi governorates of Wassit and Qadissiyah, Mercy Corps agreed to serve as the Governorate focal point for both the International Organization for Migration (IOM) and the World Food Program (WFP). During that time and as part of its responsibilities as IOM and WFP focal point, Mercy Corps recorded approximately 2,000 individuals as internally displaced. The names and locations of these individuals were provided to IOM and WFP.

Mercy Corps established a central office in the town of Al-Kut and sub-office in the town of Diwaniyah. Over the life of the Cooperative Agreement, Mercy Corps conducted 361 needs assessments. As a result of these assessments, over 99% of all villages reported being concerned about either the quality or quantity of their potable water supplies.

During August 2003, Mercy Corps relocated its entire international staff to Kuwait due to two IED attacks against two of its residences in Al-Kut. This delayed the implementation of all IPs. As a result, Mercy Corps requested a 90-day no-cost extension until the end of December 2003. Also during this time, the original IP budgets were revised downwards, as the cost of material inputs started to decrease significantly as a result of the importation of less costly goods and the elimination of all taxes and import duties. Mercy Corps was able to complete all of the objectives stated in its Implementation Plans for Wassit and Qadissiyah Governorates, with cost savings. These cost savings were later re-allocated with the approval of OFDA in the summer of 2004 to fund additional Wat-San IPs in northern Iraq.

Based on an assessment of unmet needs in the summer of 2003, Mercy Corps decided to relocate its logistics center from Erbil to Khanaqin. During that time, the administrative capacity of the Suleimaniyah office and the programming capacity of Khanaqin were developed. Khanaqin is a keystone city in the mixed-ethnic “buffer zone” that characterizes much of Diyala. Khanaqin’s unique character and location allowed Mercy Corps to project assistance into relatively insecure areas without compromising staff security. Mercy Corps followed a policy of “crosslines” assistance in order to contribute to a reduction in ethnic and political tension through its material assistance distributions. Mercy Corps worked through local partners emerging from the afflicted new and old caseload of IDP and EVI communities in order to strengthen their capacity to represent and govern themselves.



IDP tent settlement in Diyala

Mercy Corps studied existing assessments, conducted its own, started the dialogue between new partners and the IPDs/EVIs themselves, and placed a large priority on access to water and on the supply of household assets, the need to strive to meet SPHERE standards in the preparation of food, security of habitation, health maintenance, and the use of water in drinking, bathing, washing and cooking, etc.

At the end of December 2003, OFDA awarded Mercy Corps an additional 2 million USD. These extra funds were used to finance additional Implementation Plans in northern Iraq, as well as the ACTED sub-grant agreement. Mercy Corps made the strategic decision in December of 2003 to focus all of its remaining OFDA resources in northern Iraq. Mercy Corps’ management based this decision on a number of factors:

- 1) The first was that Mercy Corps had been awarded a large USAID-funded Community Action Program (14 million USD in June 2003 with a commitment to provide an additional 10 million USD by spring 2004) for Wassit, Qadissiyah, and Maysan Governorates. This grant allowed needy Iraqi communities to implement projects that they had previously identified through Mercy Corps’ facilitation. Many of these projects were the same kinds of projects as those funded by OFDA, since the priorities of the communities often involved water and health (in addition to education).
- 2) The second reason for the shift in strategy was that humanitarian needs in northern Iraq were deemed more critical than those in south central, where long-term development activities were more appropriate.
- 3) The third reason was security. During this time, Mercy Corps perceived that the Shia heartland was slowly becoming more unstable. Mercy Corps’ senior management considered it vital to Mercy Corps’ overall security to maintain a presence in the relatively peaceful and stable Kurdish north.

Events since the beginning of April 2004 have confirmed the efficacy of this strategy. Since May 2004, OFDA-funded projects have been implemented in the north, in Diyala Governorate. The projects focused on two objectives: livelihood assets distribution and Wat-San interventions.

III. Breakdown of Program by Objective

Objective #1: Vulnerable populations have access to sufficient quantities of emergency relief commodities.

	Originally Proposed	Figures by End of CA
Geographic Areas of Activity:	North, Central, and South Iraq	Same
Number/Type of Beneficiaries Targeted:	Approximately 100,000 conflict-affected individuals	170,723*
Amount Requested (for Program Activities):	\$400,000 (not including commodity costs)	2,337,214

***Note: This number reflects the sum of all beneficiaries by projects. However, some of the same beneficiaries were counted more than once, since they benefited more than once from our assistance, which is why this number needs to be used with caution.**

Under this objective, Mercy Corps conducted needs assessments in 361 villages in Wassit, Qadissiyah, and Diyala Governorates using the OCHA Rapid Assessment Form. Mercy Corps' assessments determined that there was only limited need for targeted distribution of food or non-food items in south central Iraq. Conversely, in northern Iraq, due to a large number of internally displaced persons, there was a large need identified for material support. As a result, although the anticipated large-scale, post-conflict humanitarian crisis did not develop, large pockets of new and old-caseload IDPs and extremely vulnerable local populations remained. Under this objective, Mercy Corps assisted over 170,723 IDPs and EVIs in Diyala and Wassit Governorates through the targeted distribution of items such as rice, food parcels, blankets, hygiene kits, jerry cans, kerosene, and other food and non-food items.

IP #12: Material Aid Distribution

Under IP 12, Mercy Corps requested and received 32 containers of non-food items, food, and hospital equipment from the Taiwan Ministry of Foreign Affairs, the Church of Latter Day Saints (LDS) and Food for the Hungry (FFH), for distribution in south central and northern Iraq. Using items donated from these other donors and funding for distribution costs under this Implementation Plan, Mercy Corps assisted approximately 65,000 IDPs and EVIs in over 20 communities in Diyala (40,000) and Wassit (25,000). The funds under this Implementation Plan primarily enabled the transport, storage, handling, and distribution of the donated items. In specific, Mercy Corps targeted recently displaced families, vulnerable households from amongst the local community, and social institutions (orphanages and facilities for physically or mentally challenged individuals) with a distribution of essential non-food items such as bedding materials, hygiene kits, clothes, beds, or wheel chairs, and complementary food



Mercy Corps distributed WHO medical kits in Northern Iraq. Each kit provided crucial medical supplies for 10,000 people for three months.

items, such as sugar, salt, water, and rice. As part of these distributions, Mercy Corps worked with several local NGOs in Khanaqin for targeted “crosslines” distributions (between and among predominately Arab and Kurdish areas). The distributions played an important role in establishing relationships with key religious, government and charity institutions in Mercy Corps’ area of responsibility (AOR).

More recently, in the summer of 2004, Mercy Corps used a limited amount of the funding under IP #12 to work with local NGOs in Khanaqin, Moqdadiyah, and Jalawlah to establish Community Food Banks, which provide food to families recently displaced from conflict areas such as Fallujah and Najaf. The funding from USAID/OFDA was further leveraged through donations made by local Iraqi businesses and individuals to help stock the food banks.

IP #24a: Protection of Livelihood Assets

Under IP 24a, Mercy Corps provided livelihood assets packages to 74,523 individuals in Diyala Governorate (including 3,000 individuals who benefited from the Baquba intervention – see below). While IOM, DRC (Danish Refugee Council) and others had provided much-needed basic items such as tents, kerosene heaters, and plastic sheeting to IDPs and EVIs, there was an increasingly critical need for additional commodities that not only supported basic living conditions, but would also allow families to maintain a basic standard of living and livelihood. Based upon extensive focus group discussions with



Family receiving their livelihood assets

IDPs, IDP leaders, and local NGOs, Mercy Corps determined that these populations could best be assisted by a selection based on each family’s need for “livelihood assets,” ranging from standing stoves to tables/chairs, as well as limited shelter materials (tarps, hinges, etc.). This decision was based on the fact that most of these IDPs left their belongings behind when they were fleeing the Kurdish cities at the end of the coalition-led conflict.

To this end, Mercy Corps established cooperation with four local NGOs (IDP Association, Women’s Union, Al-Salaam Organization, & Defenders’ Organization) in June 2004, and with their help identified IDP (mostly Arab) and EVI families

with critical material needs. The EVIs included host families, female and child-headed households, and families with persons with disabilities. At the time, IDP families were occupying public buildings and military camps in and around Baquba, Mogdadiya, Saddiya, and Jalawa city. Since most international NGOs had left the country in April 2004 and the local government did not have the capacity to handle such large numbers of IDPs, the latter were left without any type of formal assistance.

Mercy Corps decided to assist those IDPs and EVIs by providing them with basic livelihood assets to help sustain the families through a six-month period. Each livelihood assets package contained the following items:

Item Description	Quantity	Estimated Price USD
Carpet 15m ² (3m X 5m)	1	30.00
Blanket	4	28.00
Mattress (80cm X 180cm X 8cm & high pressure foam with cover)	4	32.00
Pillow with cover	4	8.00

Water thermos (0.25 liters)	1	3.50
Stove with four burners on stand, gas cylinder, regulator, and 1m plastic hose	1	50.00
Plastic chair	4	14.00
Plastic table	1	14.00
Water tank 250 liters capacity (galvanized metal plate)	1	21.00
Plastic bucket 18 liters (one with cover)	2	3.00
Plastic jerry can 20 liters for kerosene	1	2.00
Kitchen set (3 aluminum pots, 1 set of stainless spoons, 2 big spoons, 3 knives different sizes, 2 sets of plates)	1	18.00
Radio with 4 batteries	1	15.00
Plastic water hose 1/2" (25m length)	1	3.50
Generator small (1 kw)	1	70.00
Hygiene kit (women's hygiene 2 packs, diapers for babies 2 packs, Shampoo 2 bottles, toothpaste 4, and toothbrush 4)	1	20.00
Stainless steel kettle one set (one small, one big)	1	6.50
TOTAL:		338.50

The Baquba Intervention

In September 2004, Mercy Corps and OFDA together identified great needs among IDPs living in two separate military camps in Baquba: Saad and Al-Khalis camps. It was decided that Mercy Corps would not only provide IDPs with livelihood assets, but also with basic shelter materials and hygienic kits. For this purpose, Mercy Corps was allocated an additional 200,000 USD from OFDA for a quick impact distribution. The procurement of 417 livelihood asset packages and 200 shelter material packages was conducted in Baghdad through Mercy Corps' procurement office. Subsequently, all the materials were transported directly to the Baquba warehouse, which was rented by Mercy Corps especially for this distribution. The shelter materials were composed of plastic sheeting, wood beams, wire, and nails to facilitate the construction of provisional roofs, doors, windows, and separators for toilets. In collaboration with the local IDP Association, Mercy Corps managed to organize and implement this distribution within one month (September 2004), which was met with the appreciation of beneficiaries and OFDA. As a result of this intervention, 500 IDP families (about 3,000 individuals) were able to prepare their homes for the winter and divide the huge military buildings into smaller living units in order to gain some privacy.



Families receiving the asset packages

The Kirkuk Intervention

Mercy Corps provided Arab and Kurdish IDPs, returnees, and EVIs in the Kirkuk area, Tameem Governorate, with livelihood assets packages, including mattresses, blankets, shoes, clothes, jerry cans, and kerosene heaters. The distribution was primarily carried out by the agency's local partner, REACH, an organization based in Suleimaniyah with over 13 years of experience in the development sector. The distribution began on December 10, 2004, and drew to a close on March 7, 2005. Please find attached in Annex II the complete final report for the Kirkuk intervention, to which 573,792 USD of this



During the distribution of livelihood assets

Cooperative Agreement were allocated. Note: The initial portion of the Kirkuk intervention was funded from this Cooperative Agreement, and the remaining balance of the distribution was funded under the latest Cooperative Agreement, dated December 13, 2004. Under the contribution from this Cooperative Agreement, 8,921 individuals directly benefited from the distributions.

The Kerosene Distribution

Thanks to the close collaboration between Mercy Corps and local NGOs, which had access to first-hand information on communities, Mercy Corps identified the urgent need among IDP and EVI families living in military camps and tent cities for kerosene (kerosene heaters were already included in the livelihood assets packages). Together with the IDP Association from Mogdadiya and Al-Salaam Organization from Khanaqin, Mercy Corps prepared a master plan to distribute 4,200 barrels and a total of 848,000 liters of kerosene worth over 215,000 USD. This operation was the largest single operation undertaken by Mercy Corps and its partners. Since it was critical to distribute the kerosene before the winter months of 2004/2005, the IDP Association and Al-Salaam Organization formed four independent teams who worked every day to distribute as much kerosene as possible to the intended beneficiaries in a short amount of time. Although the teams worked every day, the distribution lasted one whole month. The initial plan for the distribution included three stages: each month, IDP families were supposed to receive 220 liters of kerosene.



Kerosene barrels for distribution

Unfortunately, due to the fact that our implementing partners faced serious security problems during the distribution and that our kerosene suppliers struggled with increased prices and unavailability of kerosene on the market, Mercy Corps was forced to cancel the second and third distribution and transferred all resources to the first stage in order to enable its completion. To support this operation and other winterization projects, OFDA granted Mercy Corps an additional 500,000 USD in November. All in all, 31, 200 individuals (5,200 families) benefited from Mercy Corps' kerosene distributions in the winter of 2003/2004 and 2004/2005.

All of these interventions played an important role in establishing relationships with key religious and charity institutions in Mercy Corps' AOR. Thanks to the support that Mercy Corps provided to local NGOs, they were able to develop and expand their operational capacity. These civic actors are now better equipped to take on independent actions and apply for donor funding.

Expected Results:

1. Essential non-food items are provided to vulnerable beneficiaries.
Indicator: Number of beneficiaries provided with non-food items: 170,723.
2. Food parcels are provided to vulnerable beneficiaries.

Indicator: Number of beneficiaries provided with food parcels: 50,100 (food parcels provided by other donors).

Objective #2: Vulnerable populations have access to sufficient water and sanitation services.

	Originally Proposed	Figures by End of CA
Geographic Areas of Activity:	North, Central, and South Iraq	Suleimaniyah, Tameem, Diyala, Najaf, Karbala, Wassit, and Qadissiyah Governorates
Number/Type of Beneficiaries Targeted:	50,000 to 66,000 conflict-affected individuals	2,099,719*
Amount Requested (for Program Activities):	\$1,200,000	\$4,037,128

***Note: This number reflects the sum of all beneficiaries by projects. However, some of the same beneficiaries were counted more than once, since they benefited more than once from our assistance, which is why this number needs to be used with caution.**

This objective encompassed the majority of Mercy Corps’ programming in Iraq under this Cooperative Agreement. The need for improvement of water and sanitation systems was evident both through direct observation and through the assessments conducted by Mercy Corps staff. Large segments of the population had little or no access to potable water and were drinking untreated water, while the existence of raw sewage was evident in many cities and towns. These conditions were leading to increases in diarrhea and fecal chloroform diseases well above acceptable levels.

IP #2: Temporary Support to Kirkuk Water Treatment Plant

The takeover of Kirkuk city by Peshmerger fighters on April 10, 2003, led to the collapse of authority within the city and a high increase in looting. As a result of this looting, the Directorate of Water and Sewerage lost all of its small vehicles, while all laboratories were looted, with equipment stolen and vandalized. The net result was that the Directorate was having difficulty moving its staff to the main treatment facilities and could only undertake chlorine and pH monitoring. This left the city without any method for carrying out bacteriological testing of its water supply, posing a grave risk for the health of all residents of Kirkuk city. Mercy Corps provided the Directorate with four rented cars (two minibuses and two 2-wheel-drives) for a period of two months, as well as basic water testing equipment to allow for monitoring of the water quality of the city until more long-term solutions could be found. In addition, looted laboratory equipment was replaced by the agency. As this support period came to an end (June 13), it became clear that the Directorate could not at that time meet the hire costs for these vehicles, with staff salaries remaining unpaid and the inability to find a donor willing to take over the support. Hence, Mercy Corps proposed to continue to support the Directorate of Water to meet its obligation of providing the city of Kirkuk with water via the hiring of vehicles until the end of September 2003. Altogether, 470,000 inhabitants of Kirkuk indirectly benefited from having access to a clean, reliable source of drinking water.

