



**Save the Children®**

**Emergency Response for Iraq  
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**Final Report**

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## **ABBREVIATIONS**

CDD	Control of Diarrheal Diseases
DoH	Directorate of Health
DoID	Directorate of Immigration and Displacement
IOM	International Organization for Migration
MCHN	Mother and Child Health/Nutrition
NGMC	Nutrition Growth Monitoring Corners
OFDA	Office of Foreign Disaster Assistance
PHC	Primary Health Care
PRA	Participatory Rural Appraisal
SC	Save the Children
SCF/UK	Save the Children Fund, United Kingdom
TBA	Traditional Birth Attendants
TNP	Targeted Nutrition Program
USAID	United States Agency for International Development
UN	United Nations
WFP	World Food Program

## **Executive Summary**

Iraq has suffered from more than two decades of degrading health and social services due to conflicts and sanctions. Twenty two years of conflicts, fifteen years of forced internal displacement and more than a decade of UN sanctions have created significant humanitarian needs throughout the country. In over two decades the poverty level has increased and the population's coping mechanisms have been exhausted as sanctions prevented much needed international assistance from being delivered to Iraqis. As a result, the country's health care system has been severely damaged, significantly lowering the volume and quality of medical services offered. Compounding the already bad situation, the fall of the previous regime and subsequent conflict, chaos and looting have left most of the health care facilities in dire conditions. The country's water treatment and pumping systems were looted and damaged as well, compounding the situation with communicable and water borne diseases.

In March 2003 Save the Children USA (SC), with funding from OFDA, started the implementation of a multi-sectoral emergency response program in Iraq. SC received a 4 million USD grant from OFDA to implement a six-month program to meet the most basic emergency needs of vulnerable groups throughout the country (Basrah, Najaf, Karbala, Baghdad, Kirkuk and Mosul). Since then several extensions have been granted by the donor, totaling 7.75 million USD, with the last one expiring on 31 December 2005. Initially the program was implemented throughout the country covering northern, central and southern parts of the country. SC benefited from the work of its implementing partner – Save the Children Fund UK (SCF/UK) which maintained program offices in northern and central Iraq. Due to deteriorating security situation, staffing and programming in these areas were dramatically reduced and eventually phased out. The SCF/UK sub-grant ended in December 2003. SC has continued implemented its programs in southern Iraq in Basrah, Dhi Qar and Al Muthanna governorates. However, in the last year of implementation, due to prevailing insecurity in Al Muthanna and Dhi Qar governorates and the lack of opportunities for adequate monitoring, the program's activities have been concentrated only in Basrah governorate.

This report summarizes the activities and achievements of Save the Children's program funded by OFDA. The information in this report is organized in the following order around the key areas of the program's interventions: emergency health care assistance; nutrition; assistance to IDPs, and integrated health and nutrition assistance. This also matches the program's timeline, starting from the emergency interventions in the health care, water and sanitation sectors to the integrated health and nutrition assistance.

Throughout more than two years since the program started, the security situation has affected every aspects of the program implementation. Although the three southern governorates of Iraq where SC operates have remained calmer and stable compared to other parts of the country, security has remained a primary concern during the entire presence of the SC in the region. It has affected staff mobility, staff ability to carry out program activities timely. Constrained staff mobility has caused delays in the implementation of some of the project activities. Similarly, deteriorating security situation has occasionally hampered regular monitoring and follow-up activities.

Apart from security, the program has faced other challenges during the entire implementation phases. The health sector needs in Iraq are great, especially after long years of conflict and sanctions. Intermittent wars and sanctions have left the health sector in dire state, and more efforts are needed

to improve the health care system. The dire state of the health care system of the country has a particularly hard effect on the vulnerable groups of the population – children under five, lactating women and Internally Displaced Persons (IDPs). The program has implemented a number of projects throughout the grant life. This report highlights the program's achievements and challenges and covers the period from April 2003 through December 2005.

## **I. Program Overview and Performance**

Since May 2003 Save the Children has implemented a wide range of activities funded by OFDA within the Health and Nutrition program. Initially, the program was implemented throughout Iraq covering northern, central and southern parts of the country. SC worked in collaboration with its implementing partner – Save the Children Fund UK (SCF/UK) which maintained offices in northern and central cities of Mosul, Kirkuk and Baghdad. SC has maintained offices in Basrah, Samawah (Al Muthanna governorate) and Nasiriyah (Dhi Qar governorate).

