

A neutral, impartial and independent approach: key to ICRC's acceptance in Iraq

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Abstract

The article describes the context of the ICRC's operations in Iraq, where the Iran–Iraq War in the 1980s, the Gulf War in 1990–1 and the effects of sanctions preceded the 2003 conflict and the spread of sectarian violence. The many serious attacks, including the bombing of the ICRC delegation in Baghdad in 2003 and continuing threats to the ICRC delegates, led to a low-visibility presence and required a new modus operandi in which a real presence on the ground was backed up by remote-control mechanisms for assistance activities in the most insecure areas. Projects to cover essential needs by ensuring water supplies and sewage disposal and supporting health facilities exemplify this new ICRC operational framework. Whereas remote control and support operations enabled programmes of increasing scope and size to be implemented, they could not replace a direct physical presence on the ground, and acceptance-building had to be reinforced through networking and communicational aspects. The authors argue, however, that there is still room for independent, neutral and impartial humanitarian action in Iraq – despite inherent security risks.

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Continuous conflicts and internal disturbances in recent decades, as well as political unrest and its consequences, have left Iraq shattered and with many of its

* This article reflects the views of the authors and not necessarily the views of the ICRC. The case studies on water and sanitation activities are based on the existing reports from the expatriate and Iraqi engineers in the field and at headquarters who worked on developing the Iraq programme over the years.

internal problems unresolved. Its geostrategic position in the Middle East and its wealth of natural resources continue to expose it to regional and international interference. The 2003 invasion and the current ongoing conflict have inflicted immense suffering on the entire population. There is still a long way to go to restore law and order completely and to achieve political reconciliation. The delivery of humanitarian assistance by the military and by some humanitarian organizations embedded with the military has unquestionably blurred the distinction between military and humanitarian roles. Like other humanitarian agencies, the ICRC has paid a heavy price in Iraq with the bombing of its delegation and the assassination of its staff.

The context

After the two wars in the 1980s and in 1990–91, a comprehensive and tightly enforced economic blockade was the cornerstone of the UN Security Council's Iraq policy.¹ The Iraqi population had to bear part of the burden, in spite of the "oil for food" programme,² launched in 1996, which rapidly appeared very limited in its scope and impact.

The prevalent crisis was sparked by the events of 11 September 2001, which led to the "war on terror" and to Iraq subsequently being labelled part of an "axis of evil". In early 2003 the United States announced that diplomacy had failed and that it would proceed with a coalition of allied countries ("coalition of the willing") to "rid Iraq of its weapons of mass destruction".³ On 20 March the invasion of Iraq ("Operation Iraqi Freedom") was launched. The Coalition forces made very rapid progress and the Iraqi army was quickly overwhelmed. Baghdad was reached on 9 April, and by the end of the month the invasion phase was considered over. Saddam Hussein had disappeared and his regime had fallen.⁴

1 See UN Security Council Resolution 661, 6 August 1990.

2 On 14 April 1995, acting under Chapter VII of the United Nations Charter, the Security Council adopted Resolution 986 establishing the "oil-for-food" programme, providing Iraq with an opportunity to sell oil to finance the purchase of humanitarian goods and allowing for various UN-mandated activities concerning Iraq. The programme, as established by the Security Council, was intended to be a "temporary measure to provide for the humanitarian needs of the Iraqi people, until the fulfilment by Iraq of the relevant Security Council resolutions, including notably resolution 687 (1991) of 3 April 1991", see www.un.org/Depts/oip/background/index.html (last visited 25 February 2008).

3 Statement by President George W. Bush at the UN General Assembly on 12 September 2002, available at www.whitehouse.gov/news/releases/2002/09/20020912-1.html (last visited 25 February 2008). In a statement on 6 February 2003 he confirmed that "the United States, along with a growing coalition of nations, is resolved to take whatever action is necessary to defend ourselves and disarm the Iraqi regime", statement available at www.whitehouse.gov/news/releases/2003/02/20030206-17.html (last visited 25 February 2008).

4 Saddam Hussein was captured by the US Army's 4th Infantry Division and Task Force 121 on 13 December 2003, and was subsequently tried and sentenced to death. His execution took place on 30 December 2006. Saddam Hussein's two sons, Uday and Qusay, were killed in action by Coalition forces on 22 July 2003. Most people on a US list of most-wanted 55 former leaders of the Ba'ath party have meanwhile been captured or killed. Izzat Ibrahim ad-Douri, vice-chairman under Saddam Hussein and allegedly a major leader of the insurgency, is today considered to be the most wanted person by the United States and the Iraqi government.

From anti-occupation resistance ...