IP #3: Water Treatment Plant in Khanaqin City

IP #22: Water Treatment Plant (Overhead Water Tank) and Continuation of IP #3 in Khanaqin City

As a result of close cooperation with local partners and the appropriate authorities of the city of Khanaqin, Mercy Corps was able identify the city’s priorities and implement emergency water and sanitation engineering assistance to the Water Treatment Plant (WTP) in Khanaqin. Working with municipal authorities, Mercy Corps repaired and maintained the water pumps, cleaned the flocculation tanks, fueled the generator, and repaired and provided chlorine for the system.



Work on the WTP in Khanaqin

Mercy Corps also rehabilitated the elevated water tank, which can store up to 2,600,000 liters of water and, according to the WTP, is sufficient to supply Khanaqin with water for two days. The tank was seriously damaged by a direct missile hit during the Iran-Iraq war in the late 1980s. As a result, the water tank became completely unusable and residents had to resort to drinking untreated water from the river and canals. Taking into consideration that Khanaqin is frequently cut off from electricity and that the pumps are therefore unable to sustain the flow of water, it was crucial to store water in an elevated tank and use it in case of electricity shortages or during the summer months when the Alwan River cannot provide enough water for the whole city during the day.

Since the conclusion of this project, Mercy Corps has continued to support the WTP on an emergency basis, but since December 2004 moved forward with the expectation that Iraq's national, Governorate, and municipal governments will fully assume most, if not all, of the responsibilities for the plant. Khanaqin's WTP now provides clean water for over 80,000 residents. In order to maintain the WTP, Mercy Corps also agreed to repair all of the essential vehicles for the WTP and related municipal offices, including three water tankers that provide over 15 remote villages with drinking water.

IP #4: Rural Water Supply Project (Installation of Ten Compact Units) in Wassit Governorate

Mercy Corps initially started working in five rural towns to improve the quality and quantity of water in Wassit Governorate. Mercy Corps identified minor faults in the water distribution and purification systems and the need for critical elements such as pumps, electrical connections to existing grids, generators, intake pipes, precipitation tanks, chlorinators, and compact units. All of the systems required varying degrees of minor repairs, and in some communities certain Wat-San elements were not functioning properly, causing entire systems to fail. This project was completed in the following rural towns: Numaniyah, Al-Ahrar, Al-Suwaira, Al-Aziziya, Sheikh Saad, and Al-Hayy.

At every stage of this process, Mercy Corps partnered with the Water Department of Wassit Governorate. The contract for this project amounted to 264,811 USD. As an in-kind contribution to the project, the contractor, METITO, rehabilitated the laboratory at the Al-Kut water treatment plant. As a result, 400,000 residents of six communities in five towns now have access to clean drinking water.

IP #5: Repair of Water Treatment Plant in Al-Kut City

In July 2003, Mercy Corps began rehabilitating the water treatment plant in Al-Kut city. Prior to the onset of the conflict, the system had been functioning at only 50% capacity and was extremely fragile overall and prone to frequent breakdowns. The Water Department lacked spare parts for the antiquated equipment. In short, the absence of sufficient water treatment equipment and chemicals, inconsistent water testing, and a dilapidated water distribution pipeline all contributed to a water supply system vulnerable to shocks. The onset of the conflict with related prolonged power outages, generator overloads, minor combat damage, and excessive looting had a significant negative impact on an already vulnerable system. Water supply quality and quantity had notably deteriorated from pre-war levels.

Mercy Corps proposed a plan to the Water Department to completely rehabilitate the existing water treatment plant. The project involved replacing and repairing such items as intake pipes, low-lift pumps,

pulling pumps, filters, valve locks, clarifying tanks, high-lift pumps, outlet gates, alum chambers, chlorine units, electric panels, generators, lighting, etc. In short, the whole plant was to be rehabilitated. In addition, ten new compact units were purchased and installed in sub-stations throughout the city. Before the completion of the project, the water storage tank, which has a capacity of over 50,000 liters, was cleaned out. The tank had not been cleaned out in over 20 years and had accumulated over five meters of sludge, which included the carcass of a dead mummified horse. Lastly, Mercy Corps supplied three complete water testing kits along with purification chemicals to the Water Department.

IP #6: Rehabilitation of School Latrines and Public Health Education in Khanaqin City

In a continuous search for gaps in the water and sanitation sector of Khanaqin, it was identified that several primary schools in the area neither had water nor functioning toilets in their bathrooms. The water and sanitation systems in public schools in and around Khanaqin proved to be in dire condition due to prolonged neglect, which had been worsened by the impact of the conflict. Mercy Corps' initial assessment findings and anecdotal evidence demonstrated an increase in the incidence of diarrhea-related diseases. Furthermore, a joint NGO rapid assessment indicated that hygienic conditions in the schools were not sufficient to provide a minimum standard of services and were in a position to contribute to the spreading of water-borne diseases.

In response to this critical need, Mercy Corps decided to rehabilitate latrines in 60 primary schools in Khanaqin, Jalawla, and Saddiya. In each school, water tanks, pipes, fittings, taps, and pumps were installed, accompanied by at least one facility to secure an adequate flow of clean and drinkable water. Mercy Corps also provided and installed adequate excreta disposal flushing systems, slabs, and pipes in at least one latrine facility of each of the 60 schools to ensure a properly sanitized environment for primary school children.

In parallel, school children were trained in preventive hygiene practices by their teachers, who had previously received training by qualified health specialists. All the primary school children of the area of intervention thus gained knowledge of simple, though effective, measures, such as posters of personal hygiene. Mercy Corps facilitated a training of approximately 1,700 primary school teachers in preventative health activities to be transferred to their students. The training was performed by qualified health personnel in cooperation with other international and local medical NGOs, who provided consultancy and technical expertise. A coordinated effort with UNICEF and local health and education authorities simultaneously ensured a culturally and socially appropriate hygiene education approach. In total, 52,779 people from the wider school communities benefited from this project, including 16,940 students of the schools.

IPs #7 & #9: Rehabilitation of Four Reticulation Systems in Al-Kut City

Unfortunately, the repair to the water treatment plant in Al-Kut city under IP #5 proved insufficient since water was not reaching the end users (households) due to breaks and leaks in the reticulated pipe system. An estimated 50% of the water in Al-Kut was being lost because of leaks in the reticulation system. The oldest part of the pipeline was made of asbestos pipes, prone to causing cancer and strictly forbidden worldwide. The most recently installed pipes were made of steel but the majority of them were corroded and damaged. A relatively small percentage of the pipeline was made of PVC pipes and since looting severely decreased the availability of PVC pipes in stock, the reticulation system was left in extremely poor condition. The combination of water leakages, sewer leakages, and garbage was reducing the water supply capacity and polluting the water before it even reached the general population.

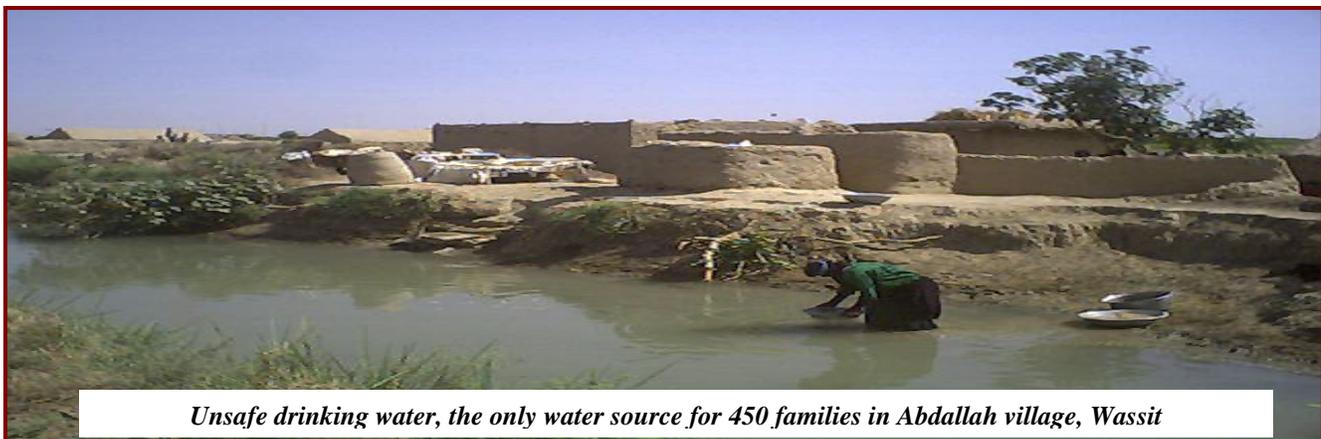
In coordination with the Al-Kut Water and Sewer Directorate and USAID/DART, Mercy Corps began work on repairing the reticulation system in Al-Kut. Mercy Corps developed the reticulation system

together with the Technical Water Department of the Governorate. The original budget for these IPs were assembled in June and July 2003. When Mercy Corps staff re-evaluated the bill of quantity at the time of tendering, the costs for all of the inputs of the project had gone down significantly. Mercy Corps and the Wassit Water Department recalculated the bill of quantity, revising the total budget. When the budget was originally prepared in July 2003, Mercy Corps staff had assumed that the pipe would have to be imported through Kuwait, thus incurring high logistic costs for transport and storage. However, by August 2003, Iraq had been flooded with all sorts of high-quality, but low-cost Wat-San equipment and spare parts.

The work for this project involved the removal of significant quantities of pavement and earth, as well as the digging of a 0.6 meter wide and, on average, a 0.5 meter deep trench. In total, the contractor installed 43 kilometers of plastic pipe (from 225 mm to 110 mm with a pressure capacity of 10 bar) in the neediest areas of Al-Kut (Damuk, Al-Aumal, and Al-Hayderyah Quarter). The project also necessitated the purchase of over 400 different types of joints to connect the pipes together and join the intake pipes with the sources of water from the treatment plant. This project supported the hiring of over 500 laborers and represented a very visible project in the city, receiving much local publicity on TV, radio, and in the printed media. In addition, Wassit Water Department staff provided key technical support to the project and ensured smooth relations with the local community.

IP #10: Water Supply Project in Rural Wassit

Assessments carried out by Mercy Corps' teams in Wassit Governorate identified urgent needs for simple, low-cost water and sanitation interventions that would have a marked and immediate impact on local public health. For more than one year before the recent conflict, the Iraqi Government and its Ministry of Agriculture prioritized regime-connected families for potable and irrigation water interventions, neglecting the poorest farmers and tribal opposition areas. During the recent conflict, the Government enhanced military structures and operations by removing pumps and generators from drinking and irrigation canals. East of Al-Kut, the main canal supplying water to Al Harrar and Al Hessena areas had been affected by such war and pre-war Government policies. The water level had tremendously decreased and the water flow diminished. This accelerated the particle sedimentation



Unsafe drinking water, the only water source for 450 families in Abdallah village, Wassit

process, leading to poor-quality, stagnant water unfit for drinking and insufficient for irrigation purposes. In the affected areas, 40,000 residents were therefore deprived of safe drinking water. No treatment plant existed and the area was not served by electricity. In addition, the community could not afford the cost of cleaning the canal. Drinking water was fetched by women in stagnant and contaminated canals containing human and animal excrement.

Mercy Corps water engineers and the Wassit Water Department, together with the District Directorate of Agriculture, assessed this critical situation and identified technical solutions to provide safe water access to the villagers and irrigation water to the farmers. Mercy Corps executed the project in two phases. During the first phase, the water flow was restored by cleaning out the primary 35km long canal, while the second phases witnessed a provision of greater quantities of potable water through supplying additional water purification units to the area. In addition, Mercy Corps community development and health officers carried out health and sanitation programs in the affected villages (Al-Ahrar, Al-Husseiniya, Abdalla Area, and Saeed Abd Al-Adeem) to create hygiene awareness among the population. More than 40,000 residents directly benefited from this project, including a large farmer population that increased their income through drawing water straight from the restored irrigation canals.

IP #15: Solid Waste Collection in Khanaqin City



Khanaqin before the campaign

In April 2004, the municipal authorities in Khanaqin acknowledged the need to keep the city clean and to teach citizens about the importance of using garbage cans. Garbage accumulation, together with an already fragile waste collection system, was posing a threat to public health in the city. Mercy Corps subsequently established a community mobilization team that



Khanaqin afterwards

mobilized local neighborhoods to explain to them the importance of using trash cans instead of throwing garbage directly into the street, as well as determine where trash cans would be placed. Following these mobilization efforts, Mercy Corps installed over 500 trash cans in the neighborhoods. In order to further mobilize and empower local communities to take greater responsibility for refuse and garbage collection, Mercy Corps organized “Cleaning Days” with educational messages on public awareness materials used to promote a cleaner city. Simultaneously, it was agreed that the local municipality would take on the responsibility of emptying the trash cans every third day, thereby creating a self-sustainable garbage collection system. As a result, the greater part of Khanaqin is now garbage-free and the risk of disease spread by poor hygiene and sanitation has successfully been decreased.

IP #16: Water Supply in Remote Villages in Diyala

IP #20: Water Supply in Remote Villages (Wells) Phase II-Extension of IP #16 in Diyala

Following years of under-investment and poor maintenance of the water treatment and distribution systems in and around Khanaqin, local authorities continued to struggle to meet the immediate needs of the population, particularly in the rural areas. Mercy Corps thus responded to the needs of 23 villages located in Diyala, which faced a lack of potable water and storage tanks. These villages were identified by our engineering staff and by Mercy Corps’ local partners. In addition, Mercy Corps worked with local geologists and contractors who determined the best site for the installation of the Wat-San structures in the villages. In response to the villages’ needs,



Women used to walk up to two kilometers to fetch drinking water

Mercy Corps drilled bore holes, built pump houses, installed water tanks holding 20,000 liters, and constructed simple water networks. In every village, the water facility was built to have at least two water access points, which are within 70 meters of every household. As a result, residents of 23 villages now have access to an independent source of potable water. Additionally, several of these locations have been provided with generators in order to enable the proper functioning of the whole water system during times when electricity is suspended.

IP #17: Water Supply in Remote Villages (Water Tanks) in Khanaqin Region

During the implementation of the remote villages project, Mercy Corps discovered that there were several villages which had no source of water at all. The local communities used salty water



One of the water trucks

from the wells or, if they could afford it, bought water from other villages. Villagers had to pay for water trucking, a service provided by the firemen of the municipality, which was too expensive for many families, meaning

A water facility in one of the villages



they continued to use the contaminated local water sources. In addition, families who wanted to return to the lands they

inhabited twenty years ago were postponing their resettlement until an appropriate water supply solution could be provided. After discussing these cases with the local water authorities, it was decided to buy two water trucks that would provide water free of charge to these remote villages. To secure sustainability of this project, Mercy Corps signed an official agreement with the Water Directorate stating that Mercy Corps would pay for the trucks, but that it would be the responsibility of the Directorate to provide drivers, fuel, water, and maintenance for the trucks. As a result, 23 villages are now supplied with clean drinking water.

IP #18: Rehabilitation of the Reticulation System in Diwaniyah City

Similar water and sanitation projects were executed in Diwaniyah and rural areas outside of Diwaniyah (Qadissiyah Governorate). Representatives of the community and the Qadissiyah Water Department approached Mercy Corps to provide assistance in rehabilitating the city water system in Diwaniyah as well as water systems in two rural areas outside of the city. In Diwaniyah, the following areas were included in the project: Saeed Abbas, the main sewerage station area, Al-Uruubah, Al-Tujjaar, the main Red Crescent area, and Al-Shuhadah. These areas are among the poorest neighborhoods in Diwaniyah. The number of beneficiaries amounted to 60,000 persons.

In partnership with the Qadissiyah Water Department, Mercy Corps provided replacement backup pumps, replacement electrical panels, generators, water purification kits, and other spare parts for the main water treatment plant in Diwaniyah. In order to make spot repairs in the above mentioned neighborhoods, Mercy Corps procured and installed over three kilometers of plastic pipes to stop the leakage problems in the reticulation systems of these neighborhoods.

