



Above: A volunteer checks a child's temperature as a precaution against COVID-19 in Karbala. Photo: UNDP Iraq/Abdullah Dhiaa Al-deen

COVID-19 Response in Iraq

Bimonthly Update #1: April-May 2020

EXECUTIVE SUMMARY

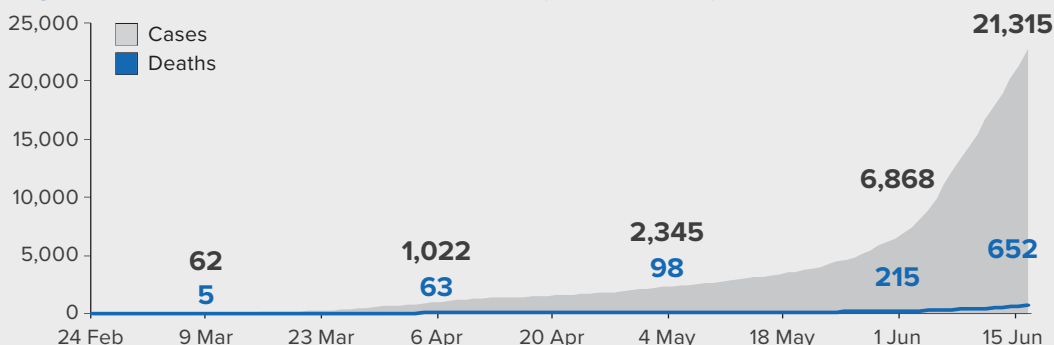
In line with UNDP's Global Integrated Response¹ and the WHO Iraq *Strategic Preparedness and Response Plan*,² UNDP Iraq launched the project **"Support for the COVID-19 Response in Iraq"** in April 2020. To ensure agile, quality implementation in a rapidly evolving operational context, UNDP leveraged existing mechanisms and in-house resources to support its COVID-19 response in Iraq. The implementation of UNDP's COVID-19 response makes use the operational platforms of the Funding Facility for Stabilization (FFS), the Iraq Social Cohesion Programme and the UNDP Iraq Accelerator Lab.

Based on discussions with the Ministry of Health (MOH), UNDP initially targeted the following locations: Anbar, Basra, Diyala, Dohuk, Karbala, Kirkuk, Najaf, Ninewa and Salah al Din. As the situation evolved and funds became available, locations in Babil, Dhi Qar and Missan were added.

Significant implementation progress was made during the reporting period, and US\$7.74 million from donors and UNDP's own resources had been secured for project activities by the end of May. With these funds, UNDP was able to start procuring essential medical equipment, rehabilitating isolation units, and implementing awareness-raising initiatives.

UNDP launched an innovative awareness platform, **"Corona in Iraq,"**³ that attracted 143,000 views — of which 30 percent are estimated to be views by >

Figure 1. COVID-19 CASES IN IRAQ (Cumulative⁵)



RESULTS April-May 2020



\$7.74m

FUNDING RECEIVED FROM INTERNATIONAL PARTNERS AND UNDP



10

HEALTH FACILITIES TO BE REHABILITATED*
1 COMPLETED



143,000

VISITS TO THE ONLINE "CORONA IN IRAQ" PLATFORM



Above: Volunteers distribute COVID-19 educational materials in Karbala. Photo: UNDP Iraq/Abdullah Dhiaa Al-deen

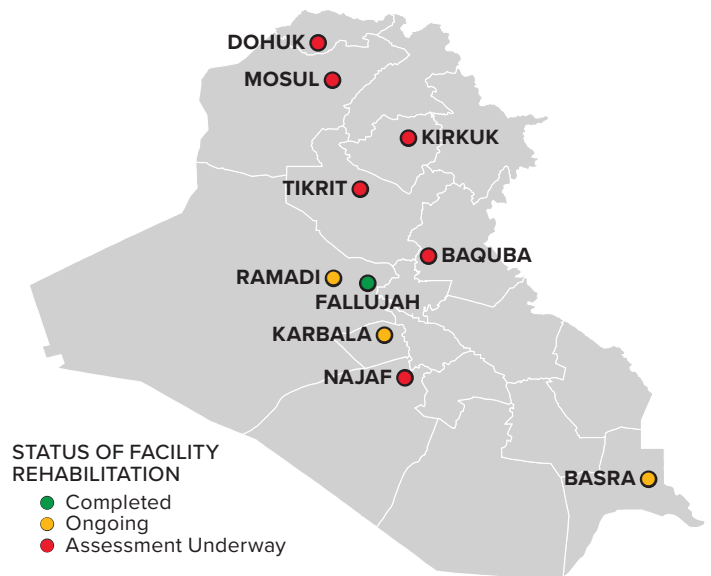
women. With accessible language and simple messages, the Platform helped increase public awareness about the pandemic and measures for prevention.