The security vacuum that followed the Iraqi army's defeat gave rise to considerable chaos, violence and revenge attacks, as well as massive looting of hospitals, museums and military arsenals. The Coalition forces were not capable of coping with this situation as violence increased, notably in the city of Baghdad and in the so-called Sunni Triangle.⁵ Deadly bomb attacks began to occur on a very regular basis. An attack on the UN's Iraq headquarters on 19 August 2003 killed UN High Commissioner for Human Rights, Sergio Vieira de Mello and at least twenty-one other colleagues, and on 27 October an attack on the ICRC headquarters in Baghdad claimed the lives of two of its employees. Anti-occupation militants grew in strength. Increased criticism was heard of the inability of the Coalition Provisional Authority (CPA) to restore public services to the pre-war level. On 31 March 2004, the killing in Fallujah of four private military contractors and the subsequent mutilation of their bodies⁶ triggered a major US military operation to "pacify" the city. In parallel, Shia militias, in particular members of the "Mahdi Army" and followers of the cleric Muqtada al-Sadr, started to attack Coalition forces in Kufa, Kerbala and Najaf and in the Sadr City area of Baghdad. The kidnapping phenomenon began to spread, and videos of beheadings shocked the civilized world. On 28 June 2004 the CPA transferred formal sovereignty to the Iraqi Interim Government, thus restoring it to the Iraqi people. Opinion polls showed, however, that a large majority of Iraqis continued to view the United States as an occupier.⁷

Under UN Security Council Resolution 1546 of 8 June 2004, the Iraqi Interim Government was given "full authority and responsibility by 30 June 2004" to rule Iraq.⁸ The Multi-National Force – Iraq (MNF-I) remained in the country with extensive powers assigned to it by the UN mandate.

... to sectarian violence

Divergences continued after the elections for a transitional National Assembly took place on 30 January 2005, and the following period was marked by heightened sectarian violence. Negotiations on the new constitution highlighted a widening rift between the Sunni Arabs on the one hand and the Shia and Kurds on the other.⁹ The political confrontation between these groups was increasingly accompanied by acts of violence, mostly affecting civilians. Pictures that appeared

5 A densely populated region north-west of Baghdad that is inhabited mostly by Sunni Muslim Arabs. The corners of the roughly triangular area are usually said to lie near Baghdad (to the east), Ramadi (to the west) and Tikrit (to the north). It also contains the cities of Baqubah, Mosul, Samarra and Fallujah.

6 Their burned bodies were hung over a bridge across the Euphrates. See e.g. http://news.bbc.co.uk/2/hi/middle_east/3585765.stm (last visited 25 February 2008).

7 See www.globalexchange.org/countries/mideast/iraq/2050.html (last visited 25 February 2008).

8 UN Security Council Resolution 1546, 8 June 2004, para. 1.

9 Although the Sunni Arabs finally took part in the referendum on 15 October 2005, they did so to reject the constitution.

in 2004 showing physical and sexual abuse and humiliation of Iraqi prisoners by US armed forces personnel in Abu Ghraib prison severely damaged the US image in Iraq. Allegations of serious ill-treatment of Sunni Arab detainees in police stations and in facilities under the responsibility of the Ministry of Interior created further mistrust between the communities.

The December 2005 general election and the subsequent formation of a government did not help to prevent a widening spiral of sectarian tension. On 22 February 2006 the bomb attack at the Shia Askariya shrine in Samarra left the revered mosque's golden dome in ruins and unleashed a wave of sectarian violence of unprecedented intensity, particularly in the city of Baghdad.¹⁰

The nascent Iraqi army and security forces could not cope with the extreme levels of violence. In addition, rising tension between the United States and Iran was not conducive to bringing security and stability to Iraq. In 2007 the three-dimensional momentum started by the US military "surge", followed by the decision by Sunni Awakening Council forces to fight al Qaeda and by Muqtada Al Sadr to suspend Mahdi Army operations, helped to improve security in previously troubled areas, including Baghdad. For the first time since 2003, fatality figures in Baghdad started to decrease, although they still remained at a high level. But these security improvements are fragile. They are not uniform throughout Iraq, and political reconciliation remains behind schedule. Most Iraqis fear that the current tentative stability may be shattered at any moment.

Divisive and cohesive elements

Past and present internal conflicts, especially the Kurdish dispute and the brutal ongoing Sunni–Shia sectarian violence, have placed the unity of Iraq under tremendous strain. In 2007 the effects of the internal conflict, with its additional international component, continue to bring suffering and misery to many parts of Iraq. Its geographical focus has moved north, in particular to the provinces of Ninewa, Diyala and Tameem. The south of the country has largely been spared high levels of violence, although the population there too is exposed to isolated security incidents and the Basra area remains unstable.

The area administered by the Kurdistan Regional Government (KRG) remained comparatively calm, but serious tensions with occasional security incidents have occurred in Kirkuk and the so-called "grey areas", the disputed ethnically mixed areas.¹¹ In the mountainous areas on the northern border of Iraq, where the local population lives in fear of shelling and a Turkish ground offensive, tension has continued to run high.