IP #19: Rehabilitation of the Reticulation System in Rural Qadissiyah

In the rural areas, Mercy Corps and the Qadissiyah Water Department agreed to implement a spot rehabilitation project in nine villages outside of Diwaniyah: Sub Al-Shamaa, Ramadan, Al-Wahda, Muthalath Gaza, Itan, Qazaar, Um Al-Kail, Shamaha, and Al-Attar. The main problem behind supplying

these villages with safe drinking water was leakages in two main pipelines to these areas: the Al-Talib and Al-Kheiri pipelines. This project involved very heavy construction work. Mercy Corps, with the support of the Qadissiyah Water Department, hired a large excavator to dig a ten kilometer trench to lift both pipelines out and repair them by installing nearly ten kilometers of new pipes and fitting. Over ten kilometers of feeder pipes were then repaired and replaced. They connected the nine villages to the main pipes.

Since the conclusion of these projects, Mercy Corps staff continued to monitor their progress. Accompanied by staff from the Water Departments in Qadissiyah and Wassit Governorates, they have verified test results that show that these projects have significantly increased the supply and quality of available water. These tests were conducted before the outbreak of the most recent violence in early April 2004 in south central Iraq. Mercy Corps staff have continued, when possible, to visit the Water Departments to obtain updates on the progress of these projects.

IP #21: Emergency Repair of Reticulation System in Khanaqin City

The most significant project implemented in the north was the rehabilitation of the reticulation system in Khanaqin. This idea came up as a consequence of the rehabilitation of the Water Treatment Plant and the elevated tank in town. Mercy Corps engineers and the local authorities understood that it was not enough to rehabilitate the WTP to provide clean water to the citizens of Khanaqin. There also existed a great need to replace the old leaking asbestos pipes with new PVC ones to ensure that residents of the city would receive safe drinking water. Incidents of water-borne diseases were likely to increase in the near future, causing serious health concerns, especially with the arrival of the rainy season. Several cases of Diarrhea, Dysentery, and Typhoid had already been reported in Khanaqin. Thus, major public health problems were anticipated if emergency spot repairs to the system were not carried out.



Children drinking river water in Khanaqin



Laying down the new reticulation pipes in the city

Therefore, after several meetings with the local authorities, Mercy Corps drew up a plan and a bill of quantities for this project. Mercy Corps wanted to ensure that potable drinking water would be distributed to the final user through the water reticulation system without being contaminated en route. As a result, Mercy Corps not only replaced the old reticulation system but also connected seven new neighborhoods to the new reticulation system, as well as nearby suburban areas, including Malak Shahi, Saba Nissan, and Hi Al Moalemen. Mercy Corps put a total of 40km of pipes in place. Through a direct partnership with the Water Department of Khanaqin, Mercy Corps strengthened its capacity to make emergency spot repairs to the reticulation system.

The Water Department also coordinated the labor for the project and contributed some of its own staff and available tools. These projects lasted for 200 days, creating jobs for over 50 workers who dug the trench for the pipes through the whole city. Altogether, 80,000 people in Khanaqin are now connected to the system and receiving safe and clean water.

IP #23a: Repair of Sewage Disposal System in Al-Zahra Hospital in Al-Kut City

IP #23a, which involved the repair of the sewerage disposal unit in Al-Zahra Hospital (Wassit Governorate), was completed by International Medical Corps (IMC).

IP #23b: Sub-grant to ACTED for Wat-San Activities in Diyala, Karbala, Najaf, Salah Al-Din, and Wassit Governorates

In December 2003, Mercy Corps and ACTED signed an agreement whereby ACTED would rehabilitate 103 compact units and provide health/hygiene awareness training in 91 different locations in the following Governorates: Qadissiyah, Diyala, Wassit, Thi-Qar, Karbala, and Babil. Similar to Mercy Corps and other INGOs, ACTED has also been adversely affected by the current security situation. All international staff were relocated to Amman, Jordan, where they remotely managed this 1.175 million USD sub-grant from OFDA. According to ACTED, they finished 91 Compact units, three pilot compact units, and repaired two water networks, benefiting over 272,000 individuals. They also conducted health and hygiene promotion activities that reached over 124,036 women and children directly and over 100,000 indirectly. ACTED's final report and an evaluation by Mercy Corps of ACTED's work is attached to this report (Annex III).

IP #24b: Wat-San in IDP and Host Communities in Diyala

While various actors had expended considerable time and resources toward supporting villages hosting IDPs and individual IDP sites in the past, in the summer of 2004 many sites/structures still had inadequate access to potable water and insufficient sanitation infrastructure or services. Whereas Mercy Corps successfully repaired the water systems in Khanaqin town and over 20 surrounding villages, as well as rehabilitated the latrines in 60 schools in the Khanaqin area, many sites in Diyala and related areas of Tameem Governorate required additional inputs to ensure sufficient water and sanitation facilities for IDPs and host populations. The focus of the water and sanitation work was thus aimed at ensuring that beneficiaries had adequate and safe water for drinking, bathing, washing, cooking, etc. Mercy Corps' primary partners for these interventions were the municipal water and sewer authorities, as well as the Departments of Health and Education, assuring that new water and sanitation activities complemented on-going projects in this sector. Specifically, the intervention focused on emergency installation, repair, and rehabilitation of water and sanitation systems for IDP/EVI areas of habitation, clusters, and sites. These included a special emphasis on communities hosting IDPs who had inadequate water or sanitation facilities.



Water tank in an IDP village

Expected Results:

1. Potable water is supplied to beneficiaries in accordance with Sphere standards.

Indicators: **I. Number of liters of water collected per person per day:** Average approximately 15 liters per day per person as opposed to an average of 10 liters per day per person prior to project implementation.

II. Ratio of water points per capita: Since much of the work was in municipal infrastructure on reticulation systems, the urban work allowed for a one family/one water point ratio. In rural areas or IDP camp locations, the ratio was closer to 200 persons per water point.

III. Distance that beneficiaries have to walk to reach water points: Already within Sphere standards of less than 500 meters.

IV. Meters of pipeline established and/or repaired and equipment rehabilitated:
Approximately 83km.

2. Beneficiaries are informed of proper hygiene practices.

Indicators: I. Number of beneficiaries informed of proper hygiene practices: 140,976 women and children.

II. Number of community hygiene promotion agents trained: 20 in northern Iraq and 40 in south central Iraq (implementing partner was ACTED).

Objective #3: Vulnerable populations have access to basic shelter materials.

	Originally Proposed	Figures by End of CA
Geographic Areas of Activity:	North, Central, and South Iraq	No Activities
Number/Type of Beneficiaries Targeted:	45,000 displaced and/or war-affected people	0
Amount Requested (for Program Activities):	\$800,000	\$0

In the days leading up to the latest conflict in Iraq, many people feared that there would be a need for emergency shelter for either refugees in the countries surrounding Iraq, or for internally displaced persons. However, based upon needs assessments and the constant monitoring of the situation, Mercy Corps decided during that time that there was no immediate requirement to provide shelter materials, since the majority of displaced families were accommodated either with host families or in collective facilities (tent cities) that generally met or exceeded Sphere Minimum Standards. Therefore, Mercy Corps officially requested a re-allocation of all of the resources intended for emergency shelter towards emergency needs in water and sanitation.

However, with the approach of the winter in 2004, Mercy Corps provided basic shelter materials such as plastic sheeting, wood, tools, and kerosene heaters as part of its livelihood assets distribution to improve temporary shelters for IDPs in Diyala Governorate (for beneficiary figures, please refer to the table under Objective #1).

Expected Result:

1. Beneficiaries are provided with materials sufficient for temporary shelter.

Indicators: I. Number of people provided with temporary shelter support: n/a.

II. Level of beneficiary satisfaction with materials provided: n/a.

Objective #4: Vulnerable populations have access to adequate primary health care services.

	Originally Proposed	Figures by End of CA
Geographic Areas of Activity:	North and Central Iraq	Same
Number/Type of Beneficiaries Targeted:	30,000 conflict-affected individuals	160,000
Amount Requested (for Program Activities):	\$200,000	\$22,992

During the initial stages of the Mercy Corps program design and setup, there was an expectation that immediate health interventions might be required to prevent or mitigate the effects of a public health disaster. The Iraqi medical system was once the best in the region with well-trained health care workers and well-regarded facilities. While many of the doctors, nurses, and technicians were still present after the conflict, the health facilities and structures were badly damaged due to twelve years of sanctions/neglect and the looting that transpired after the conflict subsided. It therefore became apparent that material assistance was the most appropriate intervention to restore health care. Initial assessments carried out by Mercy Corps and other INGOs teams throughout Iraq's medical facilities identified urgent needs for simple, low cost medical equipment distribution that would have a marked and immediate impact on local public health.

IP #8: Hospital Supply Project to Hospitals and Clinics in Qadissiyah

As a result of the recent military conflict and years of economic decline, the health system in Qadissiyah Governorate had deteriorated to an extremely critical stage. The regular distribution of health supplies had stopped abruptly due to the war and patients were unable to pay any service fees due to the cessation of salaries. This reduction in income finances for the hospitals and clinics required severe cutbacks and left them in poor sanitary conditions without basic supplies. The situation in the rural areas was likewise critical, with hospitals and health clinics requesting assistance from the Ministry of Health and Diwaniyah hospitals.

Through this Implementation Plan, Mercy Corps sought to bridge a temporary gap in the provision of essential supplies to hospitals and health clinics throughout Qadissiyah, thereby helping the Ministry of Health (MoH) sustain the health system of the Governorate for the following three months. Medical equipment, consumables, and drugs were provided through the delivery and distribution of WHO Hygiene Kits, designed to provide basic health care supplies. In addition, Mercy Corps provided over 600 sets of blankets, mattresses, sheets, and pillows to hospitals and clinics, ensuring that patients have a basic level of hygiene. The Department of Health (DoH) undertook the distribution through its Donations Center System, whereas Mercy Corps and the DoH jointly monitored the process.

Overall, Mercy Corps provided hygiene items and fresh bedding to 36 health facilities in Qadissiyah Governorate, directly reaching a beneficiary population of about 150,000 people.

IP #11: Distribution of Hospital Materials to Hospitals and Clinics in Al-Kut

While Mercy Corps had initially intended to use OFDA funds to provide locally procured medical equipment (surgical kits, two ambulances, surgical gowns, hygiene kits, bedding, and medicines) worth over 350,000 USD to 30 local health structures in Wassit Governorate, Mercy Corps ended up using other USAID monies from the Community Action Program to help launch this project (IP #11) in July of 2003. The OFDA representative in Baghdad was informed of this decision at the time and concurred with Mercy Corps. All of the medical items were cleared through the Ministry of Health in Baghdad. The cost savings were used to fund additional Wat-San IPs in northern Iraq, benefiting about 10,000 individuals.

IP #12: Material Aid Distribution

Under IP #12, Mercy Corps received a donation from Siemens Company for ten ultrasound machines valued at 750,000 USD. While two machines went to hospitals in Khanaqin and Baquba respectively, the other eight devices were given to the Ministry of Health in Suleimaniyah with the aim of being installed in eight hospitals and clinics all across South Suleimaniyah Governorate (Shaheed Bakhtyar Health Clinics, Koya Hospital, Kifri Hospital, Sharazoor Hospital, Public Clinic #2, Qaladza Hospital,

Bakrajo Health Clinic, Dokan Hospital). The MoH also agreed to ensure that a trained physician would be available in each location. In addition, Mercy Corps had to purchase voltage regulators, since the voltage of the equipment was not compatible to the voltage and current fluctuations in the region. About 10,000 people are expected to benefit from the installation of the ultrasound devices.

Expected Result:

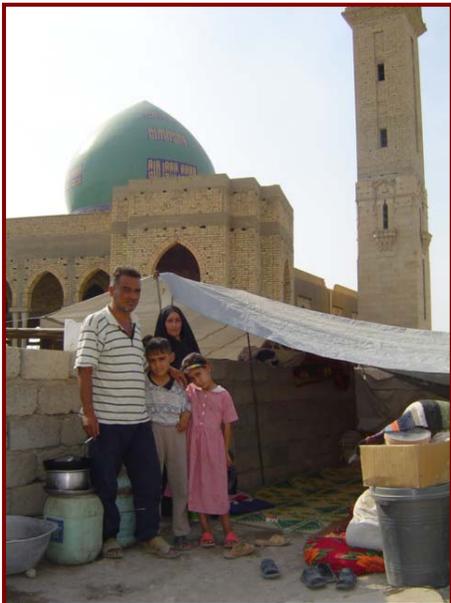
1. Beneficiaries receive quality primary health care services.

Indicators: I. Number of hospitals and clinics assisted: 46 hospitals and clinics.

II. Number of persons assisted: approximately 160,000 persons served by the hospitals and clinics, which were re-supplied by Mercy Corps.

IV. Program Challenges and Lessons Learned

- Initial program start-up was hampered by the fact that Mercy Corps had no staff and no previous work experience in Iraq. However, the agency deployed two members of its headquarter’s finance team, while USAID/OFDA funded three program support positions to ensure Mercy Corps would have sufficient administrative, logistical, procurement, and finance systems to begin its emergency programming.
- The insecure environment at times restricted staff movements and led to two separate relocations of staff since July 23, 2003. In response to the insecure working environment, Mercy Corps had two full-time security advisors on the ground and established security management teams in its offices. In early April 2004, in the face of high levels of violence instigated by the Shia radical cleric, Shaikh Muqtada Al-Sadr, Mercy Corps’ international staff once again relocated to its current offices in northern Iraq.
- By pursuing security through an “acceptance” strategy that requires constant contacts with the broadest range of public players, and by consistently prioritizing the interests of the afflicted and poor on all sides, Mercy Corps became known and respected by most public stakeholders in the Khanaqin region. Consequently, Mercy Corps has been relatively safe in the Kurdish, mixed, and predominantly Arab towns and villages within our reach. Furthermore, Mercy Corps used private funds to implement several high profile projects to increase community awareness concerning Mercy Corps and its mission in Iraq.
- During emergency assistance work in Iraq, Mercy Corps learned/demonstrated that:
 - Extremely Vulnerable Individuals can be identified and assisted with great precision through local partners.
 - Critically needed aid items can be purchased locally at a fair price and distributed honestly through local partners.



IDP family in Khanaqin

- “Crosslines” emergency assistance can heal inter-ethnic hostility and help restore the balance in the inter-ethnic “buffer zone.”
 - By taking a “Do No Harm” approach, international NGOs can support local capacities for peace and rally organizations around issues of common concern that cross ethnic/religious boundaries.
- Local NGOs emerging from the afflicted communities themselves can make the best operational partners an international NGO can find in Iraq. International NGOs need to devote time and resources to capacity building, while donors need to recognize that local partners may have no track-record, but do have the commitment and skills to work in their communities.
 - The enormous needs in the water and sanitation sector, coupled with limited availability of local materials, initially slowed the implementation of the water and sanitation projects. In response, Mercy Corps deployed a Procurement Officer to the region and received approval from USAID/OFDA to sub-contract parts of the water and sanitation projects to local contactors. This not only sped up the implementation of projects, but also provided much-needed jobs for Iraqis.
 - To pursue its goal of building secure, productive, and just communities, Mercy Corps defined its beneficiaries broadly to include those recently displaced and those returning after long exile, as well as extremely vulnerable members of local communities. By including vulnerable members of the host populations in its programs, Mercy Corps successfully reduced jealousy and competition between IDPs and host communities.
 - The exchange rate fluctuation of the Iraqi Dinar, which reached up to 40% at times, made it very difficult to work with local contractors who frequently lost profits on the exchange rate.

Conclusion

The USAID/OFDA-funded *Emergency Assistance to Vulnerable Populations in Iraq* program, was a major initiative for a flexible and rapid U.S. Government humanitarian response to the complex emergency in Iraq. The program met and, in many cases, exceeded its objectives and indicators, bringing timely and valuable relief assistance to over 400,000 Iraq families.

