

# COVID-19 Response in Iraq

Above: The 20-bed COVID-19 isolation ward in Najaf was completed during the reporting period. Photo: UNDP Iraq

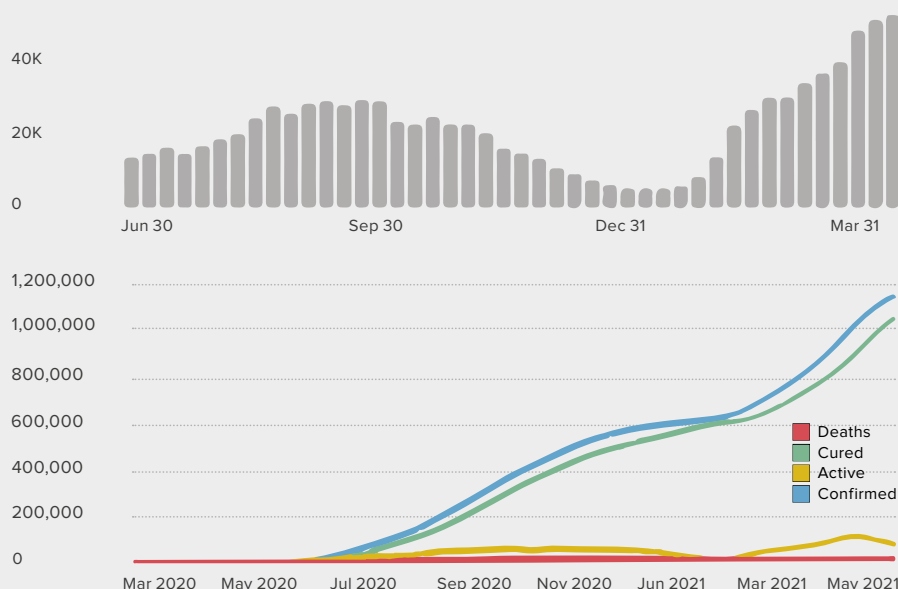
Update #5: April 2020-March 2021

## EXECUTIVE SUMMARY

In line with UNDP's Global Integrated Response and the WHO Iraq Strategic Preparedness and Response Plan, UNDP launched the project **"Support for the COVID-19 Response in Iraq"** in April 2020. To ensure agile, quality implementation in a rapidly evolving operational context, UNDP leveraged existing mechanisms and in-house resources to support its COVID-19 response in Iraq. The implementation of UNDP's COVID-19 response has relied on the operational platforms of the Funding Facility for Stabilization (FFS), the Iraq Social Cohesion Programme and the UNDP Iraq Accelerator Lab. This report recaps cumulative progress one year since the Project's initiation.

Since COVID-19 was first detected in Iraq in March 2020, the level of spread in the country showed a steady increase until mid-year. Fluctuations took place during the third quarter, with a downward trend in new cases by the fourth quarter. The beginning of 2021, too, saw a decline in the number of COVID-19 cases in Iraq. However, the trend reversed with a second wave of confirmed cases from February to March. The trend continued well into April. At the end of March, Iraq had 41,043 new COVID-19 cases (see Figures 1 and 2),<sup>1</sup> with the highly contagious SARS-CoV-2 Alpha variant (previously known as "B.1.1.7") considered to be spreading widely in the country, with an increased impact on younger Iraqis.

Figure 1. COVID-19 CASES IN IRAQ



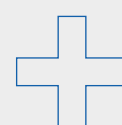
## RESULTS

As of 31 March 2021



**\$41m**

FUNDING RECEIVED FROM  
INTERNATIONAL PARTNERS  
AND UNDP



**19**

HEALTH FACILITIES  
TO BE REHABILITATED  
IN 17 GOVERNORATES  
13 COMPLETED



**211,139**

VISITS TO THE ONLINE  
"CORONA IN IRAQ"  
PLATFORM



Above: Ventilators were delivered to the UNDP-supported COVID-19 ward in Dohuk. Photo: UNDP Iraq

To curb the steep increase in COVID-19 cases, Iraqi authorities reimposed restrictions and curfews in mid-February 2021. In early March, Iraq began its vaccination campaign and received the first round of COVID-19 vaccines through the COVAX Facility later that month.

UNDP has made progress in its support to selected healthcare facilities. By the end of March 2021, rehabilitation works were completed in Anbar (Fallujah and Ramadi), Babil (Hillah), Basra, Dhi Qar (Nasriya), Diyala (Baquba), Dohuk, Karbala, Kirkuk, Maysan (Amara), Najaf, Ninewa (Mosul) and Tikrit, creating a total capacity of 240 beds to treat COVID-19 patients. An estimated 5,002 patients (2,098 women) have been treated in the facilities.