10 See www.washingtonpost.com/wp-dyn/content/article/2006/02/22/AR2006022200454.html (last visited 25 February 2008).

11 International Crisis Group, "Iraq and the Kurds: resolving the Kirkuk crisis", Middle East Report no. 64, 19 April 2007, available at www.crisisgroup.org/home/index.cfm?id=4782 (last visited 25 February 2008).

The conflict scenario in Iraq today is as complex as ever. At the risk of simplification, the confrontations may be categorized as follows: Sunni Arab and Shia militias and groups versus MNF-I and the Iraqi armed and security forces; sectarian Sunni–Shia violence; and Sunni and Shiite Arabs versus Kurds (a rather latent dispute over the fate of the “grey areas” and Kirkuk). But clashes also occur *within* Sunni Arab and Shiite militias in various parts of the country.¹² At regional level there are *inter alia* aspects of a “proxy war” between the United States, other countries in the area and Iran, as well as the Kurdish issue involving Turkey, Iran and Syria. On a broader scale there are the effects of international geostrategic dynamics, including the so-called “global war on terror” primarily between the United States and the “jihadists”. Despite all the entrenched divisions described above, some cohesive tendencies have also emerged. Many observers believe that the Kurds, whilst insisting on their special status, have an interest in keeping Iraq united. Claims for independence for the southern part of Iraq have practically disappeared. Kurds and Shia know that they need to engage with the Sunni Arabs. In addition, many Sunni indicate their willingness to accept the new Iraqi political realities. It is nevertheless very difficult to predict where the conflict in Iraq is heading.

The major humanitarian crisis facing the ICRC

A large proportion of the Iraqi population continues to live in constant fear of being kidnapped, assassinated, caught up in an explosion or arrested. Civilians continue to bear the brunt of the hostilities, with numerous casualties, lost livelihoods and large-scale displacements inside Iraq and to neighbouring countries; the host communities are overwhelmed by the flood of internally displaced persons (IDPs) and refugees. The security improvements witnessed in some parts of Iraq in the second half of 2007 have not had any significant impact on the number of families displaced, many of whom are still afraid that conditions are not right for them to return in safety. The limited numbers of people who have returned often face problems in accessing their property and many may never go back home. The high levels of displacement have had a drastic effect on Iraq’s demographic configuration, with unpredictable consequences for all levels of society.

Since 2003, hundreds of thousands of people have been arrested in connection with the conflict. Most are released shortly after arrest, but others may remain in custody for years. With the introduction in February 2007 of the Baghdad Security Plan, a joint Coalition–Iraqi operation to impose law and order,

12 Although in general terms most of the Shia areas today appear relatively calm and stable, tensions mainly in relation to political and financial disputes do exist, particularly in Basra. But other intra-Shia tensions (often with religious undertones) also regularly affect cities like Kerbala and Najaf. After decades of “oppression”, the Shia seem to be affirming their newly acquired majority role.

the number of arrests began to rise sharply.¹³ Issues relating to treatment and general conditions of detention have repeatedly given rise to serious public criticism of the detention system in Iraq.¹⁴

The ICRC's positioning and security

The ICRC's permanent presence in Iraq started in the early 1980s, during the Iran–Iraq War. It was reinforced at the time of the 1990–1 Gulf War, when the ICRC remained the only international organization present in Iraq.

During those two conflicts, tens of thousands of prisoners of war and civilian internees were visited by ICRC delegates in different locations, under the terms of the Third and Fourth Geneva Conventions, and tens of thousands of people were repatriated under its auspices.¹⁵ During the system of sanctions the ICRC developed assistance projects and a regular presence throughout Iraq and became a reference institution for the humanitarian situation there.¹⁶ Over the years, the ICRC's programmes gradually shifted to aspects not covered by the “oil for food” programme – that is, the rehabilitation of the public infrastructure, and training and capacity-building in the health sector.¹⁷ Beside these activities, protection activities in favour of third-country nationals without diplomatic representation, prisoners of war from the Iran–Iraq War and persons unaccounted for after the 1990–1 Gulf War remained the foundation for the ICRC's presence in Iraq.¹⁸

The conditions set by the ICRC for its work, the procedures it follows and the networking it developed with the relevant technical ministries over the thirteen years of economic sanctions, in particular the health and national water

13 Whereas the total number of persons held in internment facilities under US/MNF-I authority was around 13,000 at the beginning of 2007, by the end of the year it had risen to about 23,000. The number of persons detained by the Iraqi government likewise drastically increased and, according to the Ministry of Justice, Iraqi prisons are filled to capacity. With the inception of the Baghdad Security Plan the ministries of Defence and the Interior started to arrest large numbers of people, and their role in that field changed substantially. They opened new detention facilities, while old ones were closed down or handed over to the Ministry of Justice. Iraqi prisons and other places of detention were estimated to be holding 10–15,000 persons at the end of 2007. Approximately 2,000 more people are detained in the north under the direct responsibility of the Kurdish Regional Government.