The overriding goal of the program's activities are to reduce the levels of morbidity and mortality among the children under age five and their families, including IDPs and returnees. Poverty, lack of basic infrastructure, and lack of nutrition education have all contributed to the high rates of malnutrition and resultant diseases in the program impact area. Malnutrition is common among the children under five, and the number of stunting and underweight children is high. The program has strived towards achieving its goals and made significant progress. The sections below will provide comprehensive information about the program's activities and achievements during the entire period. The first section is devoted to the activities and achievements of SCF/UK. The sections to follow cover the SC activities and achievements in the main sectors of the program's intervention: water and sanitation; health; nutrition, IDP assistance, and integrated health and nutrition.

### ***SCF/UK activities***

Save the Children issued a sub-grant to SCF/UK as part of the approved OFDA grant to respond to emergency needs in northern and central parts of Iraq, primarily in Baghdad, Kirkuk and Mosul. In Mosul, SCF/UK supported three teams of DoH/PHC staff to provide medical care to patients in over 100 PHCs. The staff from PHCs and DoH were transported to 68 PHCs and three hospitals. As a result it was estimated that up to 500,000 beneficiaries were accessed through this project. The PHC teams used the transportation funds to conduct health assessment and public health surveillance in the Mosul governorate.

The health assessment revealed severe malnutrition among the children in the Mosul governorate. SCF/UK concentrated its support to two pediatric and two maternity hospitals. It provided drug supplies and nutritional support to the two pediatric hospitals, and helped with supplies and running costs for maternity hospitals. In particular, nutritional commodities such as high energy biscuits F75 and F100 therapeutic milk, and pediatric nasogastric tubes were purchased and distributed to health care facilities in Mosul and Kirkuk governorates.

SCF/UK also carried out water and sanitation activities in schools in Mosul. In particular water tanks, pipes, water drinking facilities were provided to 20 schools benefiting 9000 students and teachers. School students and teachers were provided access to safe drinking water. Sanitation was also improved in school through provision of washing areas, rehabilitation of latrines and septic

tanks, improving sewerage systems. Basic supply of cleaning materials was also provided to each school to ensure that the environment remains clean to prevent breeding of flies and further infection spread.

Primary health care centers and children and pediatric hospitals in Baghdad were provided with medical supplies and equipment. In particular, SCF/UK distributed weight scales, refrigerators for Emergency Program of Immunization (EPI), and other essential items. However, due to the rapidly deteriorating security situation in Baghdad and surrounding areas in the second half of 2003, SCF/UK was not able to complete all activities in northern and central Iraq. In particular the purchase of expensive laboratory consumables was not conducted as it was felt to be too risky. First the reduction and later full relocation of the international staff, reduced mobility and visibility led to serious stoppages and eventually SCF/UK ended its activities in December 2003.

### ***Water and Sanitation***

Following the major combat operations in 2003 water and sanitation facilities in Iraq were in dire state and the risk of infectious and water-borne diseases was high. SC interventions were therefore aimed at safety of water sources, emergency supply of potable water to the population and health care facilities to contain the rise of cases of water-borne diseases. In coordination with the Water Directorate of the Basrah governorate, SC provided necessary equipment for water pumping stations. Submersible pumps and maintenance materials, such as circuit breakers, sockets and cables were purchased and distributed to eight water station.

Most of the water stations were in need of maintenance and serious repair. Some of them were subject to looting following the conflict, which left them without pumps and other equipment. The activities under this project helped to improve the situation with water distribution and access to potable water. Overall, the project assisted eight water stations, including the biggest one in the Basrah governorate, bringing their output capacity to pre-war level or higher. The eight stations are: R-Zero, Bradayah, Shuwaybah, Al-Mowafaqiyah, Al-Deer, Al-Qurnah, Hay Al-Husseini, and Abu-Khasib - Mahal.

SC purchased water pumps, circuit breakers and general maintenance items. Together these stations provide water for approximately 994,000 inhabitants within the Basrah governorate. The water output level in these eight stations was brought to the pre-war level or increased by 20 to 25 percent. SC also provided access to water and sanitation facilities in primary health care centers. The project's interventions targeted six PHCs serving approximately 192,697 beneficiaries. This number is an overlap with the number of beneficiaries served by water stations, as described earlier.