Work to support the **preparedness of the healthcare sector** is ongoing, with the rehabilitation of one healthcare facility in Fallujah (Anbar) completed, and work on three additional facilities in Basra, Karbala and Ramadi (Anbar) ongoing. Assessments of the remaining centres in Baquba (Diyala), Dohuk, Kirkuk, Mosul (Ninewa), Najaf and Tikrit were launched (see Figure 2). The procurement of essential personal protective equipment (PPE) is underway for all locations. Moreover, the delivery to each project location of four out of six critical pieces of medical equipment, including ventilators, patient monitors, suction machines and defibrillators, was underway. Each facility will receive the quantity of equipment needed for functional, 20-bed airborne infection isolation rooms, with the exception of Ramadi and Fallujah, which will each have 10-bed facilities.

Through on-going **complementary programming**,⁴ UNDP also worked with local structures, including 18 Local Peace Committees (LPCs) and 4 Community-Based Organisations (CBOs), to strengthen social cohesion in times of crisis. These local structures were supported to distribute life-support packages and hygiene products to vulnerable families in 19 towns and cities in Anbar, Ninewa and Salah al Din, as well as to distribute awareness-raising materials for prevention. In response to the increase in gender-based violence due to lockdowns, UNDP trained 75 social workers from 15 governorates to provide online psychosocial support for women and girls in distress during isolation and provide support and capacity to cope better with challenges and manage distress. In total, 7,500 women and girls were supported through this online initiative.

UNDP also leveraged its **integrator role** to support the UN Resident Coordinator and bring together the UN

Figure 2. PROJECT LOCATIONS (on 31 May)



Development System (UNDS) for two system-wide coordination meetings in preparation for the finalization of the Post-COVID-19 Socio-Economic Recovery Strategy for Iraq. Finally, in coordination with the UN System in Iraq, UNDP launched several impact assessments to examine the far-reaching impact of the pandemic on Iraq's vulnerable population.

Despite progress, UNDP also recognised **challenges and risks**, which have been reflected in a revised Project Risk Analysis (see Annex 1).

Looking ahead, the situation in the country is fast evolving. Based on a request from the Ministry of Health, in cooperation with WHO, and with the availability of additional funding, UNDP has now **increased its targeted support** to include 12 governorates, namely Anbar, Basra, Diyala, Dohuk, Karbala, Kirkuk, Najaf, Ninewa and Salah al Din, as well as Babil, Dhi Qar and Missan.