14 See *Human Rights Report*, 1 January–31 March 2007, UN Assistance Mission for Iraq (UNAMI), paras. 66–78, available at <http://i.a.cnn.net/cnn/2007/images/04/25/un.report.pdf> (last visited 25 February 2008).

15 See Christophe Girod, *Tempête sur le désert: Le Comité international de la Croix-Rouge et la guerre du Golfe 1990–1991*, Bruylant, Brussels, 1994.

16 See ICRC report, “Iraq 1989–1999: a decade of sanctions”, 14 December 1999, available at www.icrc.org/web/eng/siteeng0.nsf/iwpList322/4BBFCEC7FF4B7A3CC1256B66005E0FB6#a4 (last visited 25 February 2008).

17 In October 1991, some 15 months after the adoption of Security Council Resolution 661 (1990) and the imposition of trade sanctions, the ICRC sent a special mission to Iraq to assess the needs of the population and determine appropriate responses. The report on the findings of this mission was transmitted to the members of the Security Council in November 1991. See also ICRC report, “Iraq 1989–1999”, above note 16.

18 Ibid.

authorities, helped to consolidate its reputation as a reliable and efficient humanitarian agency.

During the acute phase of the conflict in 2003, the ICRC was once again the only major humanitarian organization still present and working in Iraq.¹⁹ Thereafter the ICRC strove to honour its commitment to maintain a real physical presence on the ground in Iraq, whilst at the same time developing a remote-control modus operandi in those areas of the country where access was most difficult. It increased its staff and built up a corresponding infrastructure, using both its medical and its water and sanitation activities as vectors of acquired expertise to carry out other humanitarian activities.²⁰

As outlined above, the ICRC suffered from a blurring of the lines caused by the close association of some other humanitarian agencies with MNF-I. After the assassination of an ICRC delegate on 22 July 2003,²¹ the UN bombing of 19 August and the subsequent attack on the ICRC delegation in Baghdad on 27 October in which two ICRC employees were killed, it moved part of its staff to the Jordanian capital Amman and kept only a core staff in Iraq. Nevertheless, it kept some options open for international staff movements in the country, reserved mainly for detention-related activities. From 2004 onwards, contacts in connection with its assistance programmes were re-established in all major governorates. The brutal assassination of another ICRC employee in January 2005 was a dramatic setback, and the organization took the difficult decision to curtail its activities in Iraq greatly for a period of several months.

New operational framework in high-risk areas

Although Iraq was considered a high-risk environment which stretched the traditional threshold of the organization's security concepts to the limits, after long internal consultations the ICRC decided to stay in the country whilst at the same time adopting a new operational framework. This was implemented and fine-tuned throughout 2006 as the general security situation steadily became much worse. The delegation significantly decreased its staff exposure by reducing its visible presence and by limiting movements to the absolute minimum needed. At the same time the delegation reinforced its various assistance programmes, in part through remote-control mechanisms, as well as through its direct implementation of detention-related activities.

In the strong belief that neutral, impartial and independent humanitarian action is welcomed by the Iraqi population,²² networking efforts were significantly stepped up in order to promote greater acceptance of the ICRC.

19 See *Annual Report 2003*, ICRC, Geneva, p. 264.

20 Ibid.

21 This was the second fatality, since another ICRC delegate had been killed by crossfire in Baghdad on 8 April 2003.

22 See also *Coming to Terms with the Humanitarian Imperative in Iraq*, Feinstein International Center, January 2007.

Concentration on protection activities

Detention-related activities

The number of persons held in detention in Iraq in relation to the conflict varies from year to year. Throughout 2006 the ICRC closely monitored the welfare of some 30,000 detainees/internees held by the Iraqi authorities and the multinational forces in Iraq.²³ It is the only international organization visiting MNF-I Theatre Internment Facilities. It also visits people in the custody of the Kurdish Regional Government in northern Iraq, where it has access to all places of detention. The ICRC is still in discussions with the Iraqi government over the signing of a general agreement which would allow it access to all Iraqi places of detention. In the meantime the Ministry of Justice has allowed visits to places of detention under its authority, and a first visit took place to one such place of detention at the end of 2007. A main challenge for the ICRC in this regard remains finding ways to ensure the safety and security of its expatriate delegates during their stay in Iraq and their visits to such places.