SC also provided support to schools in Mosul and Basrah governorates that lacked adequate access to basic sanitation and water. SCF/UK provided access to potable water and sanitation facilities in 20 schools benefiting 9000 school students and teachers. SC provided such support to 11 schools in Basrah governorate. Many school buildings in Iraq host more than one school, operating on a shift system. Through this project, 11 school buildings housing 18 schools were provided access to clean drinking water and adequate sanitation. The school buildings chosen were all part of SC's separate education project, which provided repair of school facilities, new desks, chalkboards, and administration furniture, teaching supplies, recreation materials, mine awareness, and teacher

training. Total number of beneficiaries from these activities is 7,779 school children, who benefited from the renovated water and sanitation facilities in schools.

### **Health**

SC started with an emergency primary health care assistance program in southern Iraq in 2003. The overall goal of the program is to reduce mortality and morbidity of children under five and to reduce mortality of pregnant and lactating mothers. In particular the program's activities focused on:

- Resuscitation of emergency and primary healthcare in Karbala
- Increasing the capacity of the central Maternity and Child Health (MCH) unit to coordinate and monitor MCH activities in PHCs and hospitals selected for project intervention by improving administrative and management oversight infrastructure;
- Strengthening the capacity of health care system in Basrah, Dhi Qar and Al Muthana governorates
- Increasing the quality and utilization of antenatal care (ANC) and delivery room services in the project's selected PHC, MCH, and hospital ANC and delivery units, toward reducing maternal and neonatal mortality.
- Improving immunization coverage toward reducing mortality due to infectious diseases of children under five years of age in the project's selected PHCs and hospitals

Support to the health care system under the OFDA funded program included a wide range of activities, broadly defined as implementation plans (IP) that were interlinked with each other; each one building on the impact of previous intervention. Initial activities started in Karbala governorate and targeted at reducing infant mortality rate, mother morbidity and mortality rate through improving antenatal care, strengthening and revitalizing the immunization program, and improving the capacity of health care facilities to identify and treat children with common health problems. Targeted beneficiaries under these activities included 300,000 children and mothers.

SC supported the transportation of DoH and PHC medical staff to undertake field visits, provided medical supplies and equipment to the Karbala maternity hospital and PHCs, and printed 400 EPI registry books. As a result, by the end of 2003 the rate of immunization in selected PHCs was up to 87 percent from 8 percent before the interventions, and all PHCs targeted had vaccines and cold chain installed and operational. Support was provided in organizing monthly coordination meetings of PHC managers, transportation for the weekly follow-up visits of the mobile EPI teams to check the cold chain and EPI progress, introduction of the health information system (HIS) and training of the staff on its usage. SC also rehabilitated the Karbala maternity hospital and one PHC. As a result the capacity of the Karbala hospital increased to from 164 to 200 beds, and its support facilities, such as kitchen and laundry were rehabilitated and improved.

Due to the deteriorating security situation SC's focus shifted to three governorates in Lower South – Basrah, Dhi Qar and Al Muthanna. The health care support activities targeted at increasing the capacity of health care system in these three governorates. Activities undertaken to achieve this objective include the following:

- Conducted needs assessment and capacity building for the Maternity and Child Health Unit (MCH) within the regional Directorates of Health

- Rehabilitated the MCH units and providing furniture, office supplies and other necessary items
- Provided transportation support to DoH staff to visit PHCs including those in rural areas
- Provided furniture, office supplies and other necessary items delivery rooms and selected PHCs
- Organized and facilitated technical and managerial training of medical and paramedical staff
- Distributed 5000 health awareness leaflets related to antenatal care
- Printed and distributed 40,000 of different types of medical cards used in delivery rooms and hospitals (pregnancy files, child files, follow-up cards, vaccination cards, etc.)
- Improved the MCH information system through printing and distribution of 100 for each type of different MCH registry books used for child vaccination, school health registry books, etc.
- Supported transportation of 55 supervisors from all three governorates during the measles campaign to vaccinate the children of 6-12 years old and ensure the effectiveness of the campaign through follow-up visits



A total of 1494 medical and paramedical staff from the three governorates received training in the following fields:

- School Health
- Traditional Birth Attendance
- EPI
- Health Information System
- Referral System
- Control of Diarrheal Diseases
- Maintenance and use of medical equipment provided by the program

Direct beneficiaries from these interventions were the DoH and MCH units and medical and paramedical staff from PHCs in the three governorates. Indirect beneficiaries included more than 600,000 children and mothers served by the PHCs in the three governorates. During more than two years of its implementation, the program has contributed a lot to the Directorate of Health. The Directorate's staff benefited from formal and on-the-job trainings as well as transfer of knowledge. Almost every intervention was carried out in collaboration with or by approval of the Directorate. This has enabled the program staff to build effective collaboration with the Directorate and ensure continuity of the practices introduced and strengthened through the program's interventions. Activities within this project ended in September 2004.