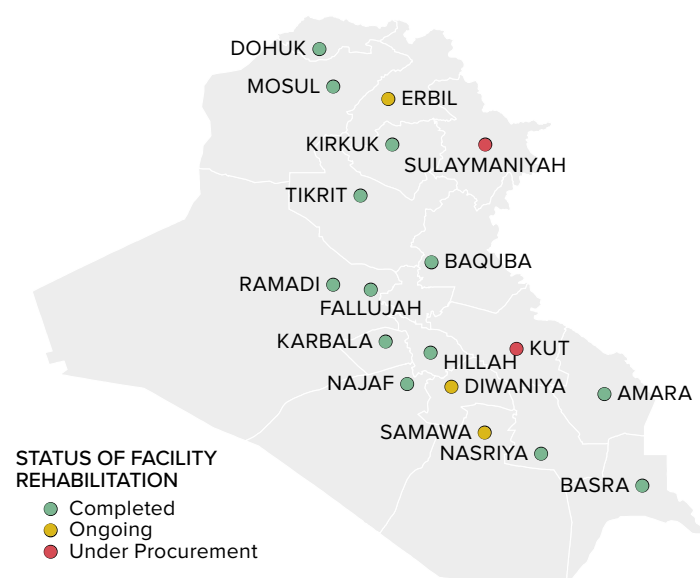
The procurement and provision of medical equipment and essential personal protective equipment (PPE) for all locations is underway. 180 ventilators and patient monitors, ten defibrillators and 180 aspirators have been delivered to eight healthcare facilities. A total of 17,952 N95 respirators have been provided to facilities in eight governorates. Given the increasing number of COVID-19 cases in Iraq, and specific needs in the governorates, UNDP expanded its support to Sulaymaniyah and Wasit. Additionally, in Dhi Qar, additional rehabilitation needs have also been identified. By the end of the reporting period, UNDP was supporting a total of 19 healthcare facilities across 17 governorates.

The “Corona in Iraq” awareness platform launched in April 2020 continues to be operational. The platform was redesigned after its initial rollout and has recorded a total of 211,139 cumulative views.

Furthermore, the Karbala ‘Spatial Data Infrastructure’ (SDI) system supported by UNDP in 2020 continued to be operational. The system provides analytical data required to enable improved decision-making processes.

The post-COVID-19 Socioeconomic Response Plan (SERP) for Iraq was formulated in 2020 with UNDP technical support, leveraging its integrator role to support the UN Resident Coordinator and bring together the UN Development System (UNDS). In coordination with the UN System in Iraq, UNDP continued its socioeconomic assessments to identify the impact of COVID-19 and

Figure 3. PROJECT LOCATIONS (on 31 March 2021)



the fall in oil prices on key sectors and vulnerable populations in Iraq. By the end of the reporting period, five policy papers had been launched.

UNDP has completed an additional review of the project’s implementation status. With the continued spread of COVID-19 in Iraq, UNDP extended the project’s operational timeframe until 31 December 2021. This exceptional extension will allow UNDP to complete the ongoing rehabilitation work in healthcare facilities (including work in Sulaymaniyah and Wasit), and complete the procurement and delivery of medical equipment and furniture for the remaining locations.

UNDP continues to recognise the implementation challenges and risks posed by such an evolving context. These are reflected in an updated Project Risk Analysis (Annex 1).

UNDP has also seized opportunities across its Country Office to provide additional support to pandemic response and recovery. The initiatives, which are implemented by existing projects beyond UNDP’s dedicated COVID-19 response project, are described on Page 7.



## Output 1

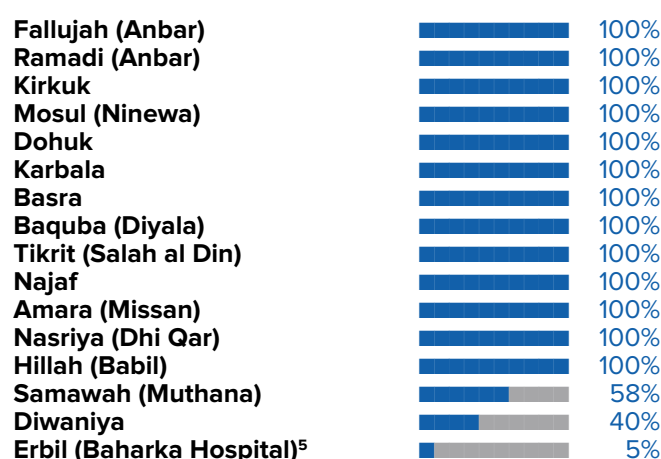
The healthcare system in Iraq is strengthened to prevent the spread of COVID-19