Protection activities relating to internment by UK and US/MNF-I forces continued throughout 2006 and 2007, when the security situation was at its worst. Apart from the traditional monitoring of treatment during, and general conditions of, detention, particular attention was paid to the lack of legal status of the detainees and to restoring contact with their families. The ICRC has reinforced its dialogue with MNF-I on key legal aspects and has made its first contacts on the same subject with the Iraqi authorities. It has also launched an allowance programme for family visits to two internment facilities in the south and the initiation of a similar programme for the two internment facilities in Baghdad is under discussion.²⁴ Red Cross messages between detainees and family members are collected and distributed and a rapid follow-up telephone call system has been installed so that delegates can provide families of detainees with news and information.²⁵ As for MNF-I temporary places of detention – that is, prior to arrival in the Theatre Internment Facilities – the ICRC has most recently been granted access in principle to brigade or divisional holding areas. The first visits to such places of detention were carried out in February 2008.

In the north of Iraq the ICRC has continued its regular visits to persons deprived of liberty in all places of detention and has intensified its dialogue with the relevant authorities of the Kurdish Regional Government on key detention issues. The ICRC's approach is based on a combination of individual and structural interventions, with special attention to judicial guarantees.

23 *Annual Report 2006*, ICRC, Geneva, p. 324.

24 In 2007, the ICRC financed 31,186 family visits to 11,622 detainees/internees.

25 In 2007 the ICRC, together with the Iraqi Red Crescent Society, collected some 42,800 Red Cross Messages and delivered some 33,300.

Missing persons and protection of the civilian population

In order to clarify the fate and whereabouts of missing persons, the ICRC facilitates dialogue between the parties through various mechanisms related to the three recent international conflicts. It supports structures that will eventually facilitate the collection of data on persons unaccounted for and enable families to be informed of the fate of their missing relatives. In order to increase the storage capacity of Iraqi morgues, the ICRC carries out repairs, installs mortuary fridges and distributes body bags and other supplies.²⁶ Training to enhance the expertise of forensic teams is also provided, together with the necessary working materials. This programme, first introduced at the Medico-Legal Institute in Baghdad, has meanwhile been expanded to other governorates and to some main hospitals as well.

To find means of achieving effective respect for the civilian population in Iraq remains a major challenge. Since early 2007 the delegation has systematized its collection of information on the protection of the civilian population, working with both internal and external sources. Through its improved overview of alleged violations, the ICRC is also increasingly able to monitor events linked to the conduct of hostilities by the various parties to the conflict.

Moreover, security constraints in recent years continued to limit access to the civilian victims of the conflict and made it difficult to document directly violations of international humanitarian law or to establish a sustained dialogue with various armed groups who could have an influence on the protection of civilians. The ICRC continued to call for greater compliance with humanitarian law by all parties, particularly with regard to the protection of civilians and the work of medical personnel.

Water and sanitation activities

The basic water, sanitation and health facilities in Iraq remain largely inadequate in terms of both quality and quantity. The main reasons are frequent power cuts, lack of maintenance (owing to shortages of skilled manpower), spare parts, water purification chemicals and generator fuel, damage caused by the fighting and the effects of sabotage and looting. Another factor is the prevailing insecurity, which hinders national reconstruction efforts. The poor state of the water and sanitation systems represents a potential public health hazard in many parts of the country.

The ICRC has been responding to water and sanitation needs in Iraq since the end of the 1990–1 Gulf War. Initially it focused on providing emergency assistance at the individual level. During the period of sanctions, ICRC material assistance was brought in for the emergency repair and maintenance of water and sanitation facilities in order to benefit larger numbers of people. From 1999 onwards the ICRC extended these activities to rehabilitate the water, sanitation and other essential facilities in hospitals and primary health-care centres

26 In 2007 the mortuary fridges in nine hospitals and medico-legal institutes were repaired or replaced.

throughout the country.²⁷ In the months leading up to the US-led military offensive in Iraq launched in March 2003, the ICRC prepared to respond to potential increased needs in the water and sanitation sectors by allocating additional skilled manpower and material resources. The ensuing military operations and the spate of looting that engulfed Iraq at that time left Iraq's already dilapidated infrastructure in an even worse state of disrepair.

Modus operandi: direct implementation or remote control

The ICRC's water and sanitation activities are carried out either directly by ICRC staff (mainly in northern and southern Iraq) or under a remote-control modus operandi suitable for the management of water and sanitation projects. Whilst there are areas where the ICRC can work in a traditional or direct manner – which is the organization's preferred and most frequent working method – there are others where the remote-control modus operandi must be applied. In 2007 alone, 2.7 million people (over 50 per cent of them women and 30 per cent children) were direct beneficiaries of these ICRC activities.