### **Nutrition**

The conflicts of the recent decade combined with sanctions and breakdown of the public services, including health care and water supply, have resulted in an increase of the vulnerability of children to malnutrition and diseases. To reduce children malnutrition and mortality SC with support of UNICEF assisted the Iraqi Ministry of Health in reactivating the Targeted Nutrition Program (TNP) in Basrah governorate in 2003. Through this project the Nutrition Rehabilitation Center (NRC) with a nutrition training center were established within the Basrah General Hospital. The center has 12 beds and is compliant with WHO standards. It is equipped with kitchen for dietary rehabilitation and children playing room used for cognitive stimulation of malnourished children.

SC supported the newly established NRC in capacity building and training for the staff. In particular, SC organized training for 20 NRC pediatricians in Egypt, a country with good practice in handling malnutrition. NRC staff received training and learned from the experience of their Egyptian colleagues through visits to malnutrition clinics. On their return these pediatricians held a series of trainings devoted to the management of severe malnutrition, which benefited further 177 medical and paramedical staff.

SC also helped establish 14 Nutrition Growth Monitoring Corners (NGMC) in different PHCs in Basrah governorate. The NGMCs were formed to monitor children's nutritional status, supervise the work of Community Child Care units (CCCU), help in early detection of children growth related problems, and provide nutritional advice to mothers. SC rehabilitated and equipped the 14 Corners. The initiative received high recognition and from the Basrah DoH, and it was proposed that it would be replicated in all 76 PHCs across Basrah governorate. These activities benefited 307,000 children and 66,000 pregnant women and nursing mothers in Basrah governorate<sup>1</sup>.

Within this project SC also encouraged and supported breastfeeding in Basrah governorate. The focus of this project is on the prevention of malnutrition through appropriate breastfeeding practices. SC supplied furniture and other materials for the breastfeeding consultancy clinic in the Basrah Maternity and Child Hospital (MCH), organized and facilitated the Basrah Breastfeeding Workshop and several other training activities related to breastfeeding, established and supported a breastfeeding library in Basrah MCH, prepared and printed educational materials, leaflets encouraging breastfeeding. SC also assisted four hospitals in bringing them up to 'baby-friendly' status.

Within the framework of this project SC conducted a Nutrition Survey for children of under-five years of age. With the approval of MoH the survey was started in April 2004 and completed in June 2004. The final report was submitted to the donor. The survey in particular revealed that 11.6 percent of children under-five years of age were malnourished, 15.7 percent were stunted and 4 percent were wasted, i.e. facing acute malnutrition. It also showed that 62.3 percent of mothers were practicing breastfeeding compared with 12.3 percent of formula feeding and 25.4 percent of mixed feeding.

A similar study was also conducted among the primary school children. It showed that under nutrition, stunting and acute malnutrition are also prevalent among these children. In particular the rates 22 percent of children were stunting and 24 percent of them were facing acute malnutrition. It also revealed that the prevalence rates were higher among girls as compared with boys and in rural

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<sup>1</sup> These numbers overlap with the total number of beneficiaries from the health care assistance provided by the program in Basrah governorate

areas as compared with Basrah city. Some of the nutrition activities targeted IDPs specifically. These will be covered in the next section. The nutrition assistance activities have been incorporated into the integrated health and nutrition project implemented in the latest phase of the program in 2005. Activities and achievements within this project will be covered in the section following the next.

### ***Health and Nutrition Assistance to IDPs and vulnerable communities in southern Iraq***

Save the Children worked as implementing partner with WFP in distribution of food commodities, such as wheat flour, sugar, salt, and vegetable oil, to the vulnerable population groups and IDPs of the Basrah governorate during the period from April to September 2003. SC also worked as an implementing partner for WFP for the household food assessment in the governorate of Najaf and Karbala. However, supplementary food rations were not distributed in these governorates.