Output 1

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

- | | |
|--|---|
| <p>1.1. Online platform to raise awareness on COVID-19 is operational and updated</p> <p>1.2. At least 50,000 views of the online platform</p> <p>1.3. WHO, MOH and other official/authorised guidance and information on COVID-19 provided</p> | <p>During the reporting period, UNDP Iraq’s Accelerator Lab⁷ launched the “Corona in Iraq” platform,⁸ which aims to: (i) Raise awareness on the symptoms and risks of, as well as combat misinformation about, the COVID-19 virus; (ii) Offer a symptom tracker to encourage users to seek appropriate medical advice; and (iii) Provide a geographical overview of emerging COVID-19 hotspots.</p> <p>Since its launch in April 2020, there have been 143,000 views of the online platform. A total of 9,419 users have checked their symptoms using the online tool. Of the 593 users who shared their data, 34% were female.</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. Finally, to increase women’s engagement through the platform, UNDP is working with UN Women and UNFPA to gather additional content.</p> |
| <p>1.4. 3 medical labs supported by UNDP with priority medical equipment to strengthen testing capacities for COVID-19</p> <p>1.5. 10 designated healthcare facilities supported by UNDP to strengthen healthcare systems to respond to COVID-19</p> <p>1.6. 180 beds equipped to treat cases of COVID-19 across the target governorates</p> <p>1.7. 180 airborne infection isolation rooms (AIIRs) rehabilitated with UNDP support across the target governorates</p> | <p>Work is well underway to strengthen and prepare Iraq’s healthcare system to respond to the COVID-19 pandemic. The procurement process is ongoing to support the provision of laboratory equipment for the Central Laboratories in Anbar, Dohuk and Erbil, in coordination with the Ministry of Health. This includes the provision of the critical RT-Polymerase Chain Reaction (PCR) and Biosafety Cabinet Class II, which enable these laboratories to process COVID-19 tests, relieving the burden on Iraq’s Central Lab in Baghdad and, overall, expediting testing times.</p> <p>Ten facilities were identified as designated healthcare facilities in the nine targeted Governorates of Anbar, Basra, Diyala, Dohuk, Karbala, Kirkuk, Najaf, Ninewa and Salah al Din. These facilities were identified by UNDP (as of April 2020) in coordination and consultation with the Ministry of Health, WHO and local authorities. They will receive support through the rehabilitation of facilities and the provision of medical equipment and furniture to make available the necessary airborne infection isolation rooms to strengthen the ability of Iraq’s healthcare system to safely and effectively treat severe cases of COVID-19.</p> <p>By the end of the reporting period, engineering assessments had been completed at the ten facilities. Through these assessments, UNDP’s engineering teams identified the appropriate rehabilitation “scenario” for each facility,⁹ finalised designs and the Bill of Quantities (BOQs), in consultation with end-users, and submitted the projects to the UNDP Iraq Service Centre. Rehabilitation work has been completed in Fallujah, providing the Fallujah Teaching Hospital with 10 airborne infection isolation rooms. Work was underway at three additional facilities in Basra, Karbala and Ramadi (Anbar). Finally, projects for the final six locations, Baquba (Diyala), Dohuk, Kirkuk, Mosul (Ninewa), Najaf and Tikrit, were undergoing the procurement process.</p> <p>Utilising UNDP’s established procurement systems, and procuring locally and regionally where possible, procurement of medical equipment and furniture was underway. For each rehabilitated facility, UNDP will procure six items of required medical equipment to treat COVID-19 patients. Four items of equipment (ventilators, patient monitor, suction machine and defibrillators) were procured during the reporting period and in the process of being shipped to Iraq. Procurement processes were underway for the supply of the remaining two items of equipment (Extra Corporeal Membrane Oxygenation, or ECMO, systems and Glide Scopes), as well as all medical furniture.</p> |

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. 9 coordination meetings facilitated among the UN Country Team (UNCT) on the post-COVID-19 recovery response

The UN Country Team (UNCT) in Iraq is following the coordination structure outlined in the *UN Framework for the Immediate Socio-economic Response to COVID-19* (April 2020).¹⁰ In Iraq, within the coordination structure led by the Resident Coordinator's Office (RCO), OCHA coordinates the humanitarian response, WHO coordinates the health response and UNDP coordinates the socioeconomic response and recovery.

2.2. UNCT Iraq's multi-sectoral, Post-COVID-19 Recovery Strategy developed and launched

During the reporting period, two coordination meetings were facilitated by UNDP among UN agencies to discuss the design and approach for the Post-COVID-19 Recovery Strategy. In the first meeting, UN Heads of Agencies agreed on the immediate next steps to be followed to develop the UNCT's recovery strategy. The second meeting was dedicated to discussing scenario planning, together with OCHA and the Health Cluster, to draw linkages with the humanitarian response to COVID-19 in Iraq, and inform planning for the recovery strategy. UN agencies also worked collectively to start documenting the scenario plans per sector and undertake a preliminary identification of response strategies to take forward the discussions around the Recovery Strategy within the UNCT. In addition, UNDP updated UN Heads of Agencies and the Programme Management Team in April and May on the Recovery Strategy formulation process.