<p><b>1.1.</b> Two online platforms for raising awareness on or monitoring COVID-19 are operational</p>	<p>UNDP has supported the operationalisation of two online platforms to raise awareness of COVID-19 and facilitate the monitoring of new cases.</p> <p>Launched in April 2020, the “<a href="#">Corona in Iraq</a>” platform remained operational during the reporting period. The platform focuses on (i) raising awareness on the symptoms and risks of, as well as combat misinformation about, the COVID-19 virus; (ii) offering a symptom tracker to encourage users to seek appropriate medical advice; and (iii) providing a geographical overview of emerging COVID-19 hotspots.</p>
<p><b>1.2.</b> At least 200,000 views of the online platform</p>	<p>The “Corona in Iraq” platform was established in partnership with the Government of Iraq (GOI) Commission on Media and Communication and UNICEF. UNDP coordinated with the Ministry of Health and Environment, Commission on Media and Communication, WHO and UNICEF to inform the guidance and public information provided through the platform.</p> <p>At the end of March 2021, there have been 211,139 cumulative views of the online platform, exceeding the target set when the platform was designed. The symptom tracker also continued to be used. The redesign of the platform, reorganisation of information and new branding was completed in Q4 2020, together with an online awareness campaign conducted in partnership with Asiaticell. These efforts contributed to increasing interest in the symptom tracker, demonstrated by a 13 percent increase in visits to the platform.</p>
<p><b>1.3.</b> WHO, MOH and other official/ authorised guidance and information on COVID-19 provided</p>	<p>The Karbala ‘Spatial Data Infrastructure’ (SDI) supported by UNDP in 2020 to track and trace COVID-19 using modern geographic information system (GIS) technologies continues to be used by the Karbala Governorate.</p>
<p><b>1.4.</b> 3 medical labs supported by UNDP with priority medical equipment to strengthen testing capacities for COVID-19</p>	<p>Priority equipment is being provided to the Central Laboratories in Anbar, Dohuk and Erbil to enhance their capacity to process COVID-19 tests, relieving the burden on Iraq’s Central Lab in Baghdad and, overall, expediting testing times. The equipment includes the critical RT Polymerase Chain Reaction - PCR machine (3) and Biosafety Cabinet Class II (6). The procurement of the laboratory equipment is being undertaken in coordination with the Ministries of Health and was at the final stages of review by the end of March 2021.</p>
<p><b>1.5.</b> 18 designated healthcare facilities supported with personnel protective equipment (PPE)</p>	<p>Leveraging UNDP’s procurement systems, the provision of PPE continues to progress despite global supply chain and logistical challenges. Progress has been made in the distribution of part of the PPE package, while additional procurements continue. A cumulative total of 17,952 N95 respirators have been delivered to 8 governorates (Anbar, Basra, Diyala, Dohuk, Karbala, Najaf, Nine-wa and Salah al-Din). 43,200 surgical gowns and 96,000 pieces of gloves have been procured through UNDP’s Global Procurement Unit (GPU) and delivered to Iraq, with distribution taking place in April. An additional contract was signed to procure components of the PPE package for 13 healthcare facilities in 12 governorates. This includes protective goggles, face shields, scrubs, N95 respirators, gowns, hand sanitizer, and sterile and non-sterile gloves.</p>
<p><b>1.6.</b> 19 designated healthcare facilities supported by UNDP to strengthen healthcare systems to respond to COVID-19</p>	<p>Since initiating UNDP’s response offer, adapting to the evolved needs, as of March 2021, 19 designated healthcare facilities were identified in the 17 targeted governorates of Anbar (2 locations<sup>3</sup>), Basra, Babil, Dhi Qar (2 locations<sup>4</sup>), Diyala, Dohuk, Diwaniya, Erbil, Karbala, Kirkuk, Missan, Muthanna, Najaf, Ninewa, Salah al-Din, Sulaymaniyah and Wasit. UNDP identified these facilities in coordination with the Ministry of Health and local authorities. The facilities are being supported through the rehabilitation of infrastructure and the provision of medical equipment and furniture (based on identified needs) to make available the necessary space and facilities to strengthen the ability of Iraq’s healthcare system to safely treat cases of COVID-19.</p>
<p><b>1.7.</b> 340 beds equipped to treat cases of COVID-19 across the target governorates</p>	<p>Since initiating UNDP’s response offer, adapting to the evolved needs, as of March 2021, 19 designated healthcare facilities were identified in the 17 targeted governorates of Anbar (2 locations<sup>3</sup>), Basra, Babil, Dhi Qar (2 locations<sup>4</sup>), Diyala, Dohuk, Diwaniya, Erbil, Karbala, Kirkuk, Missan, Muthanna, Najaf, Ninewa, Salah al-Din, Sulaymaniyah and Wasit. UNDP identified these facilities in coordination with the Ministry of Health and local authorities. The facilities are being supported through the rehabilitation of infrastructure and the provision of medical equipment and furniture (based on identified needs) to make available the necessary space and facilities to strengthen the ability of Iraq’s healthcare system to safely treat cases of COVID-19.</p>
<p><b>1.8.</b> 300 airborne infection isolation rooms (AIIRs) rehabilitated with UNDP support across the target governorates<sup>2</sup></p>	<p>Since initiating UNDP’s response offer, adapting to the evolved needs, as of March 2021, 19 designated healthcare facilities were identified in the 17 targeted governorates of Anbar (2 locations<sup>3</sup>), Basra, Babil, Dhi Qar (2 locations<sup>4</sup>), Diyala, Dohuk, Diwaniya, Erbil, Karbala, Kirkuk, Missan, Muthanna, Najaf, Ninewa, Salah al-Din, Sulaymaniyah and Wasit. UNDP identified these facilities in coordination with the Ministry of Health and local authorities. The facilities are being supported through the rehabilitation of infrastructure and the provision of medical equipment and furniture (based on identified needs) to make available the necessary space and facilities to strengthen the ability of Iraq’s healthcare system to safely treat cases of COVID-19.</p>

By the end of the reporting period, medical equipment — including 180 ventilators and patient monitors, 10 defibrillators and 180 aspirators — were delivered to Anbar, Basra, Dohuk, Diyala, Karbala, Kirkuk, Najaf, Ninewa and Salah al-Din.