During the agreement period, April through September 2003, SC received a total quantity of 22.56 MT of food, of which 22.54 MT was distributed. SC also received 1,561 cartons (12.06 MT) of high energy biscuits from WFP for its Summer Camp Program, which ran from July through August 2003. In total, 1,342 cartons were distributed to 7,605 children attending the summer camps. SC trained CCCU volunteers who monitored the supplementary food distribution in schools and monitored distribution among the households. The total number of beneficiaries receiving WFP food is 8,068. Supplementary food rations were provided to 463 vulnerable individuals such as IDPs and people in orphanages, elderly house, and hospitals.

Between June and December 2003 SC, in collaboration with the International Organization for Migration implemented a project to provide needs assessment and coordination of assistance for IDPs and other vulnerable populations. The project's goal was to provide assistance to IDPs towards meeting their basic needs and improving their quality of life in Basrah and Najaf governorates. SC conducted assessments and IDP registration in both governorates. Under this project SC distributed monthly food rations and winter non-food items in Basrah governorate.

To assist the IDPs and vulnerable communities in southern Iraq with increased access to mother and child health and nutrition (MCHN) services, SC conducted a Participatory Rural Appraisal (PRA) in Basrah governorate. The PRA was conducted in close collaboration with the staff from the DoH and the then newly established directorate of immigration and displacement (DoID). Following the PRA SC distributed 1,000 kits with non-food items, with the support of the displacement and immigration directorate. SC also carried out activities targeted at increasing the knowledge, skills and attitudes with regard to MCHN practices and services. To achieve this, SC organized and supported training for 50 medical staff, 192 CCCU volunteers, 84 traditional birth attendants, and 78 female school teachers on communication skills and behavioral changes, malnutrition, communicable diseases, breastfeeding, child and infant growth.



***Traditional birth attendants in training***

The program has also funded rehabilitation works in **eight** health care facilities in Basrah governorate, including the Basrah Mother and Child Care Hospital, the biggest in the region. These facilities are located in the areas of dense IDP concentration and provide health care and nutrition assistance to both the host communities and IDP children and families. It has also supported the establishment of the nutrition unit within the Basrah primary health care department and activities of the scientific committee within the unit.

As a result of these interventions 140,000 children of under-five years of age and lactating women were screened and treated for moderate to severe malnutrition, all of the targeted PHCs and NRCs meet WHO protocol in screening and treating malnutrition, and 80 percent of deliveries take place in hospitals and clinics compared with 29 percent prior to the intervention.

Although the project specifically targeted displaced families and children, children and families of the local host communities had also benefited from the assistance provided. SC has found that most IDP populations within Iraq are thoroughly integrated into local communities. Specific targeting of these vulnerable groups has led to tension and difficulty in the past. In order to prevent tension and ensure continued peaceful social coexistence in the larger community, SC targeted program activities at communities with large populations of IDPs, and provided services to all within these communities. SC estimated that at least 150,000 IDPs benefited from this project.



***Basrah Maternity and Children Hospital before...***



***...and after rehabilitation***

### ***Integrated health and nutrition project***

In August 2004 the program integrated its efforts in its two fields of focus – health care and nutrition. The integrated program's strategic objective is to increase use of key Mother and Child Health and Nutrition (MCHN) practices and services through increasing knowledge, attitudes and skills regarding key MCHN practices and services, and increasing access to and quality of key MCHN health services.

A PRA was conducted in September 2004 to identify the IDPs and areas of their concentration. Subsequently 1,000 non-food item

kits were distributed to the families that were identified as displaced and/or returned. Staff members from the newly established ministry of immigration and displacement staff were involved in the distribution process. Through collaboration with the ministry the program carried out two rounds of non-food item kits' distribution.

