

Iraq is at a pivotal inflection point as both the government and international organizations working in the country begin to shift from humanitarian assistance to stabilization and development efforts. Stakeholders from across Iraq's health sector are considering how to strategize and resource their work going forward. Civil society organizations (CSOs) are unique players given their nongovernmental status and local provenance, and they play an important role in addressing a wide range of health needs.

With the goal of better understanding the strengths, challenges, and needs of CSOs to generate ideas for their health sector involvement in a post-emergency Iraq, IOM Iraq Migration Health Division conducted surveys and key-informant interviews with several health actors in early 2022.

## Survey Participation

Approach: survey design informed by USAID Civil Society Organization Sustainability Index and Greer et al.'s Matrix Framework

17 respondents

9 CSOs + 8 Other stakeholders that work or have worked with CSOs

5 iNGOs  
3 UN agencies or governmental entities

## Interview Participation

Approach: semi-structured one-on-one interviews (mix of remote and in-person)

11 key informants

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3 CSOs  
7 UN agencies or iNGOs  
1 Iraqi Ministry of Health

## Findings

- **General needs:** Iraq has many health and health system needs. The most frequently cited ones are health workforce training, recruitment, and retention, and addressing misalignment between health system priorities/resources and community needs.
- **Areas of focus:** CSOs are involved in many aspects of health care delivery and promotion in Iraq; most focus on direct service provision to IDP camps, areas of return, and other vulnerable communities.
- **Strengths:** Most participants see CSOs playing an important role in health moving forward. CSOs' greatest strengths include their knowledge of historical and local context, and the trust they have built with communities and local leaders. International NGOs perceive that CSOs face fewer risks and obstacles moving between regions and communities.
- **Challenges:** Challenges to CSOs' impact and sustainability include insufficient funding, the short-term nature of most donor funding for CSOs, staff recruitment and retention, administrative costs, limited capacity, and lack of coordination among CSOs which, in turn, leads to duplication of work.
- **Needed support:** Ongoing support for humanitarian interventions is needed in Iraq, and there is concern that international stakeholders are withdrawing prematurely from this work.

“CSOs communicate with each other well, but they are not well coordinated with each other. - iNGO interviewee”

“When we say 'post-emergency', we expect some stabilization in the situation. And I won't say that the emergency is still there, but let's say that the needed stabilization or, what we wanted that to be also isn't there. - CSO interviewee”

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We get many, many organizations that do the same project targeting the same population in the same area, and this duplication wastes resources. - MOH interviewee  
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- **Capacity-building needs:** Most participants are optimistic about CSOs' potential to help improve health in Iraq if they can strengthen their organizational capacity and receive support to transition from humanitarian response mode to longer-term stabilization and development work. CSOs' greatest capacity-building needs are:
  - Financial and human resource capabilities
  - Strategy creation and execution
  - Partnership- and relationship-building, especially how to work well with government and international agencies
  - Policy knowledge
- **Potential role:** Survey participants from international NGOs see a role for CSOs in serving persons with disabilities/rehabilitation needs and in primary health care.

- **Credibility:** International NGO informants' perceptions of CSO credibility with communities are mixed, with survey participants saying that only some are credible or that it depends, and interviewees noting local credibility as one of CSOs' greatest strengths.
- **Coordination:** There is a general lack of coordination among health care stakeholders in Iraq—especially among CSOs, and between CSOs and the MOH.

## Implications

CSOs offer unique perspective and expertise. One of their distinctive assets is the social capital many have built with local communities. However, without longitudinal funding, capacity-building support, and better coordination with each other and with other health sector actors, CSOs will struggle to maximize their efforts to improve health. CSOs and others providing humanitarian assistance to IDPs and refugees also need sustained funding and partnership to continue serving these group, which are particularly vulnerable now as many stakeholders working in Iraq shift their focus from humanitarian, emergency assistance to development and stabilization work. Investment in both areas is needed, and local CSOs will likely require funding and technical support to bridge them. Organizations and agencies that are planning to move away from humanitarian efforts—or to leave Iraq entirely—should consider their exit strategy and transition plan to ensure the impact of their work is lasting and that the shift is not abrupt.

## Recommendations

- Organizing a consultation meeting with the MoH and CSOs can provide an opportunity for MoH to present its strategic priorities and explore pathways for CSO involvement.
- Mapping of CSO activities and capabilities to support analysis of gaps and opportunities in the health sector; as well as provide a baseline for monitoring and evaluation going forward;
- Building on themes from the surveys and interviews, the creation of a **standardized mechanism for assessing CSOs' organizational strengths and deficits** to inform prioritization and resourcing of CSO capacity-building needs;
- UN agencies and international NGOs can organize trainings and other learning opportunities for CSOs to transfer knowledge about building and managing relationships with donors;
- Soliciting input from community members—including internally displaced persons, returnees, and other vulnerable groups—about their experiences working with CSOs and areas where they can be most impactful;
- Forming a working group or other body whose purpose is to **align stakeholders on Iraq's health priorities** to promote collaboration in the coming phase;
- Given the humanitarian actors' focus on northern Iraq in recent years, **assessing the distribution of CSOs' capacities and resources in the central and southern governorates**;
- Organizations and agencies planning to phase out humanitarian interventions can consider **partnering with CSOs when developing their exit strategies and transition plans**.

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