Direct implementation entails on-site ICRC supervision and often on-site ICRC involvement, at least in certain project phases, such as evaluation and assessment. The ICRC only applies the remote-control procedure to types of projects that meet strict technical and financial risk criteria and are well known from previous interventions, thus enabling the organization to draw on its first-hand experience in the project decision-making process. The remote-control model is based on the mobilization of an extensive network of competent local contractors and consultants, working in close collaboration with ICRC engineers.²⁸

The key to the success of the remote-control model is based on the following factors:

- highly experienced, motivated and committed ICRC Iraqi employees;
- strong collaboration with and ownership by the relevant local authorities;
- an extensive network of local contractors/consultants throughout the country;
- and strong control mechanisms, whereby separate entities are involved in needs assessment and project design, implementation, monitoring and evaluation.

In 2007, fifty-four water and sanitation projects were carried out under direct ICRC supervision and seventy-eight projects under remote control; twelve projects were in the process of being transferred from remote-control implementation to direct ICRC supervision. In accordance with the prevailing security situation, the majority of the remote-control projects were undertaken in western and central parts of the country most affected by the violence (Anbar, Baghdad, Diyala, Ninawa and Salah Ad Din provinces), while most of the directly

27 In 2007 the ICRC provided essential equipment for 73 emergency rooms (in 69 hospitals and medical facilities) and 27 operating theatres (in 27 hospitals). It also supplied 55 war-wounded kits – sufficient to treat over 5,500 war wounded – to 28 different hospitals, as well as medical material and consumables to 84 hospitals and 12 primary health care centres.

28 More than sixty local companies working with the ICRC in central Iraq alone.

implemented projects were located in the south (Basra, Maysan, Muthanna and Thi Qar provinces) and the north (Arbil, At Ta Mim, Dahuk and Sulaymaniyah provinces). The projects being transferred to more direct ICRC supervision were mainly located in the centre and south (Babil, Kerbala, Najaf, Qadisiyah and Wasid provinces).

Case study 1: Baquba water treatment plant, Diyala province, central Iraq

The facility and its services

This facility is one of the main water treatment plants in Baquba City, the capital of the predominantly Sunni province of Diyala, which also continues to be the scene of some of the heaviest fighting in the current conflict. It serves more than 300,000 people. Built in 1958, the plant had been supplying poor quality water for several years, endangering the health of users. It had also been functioning well beyond its design capacity, particularly throughout the hot summer months, thus increasing the risk of breakdowns.

Initial assessment

A thorough ICRC assessment early in 2006 showed that the Baquba facility, like so many other water treatment plants across Iraq, suffered from chronic infrastructure deficiencies. Many component parts of the plant's treatment cycle were either out of order or dysfunctional. Among the problems were faulty suction equipment to extract raw water from the Diyala River, dysfunctional piping, filtration, chemical purification and electrical and sludge removal pumping systems, and unhygienic storage tanks. As a result the water had a bad odour and taste and constituted a potential health hazard.

Response to avert emergencies

The plant was completely overhauled by the ICRC, starting in 2006. Faulty or worn out components, e.g. pipes, valves and electrical components, were repaired or replaced; new pumps were installed and the electrical system was improved.

Results

Today, the Baquba water treatment plant is in good working order and provides a reliable supply of safe drinking water in sufficient quantity for the region's more than 300,000 residents, thus diminishing the potential threat to public health posed by the poor quality of water supplied by the plant before it was overhauled.

Modus operandi

The whole project was conducted in remote-control mode.

Case study 2: Urfali water treatment plant, Sadr City, Baghdad

The facility and its services

This complex – comprising two adjacent compact units – is located in the district of Urfali, on the outskirts of Sadr City, a densely populated and predominantly Shiite suburb of Baghdad. Established in the 1980s, it serves the water needs of some 10,000 people, including patients and medical staff at the 1,200-bed Al-Rashad psychiatric hospital, the largest health-care facility of its type in Iraq, as well as an old people's home and various residential neighbourhoods in the area.

Initial assessment

An ICRC assessment during the first half of 2007 showed that the complex was operating below 40 per cent of its capacity and that the quality of the water it produced was sub-standard. One of the two compact units was completely out of order, while the other was only partly working, owing to dysfunctional high-lift pumps designed to inject purified water into the main supply networks. In addition, several purification, filtration and electrical components were either not working to full capacity or had broken down.

Response to avert emergencies

The ICRC restored the pumping capacity of the two compact units and improved the water treatment process by reactivating and upgrading the chemical treatment units, cleaning the sedimentation tanks, and repairing or replacing worn out filtration and electrical components.

Results

Since the complex has a good backup generator and significant water storage capacity, it is now able to supply clean drinking water for at least six hours daily – even during power outages. This is well above the average for most parts of Baghdad city. The improved quality and increased reliability and quantity of the water supply from the Urfali water treatment plant has lessened the need to deliver water by tanker to the areas and facilities it serves. There, too, the potential threat to public health posed by the poor quality and insufficient quantity of water supplied by the plant before it was overhauled has been reduced.