Following these consultations, the articulation of the Recovery Strategy was initiated. A zero draft of the strategy will be shared with the UNCT for review and discussion in June 2020.

2.3. At least 25,000 people reached through social cohesion activities

UNDP recognises that vulnerable people are likely to be disproportionately negatively affected by the COVID-19 pandemic, particularly due to the lack of, or limited ability to gain access to, basic services, earn an income and subsequently provide for their families. To help support these vulnerable people, four Community-Based Organisations (CBOs) were identified during the reporting period to receive small grants from UNDP to work directly with 18 Local Peace Committees (LPCs) to distribute life-support packages, containing non-perishable food items, and packages with hygiene products, including hand sanitiser, soap, masks and gloves, in 19 towns and cities in Anbar, Ninewa and Salah al Din governorates

The LPCs in these governorates are working with UNDP support to develop selection criteria to ensure those who are most in need in their communities, such as women-headed households and families with a disabled family member, are receiving support. Through this initiative, the aim is to reach an estimated 6,000 families with life-support packages and an additional 3,000 families with hygiene products.

UNDP is also preparing a nationwide campaign on social cohesion and overcoming the negative consequences of COVID-19. In preparation for the campaign launch, a call for proposals was announced to identify a media production company to coordinate the campaign on behalf of UNDP, including the production of graphics, advertisements and short videos. Following the selection of a media production company, discussions will take place with UNDP's Accelerator Lab to ensure consistency with content shared through the campaign and the "Corona in Iraq" platform.

Finally, in Anbar, Diyala, Ninewa and Salah al Din, UNDP will support local youth and women's groups to implement activities to support social cohesion in their communities, combating negative stigma and stereotypes associated with COVID-19. To support these groups, small grants (valued between \$500 and \$3,000) will be provided for the implementation of such initiatives. By the end of the reporting period, 40 proposals had been received by UNDP from youth groups. Participating women's groups are currently drafting proposals, which are expected to be received during the next reporting period.¹¹

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

- 3.1.** At least 3 socioeconomic needs and impact assessments completed
- 3.2.** Impact assessment findings/report disseminated
- 3.3.** # of post-COVID-19 recovery strategies identified to be supported by UNDP Iraq
- During the reporting period, informed by a mapping of assessments being undertaken by UN Agencies, Funds and Programmes, UNDP identified the priority areas where assessments are still required and/or data gaps can be addressed. Accordingly, UNDP is undertaking four gender-sensitive assessments focusing on priority social and economic dimensions:
- An assessment of the fiscal and socioeconomic impact of COVID-19 on Iraq's vulnerable populations (e.g. IDPs, families perceived to be associated with ISIL, women-headed households) and the impact of the decline in oil prices on the government's ability to provide services to its population.
 - An assessment on the impact of COVID-19 on social cohesion in Iraq.
 - In partnership with the International Organization for Migration (IOM) and UN Habitat, an assessment of COVID-19's impact on stabilization in Iraq.
 - In partnership with the International Labour Organization (ILO), an assessment of COVID-19's impact on the labour market.

FINANCIAL UPDATE¹² (in US\$)

UNDP Iraq mobilised US\$7.74 million for its COVID-19 response by the end of the reporting period. Funds have been received both as new contributions and through the donor-approved re-purposing 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	18,136,600.00	5,215,555.56	5,215,555.56	12,921,044.44
Output 2	600,000.00	140,000.00	-	460,000.00
Output 3	1,000,000.00	900,000.00	-	100,000.00
Sub-Total Activity Costs	19,736,600.00	6,255,555.56	5,215,555.56	13,481,044.44
Project Management & Direct Costs	1,021,032.00	100,000.00	100,000.00	921,032.00
GMS (8%)	1,442,928.00	500,444.44	413,744.44	942,483.56
Grand Total	22,200,560.00	6,856,000.00	5,729,300.00	15,344,560.00

CONTRIBUTIONS RECEIVED (as of 31 May; in US\$)