At this time, Mercy Corps would like to thank several people at USAID/OFDA who served on the DART and later as Program Officers in Baghdad and in Washington DC. Although the OFDA members are too numerous to acknowledge all of them, Mercy Corps would like to acknowledge several key individuals. Members of the initial DART teams in the region, George Havens, Bart Deemer, Guy Lawson, Ron Libby, Alex Mahoney, and Rob Andrew, provided strong and consistent support in helping Mercy Corps initiate operations in northern and south central Iraq. Rob Andrews, Alex Mahoney, and Christina Gottschalk’s support at the HQ and field level throughout this entire Cooperative Agreement is deeply appreciated. In particular, Mercy Corps would like to acknowledge and thank Rick Quinby and Saed Meman for their assistance, advice and support. They helped to make this implementing partnership truly effective.

List of Annexes

- I. **Timeline of Cooperative Agreement**
- II. **Kirkuk Distribution Final Report**
- III. **ACTED Report and Mercy Corps' Evaluation Report**

Annex I: Timeline of Events under Mercy Corps' Cooperative Agreement

- **March 28, 2003**, Cooperative Agreement was signed and Mercy Corps commenced operations in and around Erbil and subsequently Kirkuk (Tameen governate).
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- **April 9, 2003**, Mercy Corps staff established offices in Al Kut (Wassit) and Diwaniyah (Qadisiyah) and began assessments and operations in those areas.
- **May of 2003**, Mercy Corps expanded into Khaneqin (Diyala Governate) and established an office and operations there.
- **August 21, 2003**, Mercy Corps received an obligation of \$2,000,000 bringing the total value of the Cooperative Agreement to \$5,000,034.
- **September 9, 2003**, Mercy Corps requested and received an initial 90-day No-cost Extension (NCE) and submitted a request for a cost extension.
- **January 2, 2004**, Mercy Corps received approval for a \$2,000,000 cost extension until June 30, 2004, which included a sub-grant to the French NGO, ACTED.
- **June 29, 2004**, Mercy Corps notified USAID/OFDA of its intent to extend the program until September 30, 2004, while it negotiated a cost-extension.
- **July 9, 2004**, Mercy Corps was granted a cost extension of 1,499,786 USD with a new program end date of December 31, 2004.
- **August 27, 2004**, Mercy Corps requested and received a cost modification increasing the award amount by \$200,000 to expand operations (adding to Implementation Plan #24) into the Baquba area.
- **November 1, 2004**, Mercy Corps requested and received a cost modification increasing the award by \$500,000 to expand operations (again adding to Implementation Plan #24) into other areas of Diyala and Tameen Governates.
- **December 28, 2004**, Mercy Corps notified USAID/OFDA of its intent to extend the Cooperative Agreement until March 30, 2005 in order to properly close out the grant and provide a final report.

Annex II: Final Report of Kirkuk Intervention

Note: This intervention was commenced with funds under Implementation Plan #24 and completed with funds under the new USAID/OFDA Funded Rapid Response Cooperative Agreement DFD-A-05-00029-00, implementation plan #2.

Executive Summary

Under the Rapid Response Cooperative Agreement, Mercy Corps provided Arab and Kurdish IDPs, returnees, and EVIs in the Kirkuk area, Tameem Governorate, with livelihood asset packages, including mattresses, blankets, shoes, clothes, jerry cans, and kerosene heaters. The distribution was primarily carried out by the agency's local partner, REACH, an organization based in Suleimaniyah with over 13 years of experience in the development sector. All together 16,685 individuals benefited from the distribution. A little more than 50% of the expenditures under this grant were covered by OFDA Cooperative Agreement # HDA-A-00-03-00134-00.



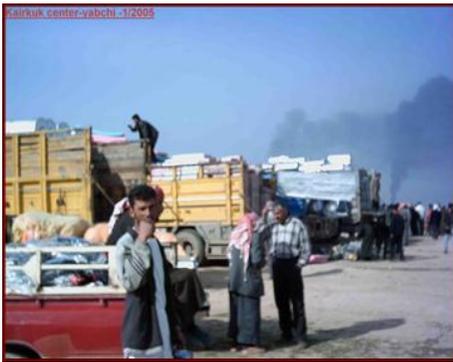
In early November 2004, OFDA convened a meeting in Erbil with IMC, IRC, and Mercy Corps. The purpose of the meeting was to resolve the immediate problems of the Arab IDP population south of Kirkuk. It was recognized that once the new APS grant for IRC/IRD was approved, the two organizations, along with IMC, would accept responsibility for all IDPs in the Kirkuk region. However, news on the new grant would not be forthcoming until mid January, which is why Mercy Corps agreed to use its previous CA to start assistance for winterization for IDPs in the south and southwest of Kirkuk. It was understood that once the new IRD grant was approved, IRD would assume this responsibility. (At the conclusion of this IP, Mercy Corps is fully committed to sharing all assessments and final reports on

distributions with IRD, so that they may resume their responsibilities for the IDP population around Kirkuk.)

During an initial estimate, Mercy Corps quickly found that the expenses required to meet the needs of the IDP population would cost significantly more than the approximately \$250,000 Mercy Corps had left in its then current Cooperative Agreement. OFDA in Washington subsequently issued a preauthorization grant on a new CA for \$400,000 with the expectation that the full amount of the winterization costs would be covered when the full grant of one million dollars was approved.

The Intervention

In order to properly assist the 2000+ IDP, returnee, and EVI families, Mercy Corps hired Dr. Mofac as its representative in Kirkuk. He was to be responsible for overlooking all future operations of Mercy Corps in Kirkuk. At the same time, Mercy Corps signed an agreement with REACH to conduct a needs assessment in villages south and southwest of Kirkuk and to supervise the distribution process that was to follow the assessment. REACH hired 12 men



from the area south of Kirkuk, trained them in conducting assessments, and, on November 27, began with the needs evaluation. Each day, the assessors visited six to nine villages, recording approximately 150 families daily. One of the objectives of the assessment was to clearly specify the numbers of IDPs and EVIs as well as to list items needed by each particular family. The assessment continued for two weeks. During this time, 108 villages were assessed, generating a list of over 2000 IDP, returnee, and EVI families. Additionally, REACH prepared a very detailed list

of the items required for each family. Therefore, it was possible for Mercy Corps to set up a basket of goods ideally responding to the needs of each family.

The procurement of supplies started during the assessment. The Mercy Corps Suleimaniyah office began to procure the items indicated in the assessment from a local supplier. The supplies were then transported to the warehouse of Red Crescent in Kirkuk, with whom Dr. Mofac had an agreement to store the goods. The Red Crescent not only let Mercy Corps use its warehouse, but also helped Dr. Mofac with the preparation for the distribution and administration of the whole process. On December 10, the supplies were stored in the warehouse, the assessment finished, and the distribution, which had been prepared by Dr. Mofac and the REACH team, commenced. Throughout the distribution, Mercy Corps worked closely with the Kirkuk City Council and Council of Sheiks in order to facilitate the proper handout of the items supplied.

Unfortunately, due the security situation, which deteriorated after two days, the distribution had to be relocated from the field to the warehouse. Instead of transporting the goods to the families, the IDP families were requested to come on a specific day to receive the supplies from the warehouse. During this time, Mercy Corps received great help from REACH, which took over the process of informing particular families to come to the warehouse on a specific day to

pick up their livelihood assets. The new distribution procedure continued until December 24, when three Kurds were killed in the villages south of Kirkuk. As a response, the Kurdish community blocked the warehouse, preventing the distribution from continuing. After two weeks of negotiations, Mercy Corps managed to convince the Kurds to allow the distribution to continue. The second stage of the distribution, which directly benefited 1,204 families, finally drew to a close on March 7, 2005.

Distribution Summary and Content

1st Distribution:	No. of Families	No. of Individuals	Category	Value in USD
Livelihood assets distribution winter 2004/2005 (Kirkuk sub-district)	258	1,548	Arab IDPs/ Returnees	
Livelihood assets distribution winter 2004/2005 (Daquq sub-district)	350	2,100	Arab IDPs/ Returnees/ EVIs	
Livelihood assets distribution winter 2004/2005 (Hawija sub-district)	505	3,030	Arab IDPs/ Returnees/ EVIs	
Livelihood assets distribution winter 2004/2005 (Hawija sub-district) to Kurdish IDPs	200	1,200	Kurdish IDPs	
Sub-Total	1,313	7,878		596,297
Second Distribution:				
Livelihood assets distribution to Kurdish IDPs from Hawija sub-district	400	2,400	Kurdish IDPs	93,800
Livelihood assets distribution to Arab IDPs 2004/2005 (Kirkuk sub-district)	804	4,824	Arab IDPs/ EVIs	188,538
Livelihood assets donated to Red Crescent for distribution in Kirkuk sub-district		0		12,690
Sub-Total	1,204	7,224		295,028
TOTAL	2,517	15,102		891,325

1st Distribution: Items and Value

	Item	Quantity	Value in USD
1	Bed	125	6,250
2	Blanket	4,121	32,968
3	Boots	2,365	16,555
4	Carpet	1,629	46,426.5
5	Chairs	290	1,740
6	Clothes	0	0
7	Stove	1,234	34,332
8	Cupboard	263	3,945
9	Detergent	1,979	36,085
10	Gas bottle	100	3,000
11	Jerry can	1,974	5,922

12	Kerosene heater	1,689	66,038
13	Kitchen set	1,515	18,937.5
14	Lantern	389	1,556
15	Mattress	3,639	47,095
16	Nylon sheets	2,388	71,640
17	Overcoat Men	2,268	45,360
18	Overcoat Women	2,268	45,360
19	Overcoat Children	2,568	25,680
20	Training suit	2,268	22,680
21	Pillow	2,193	8,772
22	Small generator	311	24,880
23	Table	165	4,125
24	Towel	2,130	6,390
25	Water tank	815	17,000
	Labor		400
	Transport		3,160
	Total Value		596,297

2nd Distribution: Items and Value

	Item	Quantity	Value in USD
1	Blanket	5,032	40,256
2	Carpet	1,258	35,853
3	Kerosene Heater	2,516	55,352
4	Cooking stove	2,516	65,416
5	Children overcoat	1,258	6,290
6	Children training suit	1,258	6,290
7	Water tank	1,258	26,418
8	Plastic sheeting	1,258	37,740
9	Detergent	1,258	18,870
	Transport and labor		2,543
	Total Value		295,028

Due to discrepancies in registered beneficiary numbers, 54 packages were left over from the distribution. In addition, there was a surplus of other items (mainly pillows, boots, and overcoats) from the first distribution. The value of the remaining items from both distributions totals \$39,833. Mercy Corps decided to donate the remaining balance to the Red Crescent to be distributed to needy individuals (EVIs, orphans, and widows in Kirkuk) and institutions within the area. Subsequently, Mercy Corps will undertake an evaluation of the Red Crescent distribution.

Red Crescent Distribution Plan

Category	No. of Families	Tribal Classification			Individuals	Type of Assistance
		Arabs	Kurds	Turkmen		
Widows	50	33	12	5	234	Blankets, carpet, cooking stove, clothes, detergent, plastic sheeting, boots, pillows , jerry cans, towel
EVI's	40	21	11	8	347	Blankets, carpet, cooking stove, clothes, detergent, plastic sheeting, boots, kerosene heater, water tank
EVI's	160	129	6	25	968	Assorted items
Total	250	183	29	38	1,549	
Category						
Male Orphans		6	3	2	11	Clothes, boots, detergent, towels
Female Orphans		14	3	6	23	Clothes, boots, detergent, towels
Total		20	6	9	34	
GRAND TOTAL		203	35	47	1,583	

Obstacles Encountered

When Mercy Corps first accepted its role in the tri-partite agreement with IMC and IRC, it presumed a certain straight-forwardness in the assistance, which did not materialize. Originally, Mercy Corps' mandate was to serve the Arab IDPs south and southwest of Kirkuk, since there were unmet needs in this area and since the Arab representatives within the Kirkuk governing council were arguing for a participation in the humanitarian assistance program, which, they alleged, had previously gone almost exclusively to Kurdish IDPs within the city. The program involved the provision of winterization materials for Arab IDPs to include blankets, clothes, heaters, cookers, and plastic sheeting - non-food items, which would help people stay warm and dry during the winter.



The first problem encountered was an underestimation of the number of IDPs. As the assessment unfolded in November, it became clear that over the past three decades many more people than originally supposed laid some claim to IDP status. Further, since this distinction was unclear, the difference between EVIs and IDPs became harder to define and, as a consequence, the potential for civil disturbance between those IDPs who received the package valued at about US \$300 and those EVIs who did not was heightened. Finally, in December, several Kurdish

residents of Hawija were killed and soon fled Hawija for Kirkuk city. Within days, our distributions from the Red Crescent warehouse in Kirkuk were halted, resulting in several meetings between the PDK and the PUK, which culminated in an agreement whereby Mercy Corps would also deliver assistance to the 600 Kurdish IDPs who had recently fled Hawija.

In February, the distribution to both Kurdish IDPs and IDPs in Hawija resumed apace. However, during the last week of February, Kirkuk IDPs began to arrest certain of the Hawija IDPs/EVIs at the Mercy Corps warehouse on suspicion of terrorism. After intervention by the agency, most but not all of those captured were released.

Beneficiaries

Mercy Corps distributed livelihood assets packages containing non-food items and household assets to 16,685 IDPs, returnees, and EVIs. Of these, 1,917 packages went to Arab IDPs and 600 packages to the Hawija Kurds, while the Red Crescent distributed the remaining 54 packages, benefiting 1,583 individuals directly. The intervention improved the living conditions of over 2,500 IDP, returnee, and EVI families through the provision of basic livelihood assets and reducing the effects of cold weather on children and the elderly.

#	District	Sub-District	No. of Individuals	Category
1	Kirkuk	Kirkuk	1,662	Arab IDPs/ Returnees
2	Kirkuk	Daquq	2,154	Arab IDPs/ Returnees/EVIs
3	Kirkuk	Hawija	4,506	Arab IDPs/ Returnees/EVIs
4	Kirkuk	Hawija	3,600	Kurdish IDPs
5	Kirkuk	Al Riyadh	3,180	Arab IDPs/ Returnees/EVIs
6	Kirkuk	Kirkuk	1,583	Orphans/ Widows/ EVIs
TOTAL			16,685	



ACTED

Agency for technical cooperation and development.

*Humanitarian risk reduction
through provision of safe drinking water
and health education*

FINAL PROGRESS REPORT

SUBMITTED BY ACTED

To

Mercy Corps International

And OFDA

January 2005

What is this report about ?

Program title:

*Humanitarian risk reduction
through provision of safe drinking water
and health education*

Cooperative agreement / grant no.	Sub grant IRQ-2 under grant HDA-A-00-03-00134-00 (“MC/MA”).	
Country / region	Iraq/Middle East	
Disaster / hazard	<ul style="list-style-type: none"> ▪ War ▪ Man-made disaster 	
Type of report	Pre-final Report	
Period covered by the report	August 2003 to December 31st, 2004	
Report submission date	January 20 th , 2004	
Organizational data	Headquarters: Marie-Pierre Caley 33, rue Godot de Mauroy 75009 Paris Tel. + 33 (0) 1 42 65 33 33 Fax. + 33 (0) 1 42 65 33 46 E-mail: marie-pierre.caley@acted.org	Iraq: Jose Luis Gutierrez, Country Coordinator IRAQ Tel : 00 88 216 50 60 27 67 E-Mail : jose.gutierrez@acted.org
Contact persons	Website: www.acted.org	Website: www.acted.org

How have we progressed?