Additionally, medical furniture (including medical beds, overbed tables, bedside cabinets and IV holders, 180 each) has also been delivered to eight governorates (Anbar, Basra, Dohuk, Diyala, Karbala, Kirkuk, Najaf, Ninewa and Salah al-Din). Medical furniture for four additional governorates (Babil, Dhi Qar, Kirkuk and Maysan) were at the procurement review committee stage, with approvals received in April 2021.

The space to accommodate an estimated 240 bed-capacity across 12 governorates has been supported through completed rehabilitation activities. The status of rehabilitation work is as follows:



Field Assessments are being completed, and Bills of Quantity (BoQ) are being developed for Sulaymaniyah and Wasit governorates. An extension of rehabilitation support for Dhi Qar is also proposed, for which BoQ development is in progress. The procurement processes are to be undertaken from April to May 2021.

In addition, the rehabilitation of the Medical Fluid Factory in East Mosul (Ninewa) is under implementation, and the technical evaluation for the supply and installation of an Oxygen Generator Plant for the COVID-19 Hospital in Dohuk has been completed.

## Output 2

Integrated crisis management and response is strengthened to enable the Government of Iraq to maintain core functions and manage its response

**2.1.** Coordination meetings facilitated among the UN Country Team on the post-COVID-19 response plan provided with technical advisory support by UNDP

The UN Country Team (UNCT) in Iraq relied on the coordination structure outlined in the UN Framework for the Immediate Socio-economic Response to COVID-19 (April 2020), with the coordination structure led by the Resident Coordinator's Office (RCO), OCHA coordinating the humanitarian response, WHO the health response, and UNDP the socioeconomic response and recovery.

For increased efficiency, coordination continued to be aligned with the UNCT Programme Management Team and Priority Working Groups (PWG). In addition, upon request, UNDP provides technical support to the UNCT meetings, the Resident Coordinator's Office/Development Coordination Office (RCO/DCO) and the PMT.

**2.2.** UNCT Iraq's multi-sectoral, Post-COVID-19 Recovery Strategy developed with technical support from UNDP

The [Socio-Economic Response Plan](#) (SERP) was made available in English and Arabic by Q4 2020.

<p><b>2.3.</b> At least 25,000 people reached through social cohesion activities</p>	<p>At the end of Q4 2020, UNDP finished implementing social cohesion activities, achieving the following results:</p>
<p><b>2.4.</b> Local Peace Committees, Youth and Women's Groups, and Community Based Organizations supported to work collaboratively to respond to immediate community needs arising due to COVID-19</p>	<p>To support families who have been disproportionately affected by the COVID-19 pandemic due to the lack of access to services and difficulties earning an income, UNDP provided four Community-Based Organisations (CBOs) with low-value grants to distribute life-support packages and hygiene products, raise awareness on health and COVID-19 prevention guidelines and sanitise public spaces, including school exam centres, healthcare facilities and municipal buildings, in coordination with 18 Local Peace Committees (LPCs) in cities and towns in Anbar, Ninewa and Salah al-Din governorates. All CBOs completed the distribution of packages to 6,000 families, awareness raising and sanitisation of public spaces in their respective governorates, reaching 64,181 people (30,365 women, 15,377 youth) and sanitising 124 locations.</p> <p>UNDP provided a second round of low-value grants to previously selected CBOs, ensuring that an even greater number of vulnerable families will be supported in Anbar, Ninewa and Salah al-Din.</p> <p>Finally, to support local youth and women's groups in their social cohesion efforts and to combat the stigma and negative stereotypes associated with COVID-19 in their communities, UNDP selected a cumulative total of 17 initiatives proposed by youth groups and 10 initiatives proposed by women's groups to receive small grants to implement initiatives directly supported by a CBO. 17 initiatives proposed by youth groups (7 in Anbar, 4 in Diyala, 4 in Ninewa and 2 in Salah al-Din) and 10 initiatives proposed by women's groups (6 in Anbar, 2 in Ninewa and 2 in Diyala) have been implemented. Selected initiatives include awareness sessions on drug abuse and mental health, rehabilitation of schools in different districts, and the establishment of a virtual book club, which provided women of different backgrounds with an opportunity to discuss feminism, the role of women globally and the issues they face within their communities. Some 11,033 people (4,194 women and 3,291 youth) have been reached.</p>

### Output 3

The social and economic impacts of COVID-19 are assessed to enable the Government of Iraq to define short- and medium-term recovery strategies