Save the Children amended the original plan for rehabilitation of health care facilities and to revise the number and location of facilities to be rehabilitated. The original plan included rehabilitation of health facilities in both Basrah and Dhi Qar. Because of the escalated security situation it was suggested to include rehabilitation of facilities only in Basrah, which is more secure and therefore more accessible for SC staff. A total of five PHCs, three NRCs and one nutrition institute have been rehabilitated. These include:

- Basra Maternity and Children Hospital
- Al-Shifaa hospital
- Nutrition Institute within the Primary Health Care Department
- Al-Feyhaa hospital
- Al-Feyhaa PHC
- Al-Nahda PHC
- Shat Al-Arab PHC
- Abul Khaseeb PHC
- Al-Kashla PHC



**Inside the Nutrition Institute**

At the request of the Basrah Directorate of Health and with funding from OFDA, Save the Children assisted the directorate to establish the Nutrition Institute in Basrah. Save the Children assisted the nutrition unit to strengthen its capacity to serve as the Nutrition Institute or the entire Iraq's south - home to almost five million people. The assistance targeted rehabilitation of a building which was designated by the directorate for the institute, engaging and training more medical and paramedical staff, and supporting coordination meetings of the Nutrition Institute's Scientific Committee; This committee is formed of representatives of the directorate/institute, agricultural and medical colleges of the Basrah University. In addition to this, Save the Children has also purchased and delivered necessary equipment needed for the diagnosis of nutrition deficiency.

The Nutrition Institute was officially opened on 22 December 2005. The Basrah DoH assumed a more significant role in tackling problems of malnutrition after the establishment of the Nutrition Institute. A research and training department within the Nutrition Institute has been created in order to qualify accredited nutritionists and dietitians to serve in the different health and non-health nutrition related facilities. SC organized and facilitated several training sessions focusing on:

- Research methodologies
- Managerial skills
- Report writing
- Monitoring tools –including data collection and record keeping; basic tools for effective monitoring; the role and importance of monitoring; differences between monitoring and evaluation; use of



**A PHC built by SC CAP in Basrah city**

monitoring findings; impact evaluation; process evaluation; setting indicators; designing the evaluation plan.

In the latest phase, the program worked closely with the Iraq Community Action Program (CAP), the largest program that Save the Children is implementing in Iraq. Both programs coordinated their activities and complemented their activities in certain areas. In particular, through this cooperation CAP contributed to the EPI, at the request of the Basrah DoH and procured 24 iceliners for the vaccine storage in different PHCs across the governorate. CAP also assisted in the rehabilitation of several PHCs and the Nutrition Institute.

Due to the increasingly deteriorating security situation, the program has focused mostly on the Basrah governorate, where the situation has remained relatively stable and permissive for the program staff. However, security situation further deteriorated, especially since September 2005, and forced the SC to restrict staff movement and slow down overall operations. Staff travel was restricted to project sites and meetings with authorities and medical staff in the hospitals. Occasional tribal fighting and other incidents hampered the program implementation and curtailed the staff movement. Despite all these and other challenges, the program has continued and made significant progress in meeting the objectives and goals.

## **II. Successes and Challenges**

In the course of implementing the health and nutrition program under the OFDA grant, SC has built an experienced team of Iraqi national staff. This team includes skilled health and nutrition professionals who have become increasingly effective in contributing to project design, as well as implementing programs and activities on the ground. They have built strong relationships with government health and nutrition agencies and officials and have increasingly assumed more responsibility and operated independently. This has been very important during this insecure time, as SC's international professional staff have, on occasion, been restricted in their ability to conduct fieldwork outside of Basrah. Following the departure of the international program manager in August 2005, the program was run by the national staff, under the supervision of the assistant project manager.

The program and its staff have developed a very good relationship with the Directorates of Health in the three governorates in southern Iraq. The program has also developed good relationships with the newly established Directorate of Immigration and Displacement (DoID) in Basrah. It is noteworthy that the program has cooperated with other programs run by SC in Iraq, in particular with the CAP. Through this cooperation, CAP has designed and implemented projects to meet health care needs in some areas where the health and nutrition program's beneficiaries.

Throughout the whole period, security has presented the biggest challenge to the program staff and its implementation. Frequently, travel was restricted for the program staff to the project sites for monitoring and assistance, when required. Certain areas, especially north of Basrah, which is also a poor and vulnerable area, have been frequently difficult to access because of insecurity caused by protracted tribal fighting.

Apart from security, since the middle of 2004 with the increased shift towards centralization in Iraq, the program also faced with the need to seek approvals from the Ministry of Health in Baghdad.

Whereas Directorates of Health were responsible for issuing authorizations for rehabilitation and other works at the health care facilities, the Ministry has started to centralize all the processes and permissions in Baghdad. For example the program had to seek and waited long for authorization to carry out rehabilitation works in PHCs. This made program implementation more time consuming. However, despite delays and obstacles the program has been able to meet all of its strategic objectives.