Objective#1	<p><i>The livelihoods of vulnerable rural communities have been enhanced by giving them access to safe drinking water. That goal was achieved through the rehabilitation of 91 water treatment plants (commonly called Compact Units, C.U.) located in rural areas of the governorates of Diala, Karbala, Wassit, Thi Qar, Babil& Muthanna. These units were capable of producing daily enough safe water to meet the needs of 272,000 vulnerable persons. All activities were completed in 15 months.</i></p>						
Indicator & current measure	<p><u>Number of compact units rehabilitated and operational:</u></p> <p>The initial number of compact units rehabilitated was 86 plus 2 networks – rehab. 3 pilot CUs installed). (So far, the results were as followed (for elaboration/justification, see below):</p> <ul style="list-style-type: none"> • <u>Governorate of Diala:</u> Target : 24 compact units rehabilitated Completed : 24 units rehabilitated Result : 100% completed Target: 11 compact units improved Completed: 11 compact units improved Result: 100% • <u>Governorate of Kerbala:</u> Target : 8 compact units rehabilitated Completed : 6 compact units Result : 0.75% completed (1) • <u>Governorate of Babil:</u> Target : 7 compact units rehabilitated Completed :7 compact unit rehabilitated Results : 100% completed Target: 2 compact units to be improved Completed: 2 compact units improved Result: 100% • <u>Governorate of Thi-Qar:</u> Target : 11 compact units Completed : 11 compact units rehabilitated Results : 100% completed • <u>Governorate of Wassit:</u> Target : 15 compact units Completed : 15 compact units rehabilitated Results : 100% completed Target: 5 compact units Completed: 5 CUs improved Results: 100% Targeted: 3 compact units for UNICEF Completed: 3 CUs rehabilitated. (2) 						
Budget & expenses As per IR#2	<table> <tr> <td>Amended Budget :</td> <td>823 200 USD</td> </tr> <tr> <td>Expenses as per 31/12/04:</td> <td>663 695 USD</td> </tr> <tr> <td>Commitments till Feb 2005</td> <td>122 086 USD</td> </tr> </table>	Amended Budget :	823 200 USD	Expenses as per 31/12/04:	663 695 USD	Commitments till Feb 2005	122 086 USD
Amended Budget :	823 200 USD						
Expenses as per 31/12/04:	663 695 USD						
Commitments till Feb 2005	122 086 USD						

<p>Objective #2</p>	<p><i>In addition, the project has aimed at improving the habits of the targeted populations in terms of hygiene and basic health. This objective was achieved through the organization of health education campaigns mainly targeting women and children and focusing on water borne disease transmission, prevention and personal hygiene. This had enhanced the effect of the provision of safe drinking water by reducing rates of diarrhoea, eye infections and skin diseases. The activity was completed in 6 months. (Additionally, outside the scope of this program baseline surveys of certain areas of intervention was undertaken at assessing the current health status of children and women for purposes of intervention.</i></p>
<p>Indicator & current measure</p>	<p><u>Health education and hygiene trainings targeting women and children:</u> The number of total beneficiaries is 224,060. Women and children in four south central governorates and one governorate in southern Iraq were the primary targeted beneficiaries. <i>(Targets below reflect population of compact unit areas)</i></p> <p>Wassit: Target : 16,440 Completed : 17,900 beneficiaries Result : 100 % completed</p> <p>Kerbela: Target : 57,170 Completed : 71,740 beneficiaries Result : 100% completed</p> <p>Diyala: Target : 38,640 Completed : 44,120 beneficiaries Results : 100% completed</p> <p>Babil: Target : 50, 230 Completed : 41,180 beneficiaries Result: 82% completed (3)</p> <p>Thi-Qar: Target : 61,580 Completed : 46,390 beneficiaries Results : 75% completed (4)</p> <p><u>Health Survey targeted children less than 5 years of age and women of child bearing age.</u> Diyala: Target : 390 households Completed : 390 households</p>

	Result : 100% completed Target: 900 children aged 6 months to 59 months Completed: 900 children Result: 100 %
Budget & expenses	Amended Budget: 16 100 USD Expenses as of 31/12/04: 16 210 USD

Notes on the above

ELABORATION/JUSTIFICATION ON WATSAN ACTIVITIES:

Due to the security situation in Iraq, the progress of our activities faced some obstacles, but in coordination with the GCWS (General Corporation of water and Sewage) and the local water departments of the governorates concerned we had found solutions and continued our work, however there have been some special obstacles that took more time and efforts from our staff until they reached suitable solutions, below is an explanation of each case:

1. Due to the bad security situation in Kerbala specifically in the area of the Wend and Al kheirat, it wasn't possible for the contractor to finish his work in these compact units. Therefore the contracts of these above compact units were cancelled and penalty was imposed on the contractors due to their delay. This resulted in an unexpected underspending on the Water Sanitation budget line.
2. Situation in Wassit: the situation there was different from what was mentioned above. UNICEF was supposed to rehabilitate 3 CUs that were originally allocated for them, but they did not undertake any works due to the security situation. Therefore, ACTED, in agreement with OFDA, UNICEF and the Wassit Water Department, had undertaken the rehabilitation for these CUs.

ELABORATION/JUSTIFICATION ON HEALTH ACTIVITIES:

3. Some targeted areas were avoided for security reasons.
4. Some targeted areas were avoided for security reasons

Program Overview

What were the original objectives of the project?

Response to the Crisis in Iraq

The project was designed after a follow up of rapid assessments undertaken by ACTED in 2003 in several provinces in central and southern Iraq. These had demonstrated that access to safe drinking water in these rural areas of Iraq was non-existent due to the lack of maintenance and investments in drinking water supply infrastructures. OFDA funding had enabled ACTED to begin to readdress that problem through the rehabilitation of rural compact water treatment units that once again would provide safe drinking water to rural communities.

Objectives

Objective 1

The livelihoods of vulnerable rural communities have been enhanced by giving them access to safe drinking water. This goal had been achieved through the rehabilitation of 91 water treatment plants (commonly called Compact Units, C.U.) located in rural areas of the Governorates of Diala, Karbala, Babil, Thi Qar, Wassit. These units would produce daily enough safe water to meet the needs of 272,000 vulnerable persons. The activity had been completed in 15 months (six months firstly proposed and then 9 months extension).

Objective 2

In addition, the project has aimed at improving the habits of the targeted populations in terms of hygiene and basic health. That objective was achieved through the organization of health education campaigns mainly targeting women and children and focusing on water borne disease transmission, prevention and personal hygiene. This has enhanced the effect of the provision of safe drinking water by reducing rates of diarrhoea, eye infections and skin diseases. The activity was completed in 6 months. (Additionally, outside the scope of these program baseline surveys of certain areas of intervention was undertaken at assessing the current health status of children and women for purposes of intervention).

AMENDMENTS

What were the proposed revised objectives of the project

Modification #1 (Modification of a typographical error in the contract signed)

This modification was signed on November 17th 2003 and had corrected the typographical error of the estimated amount from 1 750 000 to 1 175 000 USD as initially planned and submitted to OFDA/MCI.

Modification #2 & #3 (Non cost extension until June 30th 2004)

ACTED was granted two non cost extension as follows:

- An amendment signed on 9th February 2004, which granted an extension of the grant period up to 31st March 2004.
- An amendment signed on 30th March 2004 which granted an extension of the grant period up to 30th June 2004.

Requested Modification #4

Here is a summary of the modification request which was submitted separately. This modification request was two folds as follows:

1. Extension of the project up to Sept 30th 2004

The reasons for that extension of the project until the 30th September 2004 were due to changes in the working and security environment and identification of additional needs noted below. The main basis for that extension could be summarised as follows:

1) Security reasons

Events during late 2003, particularly the bombing in ICRC in October 23rd, had required a re-evaluation of our operating strategies. That revaluation entailed; A 'temporary relocation to Amman' of all expatriate staff pending assessment of the situation, and a hold on all field activities undertaken by national staff pending reevaluation of operational activities. Following our evaluation of the situation in Iraq, with the return of all expatriate staff on November 11th, all project activities were resumed.

Further events in April until mid May 2004 had lead to further evacuation of none essential expatriate staff, and standby directive of programs currently ongoing. Although the programs have been resumed yet they were under various security regulations, with expatriate supervisors and none essential expatriate were undertaking remote control procedures.

2) Technical reasons

From a technical point of view the following issues required ACTED to request an extension to finalize the project. These referred to delays attributed due to technical issues.

a) Requirements placed by the Local Authorities

Through the implementation of the objectives of that program, requirements were placed either by the CGWS regarding water and sanitation intervention, or the Ministry of Health/Iraqi Medical Aid Committee regarding health education campaign., have placed certain delays in

the overall implementation of the program. Whilst these legitimate interventions universally applied as the relevant authorities would develop into full fledged Ministries, these had caused delays in the actual implementation of programs. (Please see below)

b) Extensive Rehabilitation works for Residual CUs

Preliminary assessments had revealed that the amount of works required for the rehabilitation of the residual CUs was extensive. The scopes of work required, were more extensive than initially had envisaged. That had a direct link on the time duration and the nature of the rehabilitation undertaken. The time frame that was existing limited the possibility of providing proper rehabilitation of the CUs targeted.

2. Budget modification and further extension to November 30th 2004

Due to the extension of the duration of the project, ACTED proposed some budget line modifications and budget extension that covered additional months of the project, and additional costs incurred during the period of implementation.

Overall, the main changes proposed were as follows:

1. Review of existing activities :

Rehabilitation & Improvement CU	down to 823 200 USD
Health Education campaign	down to 16 100 USD

2. New activities:

Pilot Projects - Cost Effective CU	0 to 18 000 USD
Pilot Projects – Filter	0 to 8 000 USD

It has to be noted that the total budget remained at 1,175,000 USD

Please See the request for modification #3 submitted.

What was the profile of the targeted population?

Vulnerable rural populations in Diala, Babil, Wassit, Kerbala and Thi-Qar Governorates; Central and South Iraq

The beneficiaries of the project were those rural families that had been deprived of access to safe drinking water due to the decay of the drinking water supply infrastructures over the past years and due to recent lootings. Most of these populations had so far no other choice than to fetch water from the rivers and from the canals. Where possible communities contributed to the maintenance of compact units by ensuring that they were at least able to pump river water to their homes; but only where they could afford to do so. However that did nothing to improve the quality of the surface water they used for drinking.

ACTED's analysis of these waters had confirmed that communities were drinking faecal contaminated water. That resulted in a high reported morbidity and mortality rate due to a high incidence of water borne diseases. In addition, these rural populations in the southern and central Iraq were among the most destitute population in Iraq. Indeed, the economy of the rural areas relied essentially on agriculture which had suffered from a lack of inputs and from the damaging decisions taken by the governmental authorities over the last three decades.

As a result, none of the families interviewed had produced enough food to feed all family members. The only reason why these people did not suffer from starvation had been the continuation of the Food for Oil Program. In spite of these economic problems, these destitute populations systematically identified access to safe drinking water as the first priority to be addressed. The population obviously understood that high morbidity was mostly the consequence of the consumption of contaminated waters but abject poverty and a lack of knowledge prevented these communities from developing their own more appropriate coping mechanisms.

Rural beneficiaries for Compact Unit Rehabilitation

Total number of direct beneficiaries	: 156,360
Total number of indirect beneficiaries	: Communities of Thi-Qar, Diala, Wassit, Babil, and Kerbala

The number of direct beneficiaries reflected the number of actual people living in those communities where ACTED had rehabilitated compact units. These figures had been modified during ACTED's health campaign, which provided more accurate figures than those originally supplied by the public service institutions.

Part of our activities, was to run training courses for the operators of the CUs, not only for those units that we had rehabilitated or improved but also for any operator who would have liked to attend the training session to increase the number of beneficiaries in each governorate. Now after we had finally obtained the name list of the operators from the water departments of the governorates (Diala, Wassit, Kerbala and Babil), it had been appointed that the course session were to be on the 12th of December 2004. Security situation and routine of the water departments in these governorates were the main causes that had delayed that activity.

In Thi-Qar and Muthana the training course activities were funded by another donor (ECHO).

Rural beneficiaries for Health Education Campaign

N° of Direct beneficiaries: 124,036 (Including 78,932 women and 45,104 children)

N° of Total Beneficiaries (including Indirect Beneficiaries): 224,060

Communities of Wassit, Kerbela, Thi-Qar, Babil, and Diyala.

The number of beneficiaries reflected the populations targeted through Rural Compact Unit. Rehabilitation activities undertaken by ACTED under that grant and DFID grant (*ACTED activities under the DFID grant were complimentary with the activities under OFDA grant*) in the Governorates of Wassit, Kerbala, Thi-Qar, Babil and Diyala. The program as such had aimed to provide essential health education to ensure further sustainability in the rehabilitation process.

The focus for the health education campaign was to target the following population¹ :

- children, 45,104 (20% of total targeted population),
- Women, 78,932 (35% of total targeted population).

Lectures of the program were delivered throughout the schools and the rural villages. These lectures included a general introduction, proper hygiene, importance of vaccinations, diarrhoea & dehydration and breast feeding. (The English lectures were available in Annex). The beneficiaries also had received leaflets and calendars with health messages for both the female representative of the household and children of schooling age, delivered at the household level and school level, respectively.

The school within the villages also received calendars for each classroom so the health messages were repeated at home and at school. Approximately, there was one school per village, thus throughout this campaign ACTED targeted 140 schools. Additionally, **22,406 families** had been targeted with these health messages.

Rural beneficiaries for Health Survey

N° of Direct beneficiaries: 1,290 (390 women and 900 children)

N° of indirect beneficiaries: Communities of Diala

With the intended aim to provide up-to-date baseline data available for areas of intervention, health survey was undertaken and has assisted in the illustration of the current health status of children under 5 and women of child bearing years. The HOP was delivering health messages throughout the targeted areas, the survey has created a baseline of work for future targeted needs.

The focus for the health survey was to target the following population:

- Children, 900 (30 children in each of the 30 villages within the targeted population),

¹ The methodology on how to calculate a total for the direct beneficiaries is by determining that 35 percent of the population are women of childbearing years. This is between the ages of 15 and 39. The number of children between the ages of 6-12 years of age makes 20 percent of the population. These recommendations are made by UNICEF and WHO as to how to determine a targeted group. In all aspects of health and hygiene campaigns for future reference, we will always use the estimate of 35 percent for WOMEN and 20 percent for children.

- Women, 390 (1 woman per household surveyed within the targeted population).

A two-stage cluster sampling method was used to conduct the health survey, using a 95% confidence interval and 5% error risk. Stage 1 was to identify the population and Stage 2 was to carry out the survey. The survey was to be carried out in 30 selected communities. A sample size was calculated equating to 390 households to be targeted, equalling 13 households per village.

For the children, 30 children were surveyed in each community. Using anthropometric measurements, weight-for-height as the malnutrition indicator, children aged between 6 months and 59 months were included in the survey.

What was the geographic location of program activities?

The selected compact units to be rehabilitated were located in five governorates as follows :
Diala, Kerbala, Wassit, Babil and Thi-Qar.

Within those Governorates ACTED was working in most of the districts.

A detailed list of the location of all program activities is found in Annex 3.

Administrative Governorate Divisions



1. *Diala*
2. *Kerbala*
3. *Wassit*
4. *Babil*
5. *Thi-Qar*

Table of Location per Governorate/District

No.	overnorat	District	Locations
1	Diala	Buhriz	Abu Housaiwa
		Ala'abara	Had Mixer, Doure en, Dawrat Arab, Zuhra, Jiizani
		Hibhib	Jadida Shatt/Abu Abdy 2/ Small Hashimiya/Large Hshimiya/ Sungur/ Jizani Emam, Mansooriyat al Shat, Jadida Shat/ Abu Abdy 1, Albo Alga, Al Amiria
		Aby Saida	Diaba
		Muqdadiya	Nahar Imam, Husain Khalaf, Ta'awoun, Shuhany 1 & Shuhany 2
		Beladrouz	Ghazy Yahya, Fadil Nawar
		Beni Saad	Ta'ameem, Al Eeet,
		Sad Alazeem	Sad Alazeem
		Khalis	Mujaddad, Al Aswad Al Kabeer, Al Khazarija, Shakha, Bawazil 2, Naay, Naay 2, Al Aswad al Sagheer,
		Muqdadiya	Tayha
2	Thi-Qar	Al-Shatrah	Sagban Al-Ali, Al Naseer, Al Saliem, Al Awad, Al Saleeman,
		Sog -Al shiock	Al -Broten, Al Batat, Al Imam Al Bakir, Al Farha
3	Babil	Hilla	Albo Alwan, Hindya, Ras Al Shari, Tunis, Babil, Al Wisama, Emam Zeid, Hamied al mucehib, Nikhel Al Gherbia
4	Kerbala	Kerbala	Abo Rouya, Abo Sulaya, Nabhanya, Greet al Khabza, Emmam 'oon, Nahyet al Kheyrat, Al Wend
5	Wassit	Al Hay	AL uroba, Al Eshtiraky, Al Twaisat, 14 Ramadan, Al Maamel Village, Al Hizb Al Qaid
		Zubaidya	Gaza village, Al Waffa, Al Ferduss,
		Kutt center	AL sowada village, Hassan Al Khayoon, Al Fidaa, Al Garandhia, Al Megherba,
		Sweara	AL Geoz, Al Shame, Al Maraka, Al Maiseloun, Al Eiskandaria

Moving from Relief to Development

How did the program fit into governmental priorities?

