

COVID-19 Response in Iraq

Above: Inspecting the chest X-ray of a patient at Al-Hussein Hospital in Karbala. Photo: UNDP Iraq

Bimonthly Update #2: June-July 2020

EXECUTIVE SUMMARY

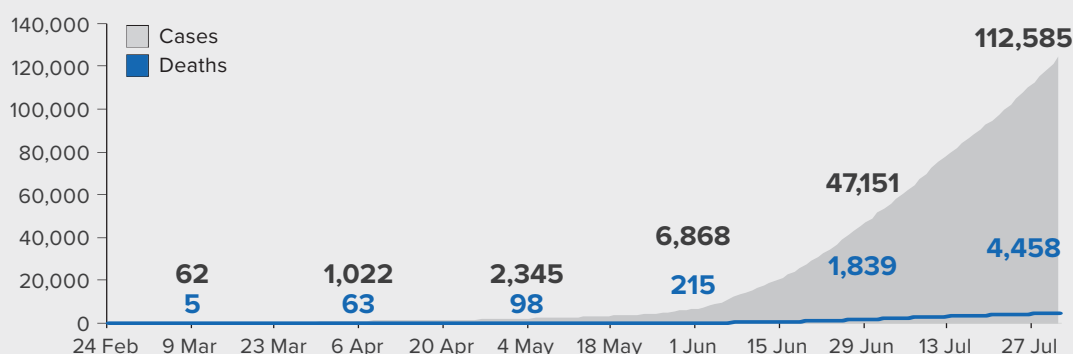
In line with UNDP's Global Integrated Response¹ and the WHO Iraq *Strategic Preparedness and Response Plan*,² UNDP Iraq launched the project **"Support for the COVID-19 Response in Iraq"** in April 2020. To ensure agile, quality implementation in a rapidly evolving operational context, UNDP leveraged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

At the start of the reporting period, UNDP confirmed its support to strengthen designated healthcare facilities in 12 governorates. As the number of active COVID-19 cases continued to increase during the reporting period (see Figure 1), and in consultation with WHO, the Ministry of Health and local authorities, UNDP expanded its plan to support a total of 15 governorates, subject to available funding (see Figure 2).

Significant implementation progress was made during the reporting period, and US\$24.5 million from donors and UNDP's own resources had been secured for project activities by the end of July, as consultations with partners continued.

UNDP's innovative **"Corona in Iraq" awareness platform**³ continued to provide trustworthy, reliable information on COVID-19 from national authorities and UN >

Figure 1. COVID-19 CASES IN IRAQ (Cumulative⁴)



RESULTS

June-July 2020



\$24.5m

FUNDING RECEIVED FROM
INTERNATIONAL PARTNERS
AND UNDP



16

HEALTH FACILITIES
TO BE REHABILITATED
1 COMPLETED



146,915

VISITS TO THE ONLINE
"CORONA IN IRAQ"
PLATFORM



Above: Members of the Karbala Crisis Cell receive a briefing on COVID-19 infections in the city, which are shown by location using a GIS system supported by UNDP. Photo: UNDP Iraq

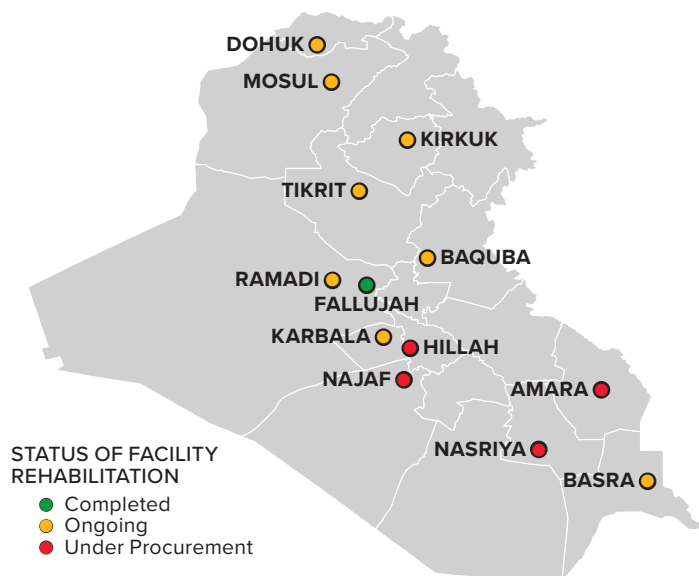
agencies. By the end of the reporting period, the platform had 146,915 visits, a 2.6 percent increase since the previous period. Nearly 26 percent of users who chose to provide their details were women. With accessible language and simple messages, the platform helps increase public awareness about the pandemic and measures for prevention.