Modus operandi

The whole project was conducted in remote-control mode.

Remote-control action is a complex response to ensure programme implementation in areas of high staff security risk. Working with trusted implementing partners and with periodic short visits by ICRC expatriate staff to places inside Iraq allows the ICRC to continue with a range of activities and increase progressively the level of competence and responsibility of the ICRC's local staff. However, the downside cannot be overlooked: contacts remain limited in space and time, which also limits co-ordination. Even with the permanent presence of ICRC local staff, contacts with interlocutors can sometimes be difficult, depending on the prevailing local security and political developments. Moreover, where a high profile cannot be displayed, reputation-building must be accomplished and acceptance generated by other means. The challenge for the ICRC is to define its identity on the basis of this severely restricted and often invisible action. Networking by expatriates and communication measures play a crucial role in doing so.

Despite the relative success of the remote-control and support operations, the ICRC remains convinced that for maximum programme impact such an approach cannot compete with a direct physical presence on the ground. In this regard, much remains to be done to increase access for ICRC international staff to the many parts of Iraq where security risks are still high. A permanent presence is limited to the Kurdish north, whereas for the rest of the country delegates travel in and out and are at best present in the ICRC's offices.²⁹ As for the organization's invaluable local Iraqi staff, they are able to carry out their duties in many other areas considered safe enough for them and where their activities do not expose them to incalculable security risks.

Rehabilitation or construction of health facilities

ICRC activities to build, repair or upgrade health facilities in Iraq began in 1999. Since then hundreds of hospitals and primary health care centres have been rehabilitated all over the country, especially in areas worst affected by the hostilities, where such facilities are hard-pressed to cope with the daily influx of wounded. Also a number of primary health care centres have been built in certain areas which previously had no medical facilities.³⁰

29 In addition to the ICRC team based in Amman, by the end of 2007 some 400 national staff and 17 expatriates were based in Iraq in seven offices (Baghdad, Basra, Dohuk, Erbil, Khaneqin, Najaf, Sulaymaniyah).

30 In 2007, the following were examples of projects to rehabilitate or build health centres:

- Al Smood PHCC (Nainawa province): 40 patients in consultation per day benefited from the rehabilitation of the centre (modus operandi: direct supervision);
- Hadithah district (Al Anbar province): the three PHCCs of the district (in total: 215 patients in consultation per day) were rehabilitated as well as the Hadithah General Hospital, the referral hospital with 120 beds for a catchment population of 220,000 people living in 19 villages (modus operandi: remote control);
- Fallujah Physical Rehabilitation Centre (Al Anbar province): the building of this new centre started in

During 2007 alone the capacity of Iraq's emergency medical services was maintained by intensified ICRC support to almost 100 health facilities which received emergency room and operating theatre equipment, as well as drugs and medical consumables. In an integrated approach the water and sanitation systems of numerous hospitals and primary health care centres treating the wounded were repaired or upgraded and a number of main hospitals were supplied with water on a daily basis. In addition, wounded patients from mass casualty events received appropriate treatment through the rapid provision of material (within 48–72 hours) to the hospitals concerned.

There are currently up to 130,000 physically disabled persons in Iraq who are in need of artificial limbs or other orthopaedic appliances or walking aids. Physical rehabilitation centres there have been supported by the ICRC to enhance their capacity to fit disabled patients with such appliances.

Distribution of relief supplies

In early 2007 the delegation set up a team to reinforce the organization's response to needs for economic security. This assistance programme, which consists of the distribution of food parcels and hygiene kits as well as other essential household items, targeted both internally displaced persons and vulnerable local populations. In 2007 the ICRC provided emergency relief for more than 730,000 people, which was distributed by its field teams, the Iraqi Red Crescent branches or local non-governmental organizations (NGOs).

Many displaced persons take refuge in "host communities" which are themselves affected by the conflict situation. The living conditions of the local population are at times as difficult as those faced by many displaced persons, whose arrival places an additional burden upon them. The needs in this field in Iraq are enormous and cannot be met by the ICRC alone.³¹

September 2007 and should take six months. The centre will have the capacity to produce 500 orthopaedic devices/year (modus operandi: direct ICRC supervision);

– in Basra province (southern Iraq), the ICRC implemented a large-scale primary health care centre (PHCC) rehabilitation or construction programme, mainly in the poorest areas of Basra, benefiting populations comprising more than 50 per cent women and 30 per cent children. This programme included in particular the following projects: reconstruction of the PHCC in the Qadissiyah locality (70 patients in consultation per day), rehabilitation and extension (additional surface of 170 sq m) of the PHCC in the Al Singer locality (120 patients in consultation per day), reconstruction of the PHCC in the Hay Al Hussein locality (150 patients in consultation per day), construction of the PHCC in the Al Shaibe locality (80 patients in consultation per day);

– in September 2007, work started on the reconstruction of the Basra PHCC, located in the centre of the town (300 patients in consultation per day), which was scheduled to be completed in March 2008. The programme also included the construction of a new community-based PHCC in the Hay Al-Jihad neighbourhood, for a population of some 17,500 people until then deprived of health services (completed March 2007). Since its opening, the new PHCC has received an average of 70 patients per day, more than 50 per cent of whom are women and 40 per cent children (modus operandi: direct ICRC supervision).