Compact Unit Rehabilitation and Improvement

The rehabilitation of the rural compact unit had been identified as a key priority by the General Corporation for Water and Sewage in Baghdad the water directorates in the governorates and by UNICEF who had made the rehabilitation of compact units part of its strategy to improve health in Iraq. Indeed, the repair of these units was the quickest and most cost effective way to provide access to safe drinking water for rural populations that had been steadily deprived of it over the last years.

Governmental priorities have been changed now in light of the fact that most compact units and water treatment plants were or should soon be rehabilitated. Their focus then was to rehabilitate water distribution networks and sewage infrastructure. The decision was sound since the condition of most networks was poor and the low pressure in the system had drawn in ground water through leaks and breaks. This groundwater was generally contaminated due to poor sewage infrastructure; meaning was still a risk of contracting water-borne disease.

Health Education Campaign

Post March 2003, the health system was identified that as one of the greatest needs, throughout all the governorates of Iraq by The Ministry of Health In collaboration with UNICEF and WHO. That process began slowly in April 2003 with the delivery of vaccinations. That need was identified as being critical due to the coming of the summer months. The need to educate individuals in health education and hygiene was identified as the next stage in controlling the prevalence of disease. The administration of vaccinations was seen as a short term strategy with the health education as the long term strategy to ensure that populations could fully benefit from the vaccinations.

Unfortunately, the current health system up till now within Iraq is still in need of assistance. Throughout Iraq, some governorates still lack a functioning hospital and they possess a poor supply of medication. Additionally though, depending on the location, the individuals may have access to a primary health care system. These facilities are of a poor standard due to limited means to improve the services provided.

As a result of the March war, families then were more vulnerable thus were unable to access the facilities that were available. The need for community based health education campaigns was critical for these families and individuals as the health services were not provided elsewhere. Improving health education levels would have an impact on each successive generation who would be exposed to the same high level health risks.

Health Survey

As the Ministry of Health has identified that one of the greatest needs, post March 2003, was the health system throughout all the governorates of Iraq, it was deemed necessary to assess the

health and nutritional status for one more year so as to identify if these needs were still a priority.

Was the program's impact being maximized through strategic coordination with other actors?

All ACTED operations had been implemented with the agreement of local authorities and with due respect for national standards and local legislation. At the national and regional level, ACTED was taking part in all coordination opportunities in Basrah, Thi-Qar, Muthanna and Baghdad with the GCWS, the Ministry of Municipalities and Public Works and the Governorate Directorates and all other actors that maintained a presence. On local level, the Agency was actively involved in local coordination of humanitarian activities in rural areas with local authorities and NGOs and the relevant Ministries. In the late summer, ACTED would take the lead with other actors in establishing coordination bodies in Muthanna in areas of water, sanitation and education, in which the local Directorates and all agencies were directly involved.

At a national and regional level, ACTED has also been heavily involved in NCCI (NGO Coordination Committee in Iraq), and has been instrumental in setting up technical watsan coordination meetings in Baghdad, and actively taking part in coordination meetings held in Baghdad, Basra, Thi Qar, and Muthanna. ACTED also maintained a presence in Amman and actively has participated in coordination efforts held by various UN agencies and other NGOs located in Jordan.

In that context, ACTED was the focal point for water and sanitation in Central and Southern Iraq (Thi-Qar, Kerbala, Muthanna, etc) for NCCI, and was also NCCIs focal point for Education in Muthanna. Taking in note the coordination meetings and workshops held at a local and regional level, this ensured that a more adequate form of coordination was underway. Furthermore, in this manner ACTED has taken an active role in reducing overlapping of activities and coordinating with other relevant bodies.

How did the program fit into long-term development priorities?

This program has very much focused on the emergency rehabilitation of water infrastructure combined with a health and hygiene awareness component. When arriving in Iraq the rehabilitation of water infrastructure was seen not just by the INGO community but also by the UN and GCWS as the most efficient intervention at the time, targeting the most people in the least time. Since this period ACTED had undertaken nutrition, health and KAP surveys that had provided more detailed information about the needs of indigent rural communities. The provision of new infrastructure alone was clearly not enough for such communities. The lack of capacity that was existing at the moment in all governmental institutions indicated that it would be some years before local authorities could adequately operate and maintain any new infrastructure established in rural communities. ACTED was in the process of

writing programs designed to meet the longer-term needs of these communities in a sustainable way. These new programs should have included more training of local village leaders and women to continue with health awareness long after programs are completed. These were integral to existing priorities as defined by the Ministry of Public Health and Public Works and overall development schemes for Iraq.

Furthermore, amendments to this program enclosed with the submission of this Interim Report and discussed with OFDA field representatives, hoped to evaluate two pilot projects that aimed to provide access to safe drinking water while developing community participation and self-sufficiency and providing income generating activities. If we have ever hoped to meet the needs of these marginalised communities in a sustainable fashion, it must have been achieved through a community based approach and further development and capacity building of the local authorities that have provided public amenities.

Annex 1: Comprehensive List of Areas of Operation (compact unit rehabilitation and improvement activities)– also see Annex 3)

Table of compact units per Governorate

No.	Governorate	District	Name & Location	Capacity (m3/h)	Targeted Beneficiaries
1	Diala	Buhriz	Abu Housaiwa	14	780
2	Diala	Ala'abara	Had Mixer	14	720
3	Diala	Ala'abara	Doure'en	14	910
4	Diala	Hibhib	Jadida Shatt/Abu Abdy 2	14	710
5	Diala	Hibhib	Small Hashimiya	14	810
6	Diala	Hibhib	Large Hashimiya	14	1030
7	Diala	Hibhib	Sungur	14	1100
8	Diala	Hibhib	Jizani imam	50	1800
9	Diala	Aby Saida	Diaba	50	3600
10	Diala	Muqdadiya	Nahar Imam	14	640
11	Diala	Muqdadiya	Husain Khalaf	14	690
12	Diala	Muqdadiya	Ta'awoun	14	690
13	Diala	Mansuriya	Shuhany 1	14	620
14	Diala	Mansuriya	Shuhany 2	14	650
15	Diala	Beladrour	Ghazy Yahya	14	790
16	Diala	Beladrour	Fadil Nawar	14	750
17	Diala	Sad Alazeem	Sad Alazeem	50	5400
18	Diala	Ala'abara	dawrat arab	14	1030
19	Diala	Ala'abara	zuhra	50	5400
20	Diala	Ala'abara	jizani	14	600
21	Diala	Hibhib	mansooriyat al shat	50	2210
22	Diala	Hibhib	Jadida Shatt/Abu Abdy 1	14	840
23	Diala	Hibhib	Albo alga	50	2100
24	Diala	Hibhib	Al amiria	14	800
25	Diala	AL Khalis	Al Aswad Al Kabeer	14	3500
26	Diala	AL Khalis	Al Aswad al Sagheir	14	2106
27	Diala	Bani Saad	Al Tameem	14	3396
28	Diala	Bani saad	Al Eytt	14	9634
29	Thi-Qar	Al-Shatrah	Sagban Al-Ali	14	3280
30	Thi-Qar	Al-Shatrah	Al-Naseer	50	9510
31	Thi-Qar	Al-Shatrah	Saliem	14	3320
32	Thi-Qar	Al-Shatrah	Al-Awaad	14	6670
33	Thi-Qar	Al-Shatrah	Al-Seleeman	14	4200
34	Thi-Qar	Sog -Al shiock	Al -Broten	50	10970
35	Thi-Qar	Sog -Al shiock	Al batat	50	3850
36	Thi-Qar	Sog -Al shiock	Al Imam Al Bakir	50	510
37	Thi-Qar	Sog -Al shiock	Al -Farha	14	4080
38	Babil	Hilla	Albo Alwan	50	1280
39	Babil	Hilla	Hindya	50	1520
40	Babil	Hilla	Ras Al Shari	50	1180
41	Babil	Hilla	Tunis	50	9960
42	Babil	Hilla	Babil 1	50	3965
43	Babil	Hilla	Babil 2	50	3965
44	Babil	Hilla	al wisama	50	1230
45	Babil	Mahaweel	Hamied Al Mucehib	14	235
46	Babil	Hilla	emam zeid	50	2560
47	Babil	Hilla	Al Nikhela Al Gharbia	14	400
48	Kerbala	kerbala	Abo rouya	14	2850
49	Kerbala	kerbala	abo sulaya	14	2000
50	Kerbala	kerbala	fiada	14	1090
51	Kerbala	kerbala	nabhanya	14	1700

52	Kerbala	kerbala	greet al khbaza	50	1200
53	Kerbala	kerbala	bed'at aswad	50	1980
54	Kerbala	kerbala	emam 'oon	50	3290
55	Kerbala	kerbala	nahyet al kheyrat	50	2400
56	Kerbala	kerbala	wend	50	2660
57	Wassit	Al Hay	AL uroba	14	380
58	Wassit	Al Hay	AL Eshtiraky	14	480
59	Wassit	Zubaidya	Gaza village	14	1120
60	Wassit	Kutt center	AL sowada village	14	520
61	Wassit	Zubaidya	AL Waffa	14	980
62	Wassit	Zubaidya	AL Ferduss	14	500
63	Wassit	Al Hay	AL Twaisat	14	700
64	Wassit	Al Hay	14 Ramadan	14	430
65	Wassit	Kutt center	Hassan AL Khayoon	14	220
66	Wassit	Kutt center	Al Fidaa	14	410
67	Wassit	Nomania	AL Hikma	14	310
68	Wassit	Kutt center	AL Garadhia	14	3100
69	Wassit	Kutt center	AL Megherba	50	1700
70	Wassit	Al Hay	AL Maamel village	14	600
71	Wassit	Sweara	AL Geoz	50	800
72	Wassit	Sweara	AL Shame	14	1010
73	Wassit	Al Hay	AL Hizb AL Qaid	14	550
74	Wassit	Sweara	AL Maraka	14	230
75	Wassit	Sweara	Maiseloon	14	850
76	Wassit	Sweara	AL Eiskandaria	14	80
77	Wassit	Zubaidya	Khasama	50	2800
78	Wassit	Azzizya	Zuiat Al Zarea'a	14	1200
79	Wassit	Azzizya	Al Intage	14	650
80	Wassit	Sweara	Eskandria	14	80
81	Wassit	Sweara	Al Sham	14	1010
82	Wassit	Sweara	mayseloon	14	1000
83	Wassit	Sweara	Ma'araka	14	1850
84	Wassit	Al Hay	Hizb Al qaid	14	640
85	Diala	Khalis	Mujaddad	14	600
86	Diala	Khalis	Khazarija	14	850
87	Diala	Khalis	Shakha	14	550
88	Diala	Khalis	Bawazil 2	14	640
89	Diala	Khalis	Naay 1	14	620
90	Diala	Muqdadiya	Tayha	14	1190
91	Diala	Khalis	naay2	8	650
85	Babil	Hilla	Nikhel Al Gherbia	14	4930
86	Babil	Hilla	Hamied al mucehib	14	1880
Total					184, 861

Annex 2: Comprehensive List of Areas of Operation for Health Education

Table of OFDA Areas of Health Outreach program

No.	Governorate	District	Name & Location	Targeted Beneficiaries
1	Diala	Buhriz	Abu Housaiwa	780
2	Diala	Ala'abara	Had Mixer	720
3	Diala	Ala'abara	Doure'en	910
4	Diala	Hibhib	Jadida Shatt/Abu Abdy 2	710
5	Diala	Hibhib	Small Hashimiya	810
6	Diala	Hibhib	Large Hashimiya	1030
7	Diala	Hibhib	Sungur	1100
8	Diala	Hibhib	Jizani imam	1800
9	Diala	Aby Saida	Diaba	3600
10	Diala	Muqdadiya	Nahar Imam	640
11	Diala	Muqdadiya	Husain Khalaf	690
12	Diala	Muqdadiya	Ta'awoun	690
13	Diala	Mansuriya	Shuhany 1	620
14	Diala	Mansuriya	Shuhany 2	650
15	Diala	Beladrouz	Ghazy Yahya	790
16	Diala	Beladrouz	Fadil Nawar	750
17	Diala	Sad Alazeem	Sad Alazeem	5400
18	Diala	Ala'abara	dawrat arab	1030
19	Diala	Ala'abara	zuhra	5400
20	Diala	Ala'abara	jizani	600
21	Diala	Hibhib	mansooriyat al shat	2210
22	Diala	Hibhib	Jadida Shatt/Abu Abdy 1	840
23	Diala	Khalis	Mujaddad	600
24	Diala	Khalis	Al Aswad al Kabeer	980
25	Diala	Khalis	Khazarija	850
26	Diala	Khalis	Shakha	550
27	Diala	Khalis	Bawazil 2	640
28	Diala	Khalis	Naay	620
29	Diala	Beni Saad	Ta'ameem	1140
30	Diala	Beni Saad	Al Eeet	1030
31	Diala	Hibhib	Albo alga	2100
32	Diala	Muqdadiya	Tayha	1190
33	Diala	Khalis	naay2	650
34	Diala	khalis	Al aswad al sagheer	440
35	Diala	Hibhib	Al amiria	800
36	Thi-Qar	Al-Shatrah	Sagban Al-Ali	3280
37	Thi-Qar	Al-Shatrah	Al-Naseer	9510
38	Thi-Qar	Al-Shatrah	Saliem	3320
39	Thi-Qar	Al-Shatrah	Al-Awaad	6670
40	Thi-Qar	Al-Shatrah	Al-Seleeman	4200
41	Thi-Qar	Sog -Al shiock	Al -Broten	10970
42	Thi-Qar	Sog -Al shiock	Al batat	3850
43	Thi-Qar	Sog -Al shiock	Al Imam Al Bakir	510
44	Thi-Qar	Sog -Al shiock	Al -Farha	4080
45	Babil	Hilla	Albo Alwan	1280
46	Babil	Hilla	Hindya	1520
47	Babil	Hilla	Ras Al Shari	1180
48	Babil	Hilla	Tunis	9960
49	Babil	Hilla	Babil 1	3965
50	Babil	Hilla	Babil 2	3965
51	Babil	Hilla	al wisama	1230
52	Babil	Hilla	Nikhel Al Gherbia	4930

53	Babil	Hilla	Hamied al mucehib	1880
54	Babil	Hilla	emam zeid	2560
55	Kerbala	kerbala	Abo rouya	2850
56	Kerbala	kerbala	abo sulaya	2000
57	Kerbala	kerbala	fiada	1090
58	Kerbala	kerbala	nabhanya	1700
59	Kerbala	kerbala	greet al khbaza	1200
60	Kerbala	kerbala	bed'at aswad	1980
61	Kerbala	kerbala	emam 'oon	3290
62	Kerbala	kerbala	nahyet al kheyrat	2400
63	Kerbala	kerbala	wend	2660
64	Wassit	Al Hay	AL uroba	380
65	Wassit	Al Hay	AL Eshtiraky	480
66	Wassit	Zubaidya	Gaza village	1120
67	Wassit	Kutt center	AL sowada village	520
68	Wassit	Zubaidya	AL Waffa	980
69	Wassit	Zubaidya	AL Ferduss	500
70	Wassit	Al Hay	AL Twaisat	700
71	Wassit	Al Hay	14 Ramadan	430
72	Wassit	Kutt center	Hassan AL Khayoon	220
73	Wassit	Kutt center	Al Fidaa	410
74	Wassit	Nomania	AL Hikma	310
75	Wassit	Kutt center	AL Garadhia	3100
76	Wassit	Kutt center	AL Megherba	1700
77	Wassit	Al Hay	AL Maamel village	600
78	Wassit	Sweara	AL Geoz	800
79	Wassit	Sweara	AL Maraka	230
80	Wassit	Sweara	Maiseluon	850
81	Wassit	Sweara	AL Eiskandaria	80
82	Wassit	Al Hay	AL Hizb AL Qaid	550
83	Wassit	Sweara	AL Shame	1010