<p><b>3.1.</b> At least 6 socioeconomic needs and impact assessments (SEIAs) completed</p>	<p>Undertaking strategic SEIAs was a priority for UNDP. Therefore, the focus has been on the following thematic issues identified as priorities in the context of Iraq, and findings continue to be released through a series of Policy Papers. UNDP has made a concerted effort to work in partnership with UN Agencies in undertaking these assessments, leveraging the comparative technical expertise of each. By the end of March 2021, five out of the six planned assessments have been completed.</p>
<p><b>3.2.</b> Impact assessment findings/report disseminated</p>	<ul style="list-style-type: none"> <li>• <a href="#">Impact on fragility in Iraq</a> (published 10 August 2020)</li> <li>• Impact on the <a href="#">macro-economic and fiscal space</a> (published 6 October 2020)</li> <li>• <a href="#">Impact on social cohesion in Iraq</a> in collaboration with IOM (published 15 November 2020)</li> <li>• <a href="#">Impact on social protection</a> in collaboration with ILO (published 27 January 2021)</li> <li>• <a href="#">Impact on environmental sustainability</a> in collaboration with UNEP (published 28 February 2021)</li> <li>• Impact on vulnerability at the household level (ongoing; in collaboration with IOM and UN Habitat)</li> </ul>
<p><b>3.3.</b> Post-COVID-19 recovery strategies identified to be supported by UNDP Iraq</p>	<p>Findings from the SEIA on the pandemic's ramifications for the macro-economic and fiscal space were referenced by Al Jazeera in Q4 2020.</p> <p>UNDP had in place a team of technical experts to support the SEIAs, led by a Senior Coordinator. Since the start of the SEIAs, the team has included experts on macro-economic issues, social cohesion, resilience and environment, and social protection. IMPACT/REACH Initiatives continues to lead on the field-based research required to assess the impact on household vulnerability.</p> <p>UNDP is also supporting the ongoing 'Informality Diagnostic: Iraq', led by ILO in collaboration with UN Women and IOM.</p>

### The Need for Agility

The need for agility has been central for UNDP to respond to the evolving needs and ensure the quality and completion of activities in the rapidly evolving operational context. UNDP adapted existing project management systems, operational processes, and in-house human resources, including the safe mobilisation of technical capacities in the field to support the COVID-19 response. Given the increasing complexities in the operational context and the recent levels in the spread of COVID, UNDP has reviewed implementation timelines to enable the completion of activities (including assessments) and ensure a full handover to Iraqi authorities. Additionally, UNDP demonstrated agility by initially presenting three possible rehabilitation scenarios for project support. This served to guide planning for healthcare facility rehabilitation activities. However, upon completing field assessments in each target location, the rehabilitation activities were geared to meet the specific needs identified. For example, this resulted in some locations having rehabilitation Scenario 3 and some locations requiring a hybrid of Scenarios 1 and 2.

### Implementation and Monitoring

Implementation has been supported by FFS **technical experts** from the medical and engineering teams in the five liberated governorates. New engineering teams were recruited for all other governorates to implement activities under the supervision of FFS central engineering teams in Baghdad and Erbil. 39 engineers have supported the implementation and monitoring of UNDP's COVID-19 response. While field presence has been critical, UNDP has ensured that necessary safety measures are in place, and all field teams are provided with the required PPE.

UNDP partnered with CBOs, LPCs, and youth and women's groups to ensure community engagement when implementing social cohesion activities. These groups and mechanisms have been vital in reaching out to vulnerable people, building trust within their communities and providing information and support during the pandemic.

After the effective launch of the **Corona in Iraq Platform**, the Accelerator Lab's monitoring system was initiated to measure the use of the platform and impact of its messaging. Data showed that the number of users began to decrease by mid-2020. The decline indicates that people were not actively seeking COVID-19-related content as much as they did when the site was launched during the lockdown period in April, when the demand for reliable information was high. The Lab has also identified that this decrease could be due to the saturation of information regarding COVID-19 and post-lockdown changes and adjustments in lifestyle. Through its Design Thinking Methodology, the Lab identified the need to adapt the platform to the changed context and promote more engagement and competition-based learning. Accordingly, adjustments to the platform were made.

### Procurement

The dedicated UNDP Iraq Service Centre was leveraged to provide the necessary operational backstopping for quick, efficient and transparent procurement processes. Using this dedicated procurement team has enabled a quick response in moving the healthcare facility rehabilitation processes forward. Furthermore, this allowed the rapid identification of ways to address procurement-related challenges. Given high global demands and logistical bottlenecks, some procurement challenges (e.g. orders being cancelled on short notice and delayed clearance processes) persist, requiring UNDP to continue to exercise agility.

### Gender Mainstreaming in UNDP's COVID-19 Response

Gender-sensitive approaches are incorporated from the onset into a range of activities, for example:

- **Social and economic needs and impact assessments:** The SEIAs have a gender focus, understanding that women and girls have different experiences and face different challenges when it comes to the impact of the global COVID-19 pandemic.
- **UNCT Iraq Socio-Economic Response Plan (SERP):** The SERP has mainstreamed gender to reflect the different needs and challenges women and girls face in the current context.
- **Women's engagement in social cohesion activities:** By the end of 2020, UNDP had received proposals for community initiatives from women's groups in Anbar, Diyala and Ninewa to build social cohesion during the COVID-19 pandemic. UNDP supported the implementation of 10 initiatives (6 in Anbar, 2 in Ninewa and 2 in Diyala), which provided women with an opportunity to discuss a range of issues and topics openly. In addition to providing financial support to a women-run factory that produces masks, gowns and medical vests, CBOs also provided marketing and business skills support for SMEs and are running a women's book club.

## LOOKING AHEAD

### Risks and Challenges

The implementation of UNDP Iraq's COVID-19 response has not been without risks and challenges. Throughout the project, the operational context has evolved rapidly and continues to evolve. Therefore, UNDP has been working to mitigate these risks as far as is possible. A risk analysis, which is continuously updated, is provided in Annex 1.