Source		Contribution	Received
Belgium	Re-purposed	1,000,000.00	1,000,000.00
The Netherlands	Re-purposed	2,000,000.00	2,000,000.00
Sweden	Re-purposed	2,000,000.00	2,000,000.00
Denmark ¹³	New Contribution	888,362.45	-
UNDP Rapid Response Facility	New Contribution	856,000.00	856,000.00
UNDP Iraq	New Contribution	1,000,000.00	1,000,000.00
Grand Total		7,744,362.45	6,656,000.00

LESSONS LEARNED

The Need for Agility

Above all, UNDP has recognised the need to remain agile to respond to emerging needs and to ensure the quality and timely completion of activities in the rapidly evolving operational context. UNDP has done so by using and adapting 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.

PROJECT DESIGN: Drawing from the FFS experience in designing and implementing projects in the health sector, including complex hospital rehabilitation projects, the COVID-19 project design benefited from FFS technical medical teams, allowing for the rapid identification and prioritisation of needs, in coordination with the Ministry of Health and Environment and WHO, as well as the swift development of technical specifications for the rehabilitation design scenarios.

UNDP recognises the need for gender dimensions in its COVID-19 response, in order not only to address women's participation and roles in the project, but also to recognise and accommodate the different needs and challenges that women and girls face in the current situation. As such, UNDP has leveraged the expertise of the FFS Gender Specialist and two Gender Officers in the development of a forthcoming update to UNDP's COVID-19 offer (see "*Gender Mainstreaming*").

Finally, project design was informed by previous lessons learned in other areas of UNDP's programme. For example, based on UNDP's previous experience with social cohesion programming, given the cultural and religious sensitivities, engaging directly with women's groups in targeted locations, in addition to working with Local Peace Committees (LPCs), has been recognised as a valuable way to ensure, and broaden, women's engagement in social cohesion activities. Based on these lessons, the same approach was applied to social cohesion work under the COVID-19 response, where UNDP is engaging not only with LPCs, but also directly with women and youth groups.

PROCUREMENT: The dedicated UNDP Iraq Service Centre was leveraged to provide the necessary operational backstopping for quick, efficient and transparent procurement processes to facilitate delivery. Using this dedicated procurement team has enabled a quick response, as well as the ability to rapidly address procurement-related challenges, as needed.

IMPLEMENTATION: Implementation has been supported by FFS technical experts from the medical and engineering teams in the five liberated governorates. New engineering teams were recruited in Basra, Dohuk, Karbala and Najaf to implement activities in these governorates under the supervision of FFS central engineering teams in Baghdad and Erbil. To respond quickly, UNDP has recognised the importance of having human resources on the ground. By the end of the reporting period, 38 engineers were supporting the

implementation of the COVID-19 response in the nine governorates. While having a field presence to support the response has been critical, UNDP has ensured that all field teams are provided with the required PPE.

Gender Mainstreaming in UNDP's COVID-19 Response

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

- 1. Social and economic needs and impact assessments:** As reported, UNDP is undertaking four assessments focusing on priority social and economic dimensions of the COVID-19 pandemic. The assessments 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.
- 2. UNCT Iraq Post-COVID-19 Recovery Strategy:** This strategy will consolidate post-COVID-19 recovery responses across sectors and UN Agencies, Funds and Programmes into one document. As reported, UNDP leads the development of this document. The recovery strategy will have a gender focus that will, again, reflect the different needs and challenges faced by women and girls in the current context.
- 3. Women's engagement in social cohesion activities:** To date, UNDP has engaged four women's groups and requested them to propose initiatives to be supported by UNDP that will build social cohesion in their communities during, and following, the COVID-19 pandemic. UNDP Iraq recognises that women's groups are an essential venue to use to disseminate critical information on the COVID-19 pandemic and therefore will engage with the identified groups to raise awareness of the "Corona in Iraq" platform and its content.

Despite these examples, UNDP understands that the needs of women and girls can be further addressed in its COVID-19 activities. It will, therefore, increase the emphasis on gender mainstreaming in the next iteration of its COVID-19 proposal.