156,360

HEALTH OUTREACH PROGRAM ADDITIONAL AREAS

Table of Additional Areas of Health Outreach program as of February 2004

No.	Governorate	District	Name & Location	Targeted Beneficiaries
1	Karbala	Hindiya	AbuJuraida	1060
2	Karbala	Al Jadwal	Al Gharbi Town	510
3	Karbala	Al Jadwal	Al Gharbi Military	1200
4	Karbala	Al Jadwa	1 Al Gharbi Assra	1300
5	Karbala	Al Jadwal	Al Gharbi Abu Safan	1480
6	Karbala	Al Jadwal	Al Gharbi Tameem	240
7	Karbala	Al Jadwal	Al Gharbi Musseida	450
8	Karbala	Al Jadwal	Al Gharbi Aiwij	3470
9	Karbala	Al Husseinia	Abu Sulaiman	1190
10	Karbala	Al Hur	Kamaliya 1	1100
11	Karbala	Al Hur	Kamaliya 2	600
12	Karbala	Al Hur	Al Sharia(Um masha)	1290
13	Karbala	Al Husseinia	Khudeidan	1310
14	Karbala	Al Huseiniya	Haswa	2740
15	Karbala	Al Huseiniya	Bahadili	5000
16	Karbala	Al Huseiniya	Ubeitar Al Shamali	1640
17	Karbala	Al Huseiniya	Al Assafiyat	2960
18	Karbala	Al Huseiniya	Um Al Hamam	7150
19	Karbala	Al Huseiniya	Badaa Aswad	1980
20	Karbala	Al Huseiniya	Al Zeraa	2400
21	Karbala	Al Huseiniya	Al Wind	840
22	Karbala	Al Huseiniya	11 A'athar	1140
23	Karbala	Al Huseiniya	Um Masha	2290
24	Karbala	Al Husseinia	Wind	5900
25	Karbala	Al Kheirat	Kheirat	5330
26	Wassit	Zubaidya	Al ma'moonia	360
27	Wassit	Al Mowafwqia	Al Mowafwqia	1740
28	Wassit	Al Hay	AL Jamaher	600
29	Wassit	Zubaidya	Haleb	960
30	Diala	Khalis	Aasimiy	760
31	Babil	Hilla	Anana	5610
32	Babil	Hilla	Rashed al Hamed	3100

67,700

Executive Summary

ACTED has been working in Iraq to enhance the livelihood of vulnerable rural communities by giving them access to safe drinking water. This goal had been achieved through the rehabilitation of 68 CUs and improvement of 18 CUs installation of 3 pilot CUs and rehabilitation 2 networks forming a total of 91 water projects . Located in the rural areas of the governorates of Diala, Wassit Babil, Kerbala Thiqar and Muthana. Our work has covered the improvements and rehabilitations, to meet the needs of these vulnerable communities.

Rehabilitation means that compact units had not been working before and, according to assessments of ACTED engineers, scopes of work were made to replace all the nonworking parts of the compact unit and to make all the necessary services to achieve best desired results. For example, replacing non functioning

pumps and painting the sedimentation tank and filters from inside with three layers of the non toxic epoxy paint after cleaning them from all the rust and the standing residuals.

Improvement means that the compact unit has been working but not efficiently as, for example, the pumps were out of service and required repairs and maintenance. Chlorine powder was dumped into the sedimentation tank in a random way due to absence of chlorine mixing tank and the chlorine solution mixers. Therefore ACTED engineers had managed special scopes of work for this kind of service.

After these scopes were made and put in the form of BOQs, ACTED made an official tender for contractors in the newspaper to submit their offers to commence the work. The selection of contractors was based on their experience and their work history, in addition to the price factor. When work started, engineers from corresponding water departments in each governorate supervised the work together with ACTED engineers in order to satisfy their demands during the work. Finally, when the work was finished the contractor should submit a guarantee period of three months since the date of signing the completion document.

In addition to the rehabilitation and improvement of compact units, ACTED rehabilitated two water supply networks in the governorates of Thi qar and Muthana. The first water network was in Muthana governorate feeding safe drinking water to 1200 beneficiaries in the village of Khalid Al Aksha village, the total length of the network was 3550 meters, using 4 inch and 3 inch size PVC pipes.

In Thi Qar governorate, a network was rehabilitated in al saleem village, providing safe drinking water to 2000 beneficiaries in this village, the length of the pipe was 3074 meters, using 4 inch PVC pipe.

ACTED engineers who were supervised by the expatriate WatSan engineer, succeeded in installing three (3) low cost pilot compact units and supplied safe drinking water to three villages in Muthana that were totally dependant on raw river water for drinking and domestic use. These pilot units were very simple and were improvised by ACTED to supply safe drinking water to the vulnerable communities using one pump, one filter and a chlorine dosing system. More details are below:

- a. Al Aridhiat village: numbers of beneficiaries were 560 persons; the capacity is 21m³/h, the located of it in Rumeitha ditrict.
- b. Al Modhlim village: numbers of beneficiaries were 900 persons; the capacity is 15m³/h, the located of it in Rumeitha ditrict.
- c. Al Na'aieer village: numbers of beneficiaries were 700 persons; the capacity is 15m³/h, the located of it in Rumeitha ditrict.

Finally, in coordination with the PFP (Potters For Peace) organization, ACTED had managed to supply simple and efficient clay filters, to two villages in Muthana governorate, these filters were considered for domestic use as they consisted of clay burnt in special way to make it more porous and painted from inside by colloidal silver which acts as a disinfectant and effective in killing the germs and bacteria of the water. The flow rate for these filters is about 2 litres per hour. More information about these filters is available on this website, www.potpaz.org

These filters were distributed in Al merashdah village in Muthana; 48 filters were distributed for 380 beneficiaries in this village,
In addition to being distributed in Al Nashoor village in Muthana , from which 48 filters were distributed for 400 beneficiaries in this village.

Health promotion programs.

In addition, the project has aimed at improving the habits of the targeted populations in terms of hygiene and basic health. That objective was achieved through the organization of health education and hygiene promotion campaigns mainly targeting women and children and focusing on water borne disease transmission, prevention and personal hygiene. These campaigns were held in the governorates of Diala, Wassit Babil, Kerbala and Thi-Qar and served 224,060 beneficiaries. Health surveys have targeted children less than the age of 5 and women of child bearing age were also made in the governorate of Diala, serving 390 households and 900 children aged 6 to 59 months.

Pictures of compact unit before rehabilitation



Pictures of compact unit during rehabilitation



Information's of OFDA activates:

Under OFDA funds, 11 C.U.s were rehabilitated in Thi-Qar so as to improve the quality of the water and maintenance of the C.U.s equipment.

The rehabilitation included: rehabilitation of sediment tank, sand filters, pumps (low lift and high lift) and providing alum and chlorine system, in addition to the rehabilitation of the shed and operators roometc.

ACTED put up two networks: one in Khalid Al Aksha region/ Al Muthanna governorate and the other in Saleem region in Thi-Qar. In those regions the networks were old.

In Saleem we completed rehabilitating the Saleem compact unit but we found that the pipes of the network were all lost and damaged; therefore, we decided to put up new network (3.07 km length, pipe 4') .

In Khalid al Aksha ,We also had found the old network damaged and closed, while some parts were lost and the old type was completely out of use so we decided to put up a new water network (pipe 4" and pipe 3", the length 3.55 km).

All the locations and number of the beneficiaries are in attached excel sheet file.



Fig.1 The C.U during the works from the contractor in Thi-Qar.



Fig.2 rehabilitated C.U in Sug Al Shiyuk District in Thi-Qar



Fig. 3 putting up water pipeline in Kalid Al Akhsha village /Al Rumeitha District / Al Muthanna.

In addition, we have provided and installed three pilots C.U.s in Muthanna :

Water quality in these rural areas was very bad and contained lots of bacteria that had lead to many diseases. Thus these pilot units solved the water problem. People were used to drinking the raw water directly from the river without any filtration or coloration happen on it but after fixing and installing the pilot C.U.s, we got on quality water with better results, where filtration and coloration stages were used during the treatment of these units.

The responsibility of these units for the civilian community in these rural areas, included the rehabilitation and maintenance of so like latrine water thus, people became very happy for best quality water the bad quality they used to get from storage tanks which was connected with these units.

Fig (4): Woman takes raw the river, before install the



water from pilot CU.



Fig (5): The Pilot CUs after being installed, the community participated in operation the unit in Al Aridhiat Village/Al Rumeitha district.

Fig (6): The people are happy with the new water treatment unit.



Water Compact units Rehabilitation –ACTED

Final Evaluation by Mercy Corps

A. Background

In order to give access to the rural population to safe drinking water and to reduce the incidence of water borne disease, Mercy Corps with the agreement of USAID/OFDA provided a sub grant to the French-based NGO, ACTED to undertake the necessary work to improve the quantity and quality of water and provide hygiene education to change the habits of the beneficiary population.

While ACTED was responsible for implementing the program, Mercy Corps was in charge of ensuring compliance with all relevant USAID and US Government regulations.

This project consisted to rehabilitate/build compact units in five governorates of Diala, Karbala, Najaf, Salah el din, Wassit

The terms and conditions of the relationship between Mercy Corps and ACTED was well be defined by a formal sub-grant agreement between the two organizations that mention two evaluations: mid-term and final.

Subsequently to the end of the grant and the submission of the ACTED final report, Mercy Corps undertook the present final evaluation.

B. Evaluation Team

Because of the security situation and the travel restriction, the evaluation had to limit its field visits to Diala and Wassit. So, the team visited a limited number of randomly chosen CUs. The evaluation team has comprised the following MC staff

- Engineer Abdelhamid Kalai, Deputy Director ICAP as a Team Leader
- Engineer Ahmed Naeem, Chief Engineer Kut Office as member of the team in Wassit
- Engineer Rawa Kazim, Field Engineer in Kut Office as member of the team in Wassit
- Engineer Nazar Faleh, Chief Engineer Diala office as member of the team in Diala
- Engineer Mudhafer, Field Engineer Muktdia Office as member of the team

C. Strategy of the evaluation

Based on a random selection, and under the supervision of the team leader with consideration to the security situation of the areas, seven CUs in Wassit and five CUs in

Dial were selected to be visited by the engineers. The following CUs were visited and a questionnaire was filled for each:

a) Wassit

The seven CUs visited by Engineer Rawaa and Ahmed Naeem are:

1. Al Fida located in Kut center with a capacity of 14m³ and targets a population of 410 beneficiaries
2. Al Sowada located in Kut center with a capacity of 14m³ and targets a population of 520 beneficiaries
3. Al Jamaheer located in Kut center with a capacity of 14m³ and targets a population of 600 beneficiaries
4. Al Mowafaquia located in Kut center with a capacity of 14m³ and targets a population of 410 beneficiaries
5. Al Twaisat located in Kut center with a capacity of 14m³ and targets a population of 700 beneficiaries
6. Al Maamil located in Kut center with a capacity of 14m³ and targets a population of 600 beneficiaries
7. Al Hassan Al qeioon located in Kut center with a capacity of 14m³ and targets a population of 520 beneficiaries

b) Diala

1. Nahar Imam located 17 Km north of Muktdia with a capacity of 14m³ and targets a population of 640 beneficiaries
2. Hussain Khalf located 20 km north Muktdia with a capacity of 14m³ and targets a population of 690 beneficiaries
3. Al Tayha located 4km West of Diala with a capacity of 14m³ and targets a population of 1190 beneficiaries
4. Al Ta'awoun located in 19 km north Muktdia with a capacity of 14m³ and targets a population of 410 beneficiaries
5. Mansoryat Al Shatt 5 km West of Bakuba with a capacity of 50m³ and targets a population of 2210 beneficiaries

A questionnaire was prepared by the team leader in consultation with the Mercy Corps Country Director and the feed-back from the two Chief Engineers. The questionnaire was used as a guide to collect all the information needed and compile the factors of success and lesson learned related to the relevance, the effectiveness, the efficiency, the impact and the sustainability

The evaluation has not touched the Public Health component because of the reasons mentioned above and related to security and logistics.

D. Findings

Over the twelve CUs visited in Wassit (7) and Diala (5) two are not functioning. One of these two was not connected to the power grid at the time of the visit.

Though the CUs are new, many parts have been changed because of their bad quality.

The good functioning of most of the CUs depends on the availability of the power. Only few have generators. The public power is given for two to six hours during the day depending on the region. The management system of the CUs varies from one to another. In many locations the person who is in charge of the switch of and on off the CU is appointed by the Water Department and in other locations, it is chosen by the community. Some of the CUs are run by one person and others are run by two or three even. In conclusion, the rehabilitation of the CUs was a significant step to improve the conditions of the residents of targeted areas however the project has encountered several obstacles and difficulties and obstacles that reduced its sustainability and its impact.

a) The relevance

Given the recent development in Iraq and the several wars plus the embargo, the population of the above mentioned governorates encountered a lack of potable water. Thus, the intervention is purely in line with need assessment and the main goal of the project.

b) Effectiveness

Given the allocated time frame and the various constraints, the outputs of the program in terms of quantity are impressive (trusting the ACTED report and the sites visited) and it is clearly a great improvement compared with the situation prior to ACTED/Mercy Corps intervention. Trusting the result of the visit of the engineers to the twelve CUs, it appears that most of units are functioning, thereby increasing the amount of potable water and drastically increasing its quality.

c) Efficiency

The security situation and the restriction on the move of international staff reduced the efficiency of the project. The visits to the CUs showed some lack of coordination between the community and the water department. This is might be attributed to the lack of training on the management of the CU and also the lack of involvement of the Water Department from the inception of the project. The wide area covered reduced the capacity of the supervision by ACTED over the local contractors performing the work.

d) Impact

There is no doubt that the program had a positive impact in terms of water quantity and quality. However the impact of water availability is hampered by the lack of power, the absence of generators thus, reducing the overall time of functioning.

More capacity building on the management of the CUs and awareness to bring all the Water Departments to more involvement would definitively raise the impact of the project.

e) Sustainability

Sustainability is one of the major issues raised by the community and local authorities. The observation of the management system of most of the CUs showed that the water supply systems are financially sustainable by neither the community nor the Water department. In some places, they use the old recovery system and in others the WD is supplying just the needed ingredient for the treatment. An enhanced training on management and capacity building would make of this project a great success.

Appendix-1: Visit to Seven Compact Units Done by Acted in Wassit.