31 The goal for 2007 was fixed, in accordance with the delegation's estimated overall capacity, at 10,000 assisted families per month, and after some early logistical problems the delegation managed to ensure a regular flow of supplies on that scale. Initial experience with this programme is mixed, often depending

Over the years the Iraqi Red Crescent Society has played a pivotal role in implementing the ICRC's economic security programme. In discussions in November 2007, however, the two organizations failed to agree on the ICRC's minimum standard requirements for assessments, stock and distribution management and reporting, and their co-operation agreement for the distribution of food parcels and other emergency relief items planned for 2008 could not be renewed. By the end of the year the ICRC could therefore no longer count on the national society's support in distributing emergency assistance, and has since then been increasing its own direct distributions and working through local NGOs and authorities.

Conclusion

Since 1980 the ICRC delegation in Iraq has continued to maintain an uninterrupted operational presence on the ground in the most difficult of security situations. The commitment and courage of its Iraqi staff have been a fundamental element in ensuring this continuity.

The ICRC's response to the complex operational environment in Iraq, with its associated high risk for staff security, has been twofold. On the one hand, it has remained committed to its traditional principles of neutral, impartial and independent action, firmly convinced that adherence to them increases its acceptance by the Iraqi population, who differentiate between this approach and that of the UN and some other organizations that have relied on the Multinational Force for security and logistical support. On the other hand, it has developed innovative remote-control mechanisms to ensure a continuation of its humanitarian activities in the high-risk areas of Iraq.

Besides being true to the Fundamental Principles of the International Red Cross and Red Crescent Movement, the ICRC's neutral, impartial and independent humanitarian response has very pragmatic implications in Iraq. It is not simply a matter of protecting the lives of staff distributing humanitarian relief. In some cases it is also a means of safeguarding the lives of vulnerable Iraqis who rely on that assistance and have said that they fear attacks if they are viewed by armed groups as having collaborated with organizations assisting in the "occupation" of Iraq. This danger is further accentuated by the blurred distinction between military units which, in furtherance of military objectives, also distribute humanitarian relief, and some humanitarian organizations that rely heavily on military support for their presence in Iraq.

The development of a remote-control modus operandi has been part of a learning-by-doing process in which the ICRC has developed an innovative

on the reliability of implementing partners when the ICRC works with them; it is currently being fine-tuned on the basis of lessons learned. The programme has even been further developed to include the implementation of small production projects handled by vulnerable residents and IDPs alike. Monitoring indicates that its impact is positive, and the ICRC plans to expand it.

response for geographical areas where the security risk is highest. The success of this approach would not have been possible without the extensive network developed by the ICRC.

The recent experience of the ICRC in Iraq and some other institutions and organizations, although needing further development in many respects, has nonetheless made a difference to the lives of many hundreds of thousands of Iraqis. Maintaining a presence and proximity on the ground, taking action wherever possible, not only allows us to carry out humanitarian work but also serves as a basis for increasing our knowledge and understanding of a complex situation and keeping track of humanitarian needs. Often solutions can be found by incorporating local components in the humanitarian response. A presence on the ground provides opportunities for humanitarian dialogue, on which a positive perception and consequent acceptance often heavily depend. Such a presence on a broader scale also enables a balanced stance to be maintained among the various communities by addressing their needs, however different they may be from one place to another.

To continue and develop a humanitarian operation in a high-risk environment like Iraq, which often goes beyond the traditional threshold of the ICRC's security concepts, has required a willingness to take calculated risks. The delegation in Iraq is one of the few in the world to which ICRC staff are assigned on a voluntary basis. As the situation there evolves, the ICRC's action will probably be hindered for years to come by restrictions on access and security concerns in a high-risk theatre of operation, and consequently remain in some ways incomplete. The response to the protection and assistance needs of many victims in Iraq is therefore likely to be insufficient, leaving them isolated and dependent on their own exhausted coping mechanisms.

The accumulated frustration and growing fatalism of the Iraqi population may well be reflected by a sense of hopelessness among the humanitarian community. Yet the daily, very serious, violations of international humanitarian law cannot and should not be accepted as inevitable. More and more Iraqis are rejecting the prevailing situation as unbearable and inadmissible, often at tremendous personal risk. There is a real need for the international humanitarian community to take meaningful action in support of such great Iraqi courage.