Emerging Needs and Project Prioritisation

The prioritisation of the original ten locations for immediate support (across nine governorates) was done in April 2020, based on needs identified and prioritised by the Government of Iraq, in coordination with WHO. The needs in these locations remain relevant despite the increasing trend in cases of COVID-19 in other geographical locations. As such, UNDP is moving forward with the rehabilitation and equipment in the original ten locations, while adding other 'hot spots'.

UNDP's COVID-19 response continues to support preparedness and long-term sustainability. The assess-

ment and project development process at all ten locations is oriented toward achieving a comprehensive approach of supporting rehabilitation, as well as the provision of necessary medical equipment and furniture, to ensure fully functional facilities. These facilities will support the necessary COVID-19 preparedness and response in the targeted locations and can also be used in the longer-term as isolation wards or for specialised care, such as respiratory or burn units.

UNDP continues to engage in strategic coordination with WHO and the Ministry of Health, as well as the Governors' offices and the Health Line Ministries. Through these channels, UNDP is kept updated on the emerging needs in other locations and is coordinating with WHO to establish what support is being provided to hotspots. UNDP's COVID-19 package is adaptable and flexible. If needs emerge in geographical locations that are not being met by other actors, UNDP is ready to provide additional support, should the necessary funds be available.

Based on requests from the GOI and in coordination with WHO, UNDP's priority ranking of interventions, based on the availability of funding, is as follows:

Priority 1

1. The rehabilitation of facilities in the original priority ten locations identified by the GOI and WHO, including provision of equipment (four out of the six identified priority medical equipment items) and medical furniture for these facilities.
2. Medical testing equipment for central laboratories.
3. Provision of essential PPE (masks) for all 10 locations.

Priority 2

1. Two types of remaining priority equipment for all ten locations.
2. Rehabilitation and provision of medical equipment (all six priority medical items) and medical furniture for three additional locations (Babel, Dhi Qar and Missan).

Priority 3 (subject to availability of funds)

1. Provision of PPE for all locations.
2. Rehabilitation and provision of medical equipment for other hot spots, as requested by the GOI and WHO, and as needs arise.

LOOKING AHEAD

Risks and Challenges

Despite progress made, the implementation of UNDP Iraq's COVID-19 response is not without risks and challenges. Particularly within the rapidly evolving operational context, UNDP has been working to mitigate these risks, as far as is possible. An updated risk analysis is provided in Annex 1.

Project Proposal and Budget Updates

The health, social, economic and security situation remains fluid in Iraq and UNDP has been nimble in the implementation of its COVID-19 response package. The package itself is flexible, with the ability to quickly move to implement in new locations and also adapt designs to expand the bed capacity in each location, if the need is there, and if funding allows.

As of June 2020, UNDP Iraq is updating its overall proposal, including the budget, to reflect expanded geographical coverage under Output 1 to support three additional Governorates (Babil, Dhi Qar and Missan), and also potential support in Baghdad. This revision will reflect any updates against UNDP's global updated offer "Beyond Recovery: Towards 2030" introduced on 15 June 2020. A revised version of UNDP Iraq's proposal will be made available during the next reporting period.

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 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 Contractors/suppliers will not submit bids to Calls for Tender, resulting in the inability to implement identified activities in the target 12 governorates . ¹⁴	P-3 I-5	<p>UNDP's global procurement rules and support systems for COVID-19 response will be adopted.</p> <p>Additionally, in the event of no response from qualified contractors and/or suppliers, UNDP will, in keeping with its rules and regulations, rely on direct contracting within a specific target location.</p>	UNDP Deputy Resident Representative (Operations)
3 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
4 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 with regard to 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