Questions	Al Fida	Al Sowada	Al Jamaheer	Al Mowafaquia	Al Mamaal	Tweesat	Hassan Qeion
A- Information on the CUs							
	Kut Center	Kut Center	Al Hay		Al Hay	Al Hay	Kut Center
B- Operational Compact Unit							
1) When the Compact Unit starts to be operational	<p>This compact unit is working properly as much as there is power.</p> <p>Again, the compact unit work depends on the power. Though it is not enough for the villagers, it works day and night to provide the village with sufficient pure water</p>	<p>This compact unit is working properly as much as there is power</p>	<p>The unit works but all its parts are not operational including the treatment unit.</p> <p>So, the water from the river is pumped to the village without any treatment except the sedimentation</p>	<p>It is working very well day and night to supply the school and the village with the water needed</p>	<p>This CU does not work because the unit is not as yet connected to the power</p> <p>According to the villagers, the pipes and other parts should be taken off for the present because they are liable to robberies</p>	<p>The complex worked for two months after the upkeep period. The compact unit running depends on the power because the village is void of a generator</p>	<p>This compact unit is working properly as much as there is power</p>
2) How many hours a day the CU is operational (Appreciatively)?	5h/day	6h/d with a total pro is 84M3	2h/day	It works the live long day (estimated to be 6h/day)	It does not work	Around 2h/day	The work of the unit depends on the power supply that is available for an hour per day
3) What are the problems the CU is	There are no big issues in	There is no power and this	One of the most important issues is	There is no problem in the	It does not work	The compact unit worked for two	The problem that takes the lead in

Questions	Al Fida	Al Sowada	Al Jamaheer	Al Mowafaquia	Al Mamaal	Tweesat	Hassan Oeion
facing and that prevent it from a smooth functioning?	this unit because it works constantly. When there is a problem, like a shortage in Chloral, the operating man is in charge of solving it. He should be in contact with the Water Directorate and should receive all the material he needs from it.	makes the water pumped not sufficient	that all the equipments are idle and are in need for exchange. It would not do good keeping them because the water tank and the filters were not painted well in the last upkeep	unit since it is working. The upkeep is done all the while on the unit since it is part of the main project in the sub district centre		months only from the upkeep period. For the time being, it does not work because the parts to which the upkeep was done are not in a good status. The material used to do the upkeep was bad and that eventually led to a shortage in the generator-work. The pulling pump, the locks of the filters and the control electrical board are all idle	this unit is the unavailability of the electricity constantly. Therefore the water supplied is not enough
4) Describe the CU in term of the general conditions of all the components	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the pipes	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the pipes that reach to the	The unit consists of a tank where the water pulled from the river by the pulling pump is collected. Then, it goes to the filters where it is treated and chlorine is added to it. The water is later pumped into the	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the pipes that reach to the	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the pipes that reach to the

Questions	Al Fida	Al Sowada	Al Jamaheer	Al Mowafaquia	Al Mamaal	Tweesat	Hassan Oeion
	pipes that reach to the village by the pushing pump. This is just a general description of the unit. And therefore any damage in any of the working parts means that the whole does not work properly	that reach to the village by the pushing pump. This is just a general description of the unit. And therefore any damage in any of the working parts means that the whole does not work properly	village by the pushing pump. This is just a general description of the unit. And therefore any damage in any of the working parts means that the whole does not work properly	pipes that go to the village by the pushing pumps	pipes that reach to the village by the pushing pump. This is just a general description of the unit. And therefore any damage in any of the working parts means that the whole does not work properly	village by the pushing pump. This is just a general description of the unit. And therefore any damage in any of the working parts means that the whole does not work properly	village by the pushing pump. This is just a general description of the unit. And therefore any damage in any of the working parts means that the whole does not work properly
5) Who is assigned to the daily switch on and off	The operation man who is from the same village is in charge of switching on and off	The operating man is from the same village	There is a workshop in the unit and it is in charge of the switching off and on processes	The operating man is in charge of switching it off and on	So long as it does not work, no one is in charge of switching it on and off	There is a workshop in the unit and it is automatically accountable for switching on and off	The operating man is in charge of switching the unit off and on
6) Who is assigned to the daily maintenance of the CU	The operating man is in charge of keeping it working by taking care of the small issue like adding Chlorine. As for the big issues, he should call the water	The water Directorate is in charge of any upkeep in case of damage. A pulling pump and an electrical board are kept	The workshop and all the villagers are cooperative with one another to do the upkeep to the unit. Money is being collected from the inhabitants of the village to buy the precautionary materials and keeping the	Water Directorate	The same answer as the above	The compact unit worked for two months only after the upkeep. That is to say, it did not finish the required upkeep period from the contractor. And it has not been kept	When there is damage, the water department is responsible for fixing it. The pulling pump and the electrical board though the upkeep was not that good for the unit is in need for new board and pump

Questions	Al Fida	Al Sowada	Al Jamaheer	Al Mowafaquia	Al Mamaal	Tweesat	Hassan Qeion
	directorate to do what is required		equipments				
C- Availability of Clean Water							
7) Describe the general environment of the CU	The unit is near to the water source. But the far away areas can not get water from it. That depends on the size of the compact unit and the power of the pushing pumps	The unit lies in a place where all the villagers reside and it is near the water source. Yet the far away places can not get water	The unit lies in an area where all the villagers are. It is near to the water source. But the far away areas can not get water from it. That depends on the size of the compact unit and the power of the pushing pumps	The unit lies in al-Mowafaquia district and is near to the water source	The unit lies in an area where all the villagers are. It is near to the water source. But the far away areas can not get water from it. That depends on the size of the compact unit and the power of the pushing pumps	The unit lies in an area where all the villagers are. It is near to the water source. But the far away areas can not get water from it. That depends on the size of the compact unit and the power of the pushing pumps	The unit in general lies in a place where the villagers are gathered and it is near the river. But the far distanced places are not receiving water. So, it is dependant on the unit size and the power of the pulling pumps that water can be delivered to these areas
8) Give an estimate about the figure of the population that uses the water from the CU	More than 500 individuals	Around 1700 individuals	Around 1000 Individuals	More than 75000	Around 600 individuals	The village is peopled by around 800 individuals	Around 1200 Individuals
9) Give an estimate of the volume of water treated daily by the CU	So long as the unit works for 5 hours a day, therefore, the water supplied is 70 m ³	The amount of water is 84M ³	The amount of the water treated depends on the power supply that is available for two hours per day	So long as the unit works all the day, so the water supplied is enough. because there is	amount of the treated water, if the unit works properly	The amount of the processed or treated water if the compact unit almost works.	So long as the unit works for an hour a day, so the water supplied is not sufficient. And the volume of

Questions	Al Fida	Al Sowada	Al Jamaheer	Al Mowafaquia	Al Mamaal	Tweesat	Hassan Qeion
			so the volume of water is 28m3	another compacts unit and also this compact is large than the other is 50 m3/h so if work all the day so the volume of the water will be 1200 m3		is a bout 28 m3	the water is 14m3
10) Did they ever have a water testing and if yes what is the result if no would it possible to make a test on a sample	No Water tests	There is water test done by Wassit water Directorate	There is not test for water samples and there is not following up from the water directorate	There is water test	No one is following up the project	There was a not water sample test, and it is possible to have that test done in cooperation with the Water Directorate when the compact unit is on	Wassit Water Directorate does water tests
11) What are the other problems that could prevent the population of having a clean water from the CU	The compact unit is not identical with the needs of the village. And one of the most important issues that a barrier stands in the way of delivering water is that the amount of chlorine is not	When there is no electricity, people go directly to the river and take water from it .So when the unit is on again; it pulls the dirt in the water caused by the villagers cleaning up	There should be some maintenance on the part of the directorate of Wassit Water so that the pure water is supplied to the village	There is no problem in getting clear water	The compact unit does not work, and therefore water shortage is one of the main issues from which the villagers suffer. There is nothing to keep the unit idle save for providing a	The compact unit does not work; therefore, the problem from which all the villagers there suffer is the lack of water. There is no problems save for the lack of electricity and there is no generator around	There is no problem in delivering water to the village save for the unavailability of electricity continuously and this leads to taking water from the river directly

Questions	Al Fida	Al Sowada	Al Jamaheer	Al Mowafaquia	Al Mamaal	Tweesat	Hassan Qeion
	decisive because the operating man is in charge of deciding that. Moreover, the water pipes are stretched not in the proper way ; there is a curve in its stretch				generator		
D- Sustainability							
12) Who is in charge of the O&M of the CU	The operation man, from the same village, is in charge of keeping and running the compact unit	The operating man is from the inhabitants of the village. And when there is a serious damage, he should go and inform the water directorate to do what is required	The operating man is in charge of switching it off and on	The operating man is in charge of the switching off and on as for the upkeep it is done by the water department officials	The operating man is in charge of keeping and switching off and on, in case it works	The operator is accountable for switching on and off and he should be one of the village inhabitants	The operation man who is from the same village is in charge of switching it off and on. When it comes to keeping the unit, the water directorate must intervene
13) What is the role of the Water Departments	Its role lies in the fact that it should work on keeping the compact unit including all the water pipes , filters, supplying the	The Water Directorate is in charge of keeping	The water directorate is not following it up because it lies far away	The role of the directorate is to upkeep the unit including pumps, filters, supplying the unit with chlorine	So long as the compact unit is in a far away village , the water department does not follow it up	So long as the compact unit lies in a village far away, the Water Directorate does not follow up the project. Additionally, the unit is originally	Wassit water directorate has a big role in keeping the unit and this is inclusive to all the water pumps, filters and supplying the unit

Questions	Al Fida	Al Sowada	Al Jamaheer	Al Mowafaquia	Al Mamaal	Tweesat	Hassan Qeion
	unit with chlorine					not working	with chlorine
14) Has the CU ever had a problem and if yes who did fix it and where did they get spare parts or equipment	When there is damage, the operation man should go to the Directorate of Water and inform it and get supplies with whatever the unit needs	When there is damage, the operating man goes to the water directorate and it upkeeps the damage and supplies what is needed	The villagers are in charge of keeping the unit and buying anything precautionary needed for the unit. The electrical board has been fixed more than once and the pulling and pushing pumps too	The water directorate is in charge of fixing any damage in the unit, or supplying it with anything precautionary	It does not work and the problem now is leaving the compact unit equipment without guarding	After the upkeep, the compact unit worked for two months. Later, it stopped and therefore the community asked the water directorate to fix it. A new water compact unity is installed by the Ukrainians and it provides the village with water	When there is damage, the operating man goes to the water directorate to do the upkeep or supply him with whatever the unit needs
E-Any other comments or observations							
15) Mention below any other comments or observations that could be useful for the evaluation. Please insert other pages whenever there is a need	Supplying the village with another generator to increase the amount of the water pumped and up righting the curve in the water pipes	Supplying the area with a generator so that the amount of the water supplied increases and Providing the village with a water tank where the river water is collected before it turns to the unit tank to	The unit does not do to be sufficient to the entire village. So there is a need to exchange all the unit equipments rather than up keeping them	None	Not found	Originally, the compact unit is not enough for all the villagers. Moreover it does not work. So, it sounds good to replace all the perused materials and not just keeping them. This is so because the unit must be in a good status to	It is better to supply the village with a generator to increase the amount of the water pumped and delivered to the village

Questions	Al Fida	Al Sowada	Al Jamaheer	Al Mowafaquia	Al Mamaal	Tweesat	Hassan Qeion
		reduce the amount of dirt in the river consequent upon the villagers' use of the water close to the pulling area				serve the community	

Visit to five Compact Units Done by Acted in Diala.

Questions	Nahar Imam	Hussain Khalaf	Tyha	Mansoryat Al Shat	Al Ta'awoun
A- Information about the CUs					
	Located at 17 km north of Muktadia		4km West of Diala	5 km West of Bakuba	19 km north Muktadia
B- Operational Compact Unit					
1) When the Compact Unit starts to be operational	The CU started to be operational on June 2004	End of Mat 2004	End of November 2004	July 2004	June 2004
2) How many hours a day the CU is operational (Appreciatively)?	(5-6)h/day	(5-6)h/day	6 to 7h/day	7 to 9 h per day	5 to 6 h/ day
3) What are the problems the CU is facing and that prevent it from a smooth functioning?	The lack of power	The lack of power	None	None	The lack of power
4) Describe the CU in term of the general conditions of all the components	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the pipes that reach to the village by the pushing pump. This is just a	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the pipes that reach to the village by the pushing pump. This is just a general	The compact unit consists of the tank where the water coming from the river is compiled by a water pump. Then, it goes to the filters where it is treated and Chlorine is added. Then, water is pumped into the pipes that reach to the village by the pushing pump. This is just a general	The CU comprises a sedimentation basin three lifting pumps, mixer, Chlorinator injector, and generator, one room for the operator and BRC fence.	The CU comprises a sedimentation basin three lifting pumps, mixer, Chlorinator injector and one room for the operator and BRC fence.

Questions	Nahar Imam	Hussain Khalaf	Tyha	Mansoryat Al Shat	Al Ta'awoun
	general description of the unit. The CU has a BRC fence and it is well protected	description of the unit. The CU has a BRC fence and it is well protected	description of the unit. The CU has a BRC fence and it is well protected		
5) Who is assigned to the daily switch on and off	Three people among the beneficiaries are in charge of the witch on and off	One person was appointed by the Water Department and is helped by some people from the community	Two staff from the WD	Three people from the WD.	One person appointed by the population
6) Who is assigned to the daily maintenance of the CU	Same people as above	Beneficiaries	Beneficiaries assisted by the WD	WD	Beneficiaries
C- Availability of Clean Water					
7) Describe the general environment of the CU	The CU unit is located in a rural area and the environment is relatively clean. So the water is clean	The environment is relatively clean. So the water is clean	The CU is clean but the water source seems to be contaminated	The environment is quite clean and so is the interior of the CU	The environment is not clean
8) Give an estimate about the figure of the population that uses the water from the CU	No information was available	No figures are available	No Figure are available	No Figure are available	No Figure are available
9) Give an estimate of the volume of water treated daily by the CU	The CU produces around 65m ³ and that was reported to be under the need of the population of the village. With more power the CU will be able to satisfy the big need of the population	50 to 60 m ³ per day	50 to 60 m ³ a day	300 to 350 m ³ per day	40 to 50 m³ per day
10) Did they ever have a water testing and if yes what is the result if no would it possible to	No Water test was made but the people were keen to do that.	No test but people were keen to do that	No test was performed but the WD is taking action to do one	No test was performed but the WD is taking action to do one	No test was performed but the WD is taking action to do one

Questions	Nahar Imam	Hussain Khalaf	Tyha	Mansoryat Al Shat	Al Ta'awoun
make a test on a sample					
11) What are the other problems that could prevent the population of having a clean water from the CU	No Major issues	None	None	Non	The operator is not punctual The WD is being lazy on assisting
D- Sustainability					
12) Who is in charge of the O&M of the CU	A committee of people elected for that matter	Residents from the community	Beneficiaries	WD	Beneficiaries
13) What is the role of the Water Departments	The Water Department is in charge of supervision the committee and to supply all what is needed for the treatment of water	Supervision and supply of material of the treatment	Supervision and supply of material of the treatment	No test was performed but the WD is taking action to do one also they pay the employers	Supervision and supply of material of the treatment
14) Has the CU ever had a problem and if yes who did fix it and where did they get spare parts or equipment	The committee reported once the CU was down and the residents gathered together and fixed the problem caused by the bad quality of some of the equipments	None	None	None	There was one and was repaired exclusively by the community
E- Any other comments or observations					
15) Mention below any other comments or observations that could be useful for the evaluation. Please insert other pages whenever there is a	Bad quality work done by contractor some of it attributed to the security situation The was lack of	Non	This project did not consider the growth of the population size	None	The recovery system needs to be revised. In this village thy use the old system of community doing everything to run

Questions	Nahar Imam	Hussain Khalaf	Tyha	Mansoryat Al Shat	Al Ta'awoun
need	supersvion by the authorities and the Agency (ACTED) to make the contractor fulfill all his duties				the CU and then they don't pay any fees.

Appendix_2: Questionnaire for the ACTED Project

Information about the CU

- Name of the CU:
- Location:
- Date of completion:

Chapter 1: Operational Compact Unit

1. When the Compact Unit start to be operational:.....
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2. How many hours a day the CU is operational:

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3. What are the problem the CU is facing and that prevent it from a smooth functioning:

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4. Describe the CU in term of the general conditions of all the components:

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5. Who is assigned to the daily switch on and off:

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6. Who is assigned to the daily maintenance of the CU:

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Chapter 2: Availability of clean water from the CU

1. Describe the general environment of the CU:

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2. Give an estimate about the figure of the population that uses the water from the CU:

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2. What is the role of the Water Departments:

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3. Has the CU ever had a problem and if yes who did fix it and where did they get spare parts or equipment:

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Chapter 4: Any other comments or observations

Mention below any other comments or observations that could be useful for the evaluation. Please insert other pages whenever there is a need.

Appendix 3: Photos



Figure 1 Engineer is chatting with the person who is in charge of the daily O&M in Al Fida CU.

ANNEX V- Photo Gallery