## BOX 1. ADDITIONAL COVID-19 RESPONSE SUPPORT THROUGH UNDP IRAQ

Recognising the far-reaching impact of COVID-19 on Iraq, UNDP has seized opportunities across its portfolio to provide additional support to pandemic response and recovery. The following initiatives were implemented through existing projects beyond UNDP's dedicated COVID-19 support project, and are described here to present a comprehensive overview of related activities.



**Security Sector:** In collaboration with the Ministry of Interior, UNDP supported police officers in Iraq to continue their functions amidst the COVID-19 pandemic by providing personal protective equipment (PPE). This support was made possible following an agreement with the Government of Canada to repurpose US\$75,000 from the Security Sector Reform/Rule of Law programmes. Through two consignments of PPE, UNDP provided a total of 4,250 medical face masks, 4,300 bottles of hand sanitiser, 2,000 boxes of examination gloves, and 2,500 boxes of face masks to the Ministry of Interior. The PPE supports local police officers engaged in COVID-19 response activities in Baghdad, where the spread of the virus has been the highest in the country.

The development of an e-learning system for police training financed through repurposed funding from the Government of the Netherlands is well underway. In February 2021, the E-Learning Platform for Local Police, as an alternative to in-person police training, [was launched in collaboration with the Ministry of Interior's Training and Qualifications Directorate \(TQD\).](#)

The first course available to users is a training programme on standard operating procedures for criminal investigations. The course is designed for police officers working in various functions, including first response, crime scene management, forensics and investigation. Work is also in progress to produce modules for the rest of the courses on Improving Effectiveness in Local Policing (IELP) and Mid-Level Police Management, including voice recordings, editing the filmed material and course assessment quizzes.

The platform is currently undergoing a trial period to receive real-time user feedback. Further adjustments are being made to ensure the platform is user friendly and accessible to all relevant stakeholders. In the meantime, the Mol TQD is developing a policy to formalise the eligibility of officers who complete the E-Learning Platform courses for promotions and career advancement opportunities.

The platform, which is a first-of-its-kind initiative in the Mol TQD, is expected to improve opportunities for training, career development and specialised education. It will provide options to continue training with minimal disruption as COVID-19 restrictions continue in 2021.



**Social Cohesion:** Through the Integrated Reconciliation Project, 2,700 life-support packages — consisting of non-perishable food items and hygiene products — were distributed to households in Anbar and Salah al-Din in 2020. Additionally, UNDP contracted a community reporter in Ninewa to produce two videos on social cohesion during the pandemic. The first video, which has been produced and widely shared, stressed the importance of maintaining strong, communal social

connections during the pandemic. UNDP has selected a media production company to produce graphics, advertisements and short videos in preparation for the nationwide campaign on social cohesion and overcoming the negative impact of the COVID-19 pandemic. To complement the information shared by the campaign, continuous discussions will be held with UNDP's Accelerator Lab to ensure messaging is aligned and consistent once media products are developed.



**Livelihoods Support:** UNDP resumed its livelihoods support programming in June 2020 and continued as of March 2021 through the Funding Facility for Stabilization (FFS), Iraq Crisis Response and Resilience Programme (ICRRP) and Headway Projects, providing critical support to boost economic activity in target locations in Iraq.



**Awareness Raising:** The “Let's Beat Corona” awareness campaign<sup>9</sup> was implemented in 2020, following an agreement with the European Union to repurpose funding from the Supporting Recovery and Stability in Iraq through Local Development (US\$36,733) and Strengthening the Long-Term Resilience of Sub-National Authorities in Countries Affected by the Syrian and Iraqi Crises/“Headway” (US\$134,770) Programmes. The Headway Programme is financed by the EU Regional Trust Fund in Response to the Syrian Crisis (“Madad Fund”).

Working in close collaboration with government and NGO partners enabled access and community engagement. The campaign adopted a multi-pronged approach and several creative tools to maximise outreach, interest and engagement. Doing so also demonstrated that ‘infotainment’ and the use of innovative, light content makes messaging appealing and relevant to the younger generation.

The campaign involved both offline and online components. The offline campaign distributed an estimated 70,000 awareness items in 5,389 neighbourhoods, hospitals and public places (e.g. shops, markets, pharmacies and checkpoints) in 10 governorates (Anbar, Basra, Dhi Qar, Dohuk, Erbil, Halabja, Missan, Ninewa, Salah al-Din and Sulaymaniyah).

The online campaign reached 31.7 million people, including 2.7 million through social media (26 percent women), involving 533 multimedia posts on social media platforms, including Facebook, Instagram, Twitter and YouTube. The campaign also featured 32 videos focused on COVID-19 symptoms and prevention measures, as well as an online concert featuring 16 famous Iraqi and Kurdish artists. Finally, an online trivia game focused on COVID-19 prevention, symptoms, myths, mental health and psychosocial support.