Description of the Risk and Impact	Probability and Impact	Mitigation Measure	Responsibility
5 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	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. 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.	Deputy Resident Representative (Programme) Programme Specialist-Governance Accelerator Lab Team
6 Delays in the delivery of medical equipment, furniture, materials and supplies to Iraq could take place due to limited availability of cargo space.	P-3 I-5	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 cargo space and accordingly secure delivery of items in smaller batches. UNDP may also, in keeping with its procurement rules and regulations, explore options for partial bidding on procurement advertisements, to facilitate procurement and delivery in smaller orders.	Deputy Resident Representative (Operations) Head of Service Centre
7 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	UNDP is proactively working to obtain all needed facilitation and access letters from Governorates and the KRG Joint Crisis Coordination Centre (JCC) to allow movement between governorates by the suppliers to deliver the medical equipment and furniture.	UNDP Resident Representative Head of Stabilization UNDP Iraq Area Coordinators
8 The increase in global demand for Personal Protective Equipment (PPE) for health sector staff could result in limited global supply and present challenges in procuring the required quantities.	P-2 I-4	If UNDP faces challenges in procuring PPE, particularly with the necessary specifications (i.e. types of masks), due to limited global supply, UNDP will: 1. In coordination and consultation with end users, reduce the originally identified quantities to be provided in the initial package for each designated healthcare facility. This will ensure that all healthcare facilities receive some supply of PPE and subsequent follow-up deliveries can be made once additional supply is secured. 2. Explore all available procurement options, seeking to procure PPE not only locally and regionally, but also through UNDP's Global Procurement Unit.	Deputy Resident Representative (Operations) Head of Service Centre

Description of the Risk and Impact	Probability and Impact	Mitigation Measure	Responsibility
<p>9 In consultation with WHO and 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 also limited financial capacity for the procurement of patient starter kits that are required to operationalize the system.</p>	<p>P-2 I-4</p>	<p>In order to mitigate these risks, UNDP has confirmed with the Public Health Directorate that each governorate has adequate capacity (<i>i.e.</i> 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 Project Managers Medical Officers</p>
<p>10 Risk of sexual exploitation and abuse (SEA) of staff, partners and beneficiaries/community members</p>	<p>P-3 I-4</p>	<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 Head of Stabilization Project Managers Gender Specialist</p>



Below: A volunteer delivers a food bag to a vulnerable family in the Tawrij district, located on the outskirts of Karbala. Photo: UNDP Iraq/Abdullah Dhiaa Al-deen

NOTES

- 1 <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/beyond-recovery--towards-2030.html>
- 2 <https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus>
- 3 <https://stayhome.iq/>
- 4 Through the Funding Facility for Stabilization and the Integrated Reconciliation Project.
- 5 WHO Iraq COVID-19 Dynamic Infographic Dashboard: <https://bit.ly/3eQQ86Q>
- 6 Targets are overall Project Targets for the period 1 April 2020 to 31 March 2021
- 7 For more information on UNDP's Accelerator Labs please visit <https://acceleratorlabs.undp.org/>
- 8 <https://stayhome.iq/>
- 9 UNDP provides three scenarios through which to rehabilitate and establish the required rooms/wards, the selection of which will depend on the characteristics of the health facility in which they will be established, and will be discussed and decided in consultation with the end user.
- 10 This framework is meant to put into practice the UN Secretary-General's report Shared Responsibility, Global Solidarity (https://www.un.org/sites/un2.un.org/files/sg_report_socio-economic_impact_of_covid19.pdf)
- 11 Through UNDP's other Project platforms, activities are ongoing which are complimentary to the mentioned social cohesion activities. As part of the Funding Facility for Stabilization's Window 4, a total of 1,450 life-support packages consisting of both basic non-perishable food items and hygiene products have been distributed to households in Ninewa and Salah al Din governorates. This is in addition to packages distributed through the COVID-19 response. Under the COVID-19 response, two separate types of packages are being distributed; life-support packages with non-perishable food items and hygiene packages with sanitizer, soap, masks and gloves. Under the Integrated Reconciliation Project, a social cohesion art competition to communicate how people throughout Iraq come together using visual art, film, and spoken word was held. With a panel of judges, three winning entries were selected per category.
- 12 This progress report is provided against the UNDP Iraq Proposal released in April 2020. The reporting period is from 1 April to 31 May 2020. The budget and resources mobilised therefore reflect contributions received by this date.
- 13 Contribution agreement value: DKK 6,000,000
- 14 Governorates of Anbar, Basra, Diyala, Dohuk, Karbala, Najaf, Ninewa, Salah al-Din, Kirkuk, Babil, Missan and Dhi Qar.



United Nations Development Programme
Baghdad, Iraq
www.iq.undp.org