## ANNEX 1. COVID-19 RESPONSE RISK ANALYSIS

Description of the Risk and Impact	Probability and Impact	Mitigation Measure	Responsibility
1 Risk of exposure of UNDP staff or UNDP's third-party staff to COVID-19 during implementation of activities, resulting in an increase in the case load.	P-2 I-5	<p>UNDP staff movements within Iraq will be guided by the safety and security rules and regulations of the Government of Iraq and UNDSS.</p> <p>UNDP staff and third-party contractors will be provided with PPE to enable engaging with implementation of activities.</p> <p>UNDP staff and third-party contractors will not enter isolation facilities.</p> <p>If rehabilitation work is undertaken in health facilities already treating COVID-19 patients, staff and third-party contractors will be provided with full PPE.</p> <p>UNDP Medical Officers and Health and Safety Officers working on the Project will closely monitor the accurate and full use of PPE by staff and third-party contractors.</p> <p>Contractors that undertake rehabilitation work will be required to ensure workers are provided with the required PPE. This requirement will be specified in the contract signed with UNDP.</p>	UNDP Resident Representative  Head of Stabilization
2 Continued lack of access between governorates will impede the timely delivery of equipment and supplies.	P-4 I-4	UNDP Iraq will secure the required approvals from the Government of Iraq to ensure safe passage for equipment and supplies to be provided through the Project.	UNDP Resident Representative  Head of Stabilization  UNDP Iraq Area Coordinators
3 Lack of staff in the medical facilities to be supported by UNDP to enable the continued provision of health services.	P-3 I-4	<p>UNDP Iraq will secure confirmation from the Government of Iraq of the continued priority placement of medical staff to the facilities that will be supported through the Project.</p> <p>UNDP will also coordinate with WHO and the Health Cluster regarding the support it will provide, in order to help leverage any complementary support services provided by non-state service providers.</p> <p>The Project has also proposed to provide PPE for health sector staff in order to help safeguard them from exposure to the virus.</p>	UNDP Resident Representative  Head of Stabilization  UNDP Iraq Medical Officers
4 For UNDP Iraq's "Corona in Iraq platform", there is a remaining risk that other online platforms will be launched which will address the same topics and use similar features, which might, in turn, affect the number of visits to the Platform.	P-3 I-4	<p>The Accelerator Lab is working to scale-up the platform, making the design more engaging in order to attract and reach men, women, boys and girls, and to also adapt the platform to be relevant to the evolving context.</p> <p>The Lab is also working to ensure relevant and appealing content is shared by liaising with different partners, such as WHO, UNICEF, UN Women and UNFPA.</p>	Deputy Resident Representative (Programme)  Programme Specialist-Governance  Accelerator Lab Team



Description of the Risk and Impact	Probability and Impact	Mitigation Measure	Responsibility
5 Delays in the delivery of medical equipment, furniture, materials and supplies to Iraq could take place due to limited availability of required goods or importing/customs delays	P-3 I-5	<p>This is a global challenge over which UNDP Iraq has little control. However, in order to mitigate against this risk, UNDP will arrange, if/when needed, for partial delivery of orders in order to take advantage of all available supplies and accordingly secure delivery of items in smaller batches.</p> <p>Importing medical items through KRI may be accelerated by (1) regular follow up with KRI authorities by the LO Access and Exemption for customs clearance and (2) extending the KCMA approval period from 60 days to 90 days to enable the required permits to be obtained</p>	<p>Deputy Resident Representative (Operations)</p> <p>Head of Service Centre</p>
6 Once medical equipment, furniture and PPE arrive in country, delays in delivering goods to the designated healthcare facilities and the end user could be experienced due to restrictions on movement between the governorates put in place by the GOI and KRG.	P-2 I-4	<p>UNDP is proactively working to obtain all needed facilitation and access letters from the central government, respective governorates and the KRG Joint Crisis Coordination Centre (JCC) to allow movement between governorates by the suppliers to deliver the medical equipment and furniture.</p>	<p>UNDP Resident Representative</p> <p>Head of Stabilization</p> <p>UNDP Iraq Area Coordinators</p>
<p>7 In consultation with the Ministry of Health and Environment, UNDP aims to deliver the most critical medical equipment needed to provide high quality care for COVID-19 patients. Some of the medical equipment (e.g., ECMO) requires a high degree of technical expertise and incurs some significant expense to operate and maintain.</p> <p>Due to its complex nature, there is a risk that targeted governorates may have limited technical capacity to utilise the ECMO and limited financial capacity for the procurement of patient starter kits that are required to operationalize the system.</p>	P-2 I-4	<p>In order to mitigate these risks, UNDP has confirmed with the Public Health Directorate that each governorate has adequate capacity (i.e., technical human resource capacity, and financial capacity to maintain the supply of the Patient Starter Kits needed to use the machine) to run two ECMO machines. Accordingly, UNDP has decreased the number of ECMO systems that will be provided to each governorate from the originally proposed five to two machines.</p> <p>In order to ensure each governorate has the needed technical capacity, UNDP requires that the supplier provide orientation to each facility receiving the ECMO. Moreover, the Ministry of Health's ICU Committee has agreed to provide a detailed training on the operation and maintenance of the ECMO for medical staff who will be responsible for operating them, once the equipment is delivered and installed.</p>	<p>Head of Stabilization</p> <p>Project Managers</p> <p>Medical Officers</p>
8 Risk of sexual exploitation and abuse (SEA) of staff, partners and beneficiaries/community members	P-3 I-4	<p>UNDP will continue to maintain a zero-tolerance policy for SEA and will continue to further strengthen its accountability mechanisms to mitigate SEA-related issues within the office and project teams through enhanced sensitisation and awareness-raising about SEA and mechanisms in place to report cases.</p> <p>Staff and partners will also be sensitised on SEA and trained on how to prevent SEA.</p>	<p>UNDP Resident Representative</p> <p>Head of Stabilization</p> <p>Project Managers</p> <p>Gender Specialist</p>

## ANNEX 2. OVERVIEW OF HEALTH SYSTEMS SUPPORT

Location		Bed Capacity Supported	Rehabilitation Progress
1	Fallujah (Anbar)	10	100%
2	Ramadi (Anbar)	10	100%
3	Kirkuk	20	100%
4	Mosul (Ninewa)	20	100%
5	Dohuk	20	100%
6	Karbala	20	100%
7	Basra	20	100%
8	Baquba (Diyala)	20	100%
9	Tikrit (Salah al-Din)	20	100%
10	Najaf	20	100%
11	Amara (Missan)	20	100%
12	Nasriya (Dhi-Qar)	20	100%
13	Hillah (Babil)	20	100%
14	Diwaniya	20	40%
15	Al Samawah (Muthana)	20	58%
16	Erbil (Baharka Hospital)	20	5%



Installation of delivered medical equipment inside the COVID-19 unit in Baquba Hospital, Diyala.  
Photo: UNDP Iraq

## FINANCIAL UPDATE (in US\$)

Since the start of the project, the budget was updated twice to reflect the support provided to additional governorates. The table below reflects the final Project Budget as of March 2021.

Overall, UNDP Iraq has mobilised US\$41 million for its COVID-19 response<sup>6</sup> with funds received both as new contributions and through the donor-approved repurposing of funds previously provided to the Funding Facility for Stabilization (FFS). Funding was also provided by UNDP's Rapid Response Facility (RRF) and UNDP Iraq.

Category	Budget (A)	Funds Allocated (B)	Fund Utilisation (C)	Budget Balance (A-B)
Output 1	39,255,554	34,588,081	11,886,258	4,667,473
Output 2	720,000	720,000	631,756	0
Output 3	1,000,000	700,000	594,352	300,000
<b>Sub-Total Activity Costs</b>	<b>40,975,554</b>	<b>36,008,081</b>	<b>13,112,366</b>	<b>4,967,473</b>
Project Management & Direct Costs	2,413,167	2,001,777	655,075	411,391
GMS (8%)	3,471,098	3,032,789	1,093,395	438,309
<b>Grand Total</b>	<b>46,859,819</b>	<b>41,042,647</b>	<b>14,860,837</b>	<b>5,817,172</b>

## CONTRIBUTIONS RECEIVED (as of 31 March 2021)

Contribution Source	Contribution	Received (in US\$)
Austria	New Contribution	EUR 500,000 597,372
Belgium	Repurposed	USD 1,000,000 1,000,000
Canada	Repurposed	CAD 2,500,000 1,824,818
Denmark	New Contribution	DKK 6,000,000 888,362
Finland	New Contribution	EUR 2,000,000 2,239,642
France	New Contribution	EUR 300,000 335,946
Germany (KfW)	New Contribution	EUR 9,900,990 11,829,140
Japan <sup>7</sup>	New Contribution	USD 2,149,714 2,149,714
The Netherlands	Repurposed	USD 2,000,000 2,000,000
Sweden	Repurposed	USD 2,000,000 2,000,000
United Kingdom	New Contribution	GBP 3,000,000 4,099,351
United States of America	Repurposed	USD 10,026,101 10,026,101
Royal Dutch Shell PLC	Repurposed	USD 196,201 196,201
UNDP-Rapid Response Facility	New Contribution	USD 856,000 856,000
UNDP Iraq	New Contribution	USD 1,000,000 1,000,000
<b>TOTAL</b>		<b>41,042,647</b>

## NOTES

1 WHO, COVID-19 Iraq.

2 At the time of designing UNDP Iraq's health systems support offer, it was challenging to predict the exact nature of rehabilitation support, given the fast-evolving needs in the country and given the uncertainty of how COVID-19 would affect each governorate. Therefore, UNDP initially proposed 3 possible rehabilitation scenarios that may be required to create the space for treating COVID-19 patients. Based on the field assessments, responding to the ground reality and needs in each target Governorate, the rehabilitation support did evolve as UNDP maintained a level of flexibility. Therefore, rehabilitation support has resulted in creating the space in the form of AIIRs, rooms and wards.

3 2 healthcare facilities (Ramadi and Fallujah) overall supported with the full package of support (rehabilitation, medical equipment and PPE).

4 2 healthcare facilities overall being supported, of which 1 only requires rehabilitation support.

5 In Erbil, UNDP is providing complementing the Department of Health's civil work rehabilitation effort, by providing electrical and mechanical engineering support.

6 Based on signed Agreements.

7 Excluding contribution for UNDP's Global Policy Network.





**United Nations Development Programme**  
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