During the reporting period, UNDP also supported Karbala Governorate to track and trace COVID-19 cases using a modern **geographical information system** (GIS). The system provides decision-makers with situational analysis tools and an operational dashboard that provides a complete analysis of new cases and recoveries, helping them to make quick decisions and respond appropriately.

Work to **support the healthcare sector** is ongoing, with the rehabilitation of one COVID-19 isolation ward in Fallujah (Anbar) completed, and work on eight facilities in Baquba (Diyala), Basra, Dohuk, Karbala, Kirkuk, Mosul (Nineva), Tikrit (Salah al Din) and Ramadi (Anbar) ongoing. The procurement process was underway for the remaining four locations: Amara (Missan), Hillah (Babil), Najaf and Nasriya (Thi Qar) (see Figure 2). UNDP continues to procure essential personal protective equipment (PPE) for all locations. Each facility will receive the equipment needed for functional, 20-bed airborne infection isolation rooms, with the exception of Ramadi and Fallujah, which will each have 10-bed facilities.

To support **families that have been disproportionately affected by the COVID-19 pandemic**, UNDP signed agreements with four Community-Based Organisations (CBOs). The CBOs will receive low-value grants to distribute life-support packages and hygiene products in collaboration with 18 Local Peace Committees (LPCs) in Anbar, Nineva and Salah al Din. At the end of the reporting period, the LPCs and CBOs were drafting workplans and developing selection criteria to identify fam-

Figure 2. PROJECT LOCATIONS (on 31 July)



ilies most in need, while ensuring that women-headed households and families with disabled family members are not overlooked.

UNDP also leveraged its **integrator role** to support the UN Resident Coordinator and bring together the UN Development System (UNDS) for system-wide coordination meetings on the *Post-COVID-19 Socioeconomic Response Plan* (SERP) 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. The findings and policy implications of these assessments will be published starting in August.

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

Output 1

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

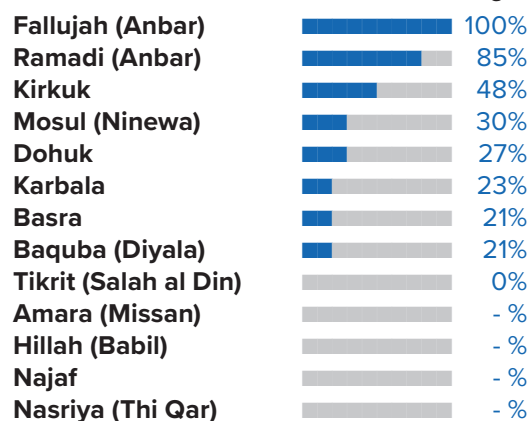
<p>1.1. 2 online platforms for raising awareness and monitoring COVID-19 are operational</p>	<p>UNDP Iraq's Accelerator Lab supported the development and launch of the "Corona in Iraq" platform, which aims to: (i) Raise awareness on the symptoms and risks of, as well as combat misinformation about, the 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. The platform is the product of a partnership between UNDP, the Government of Iraq (GOI) Commission on Media and Communication, and UNICEF.</p>
<p>1.2. At least 200,000 views of the online platform</p>	
<p>1.3. WHO, MOH and other official/authorised guidance and information on COVID-19 provided</p>	<p>Since the launch of the platform in April 2020, there have been 146,915 views of the online platform, with a 2.6% increase in June and July. Of the users who shared their data, nearly 26 percent are women. Furthermore, to increase women's engagement through the platform, UNDP continues to work with UN Women and UNFPA to curate content specifically targeting women, in addition to the material provided by the Ministry of Health and Environment, WHO and UNICEF.</p> <p>10,387 users have made use of the platform's "Symptom Tracker" since its launch. Data indicates that the feature is especially popular among users in Iraq's liberated governorates: 22 percent of "Symptom Tracker" users in June were in Ninewa, the second-highest portion of users, after Baghdad. Some 88 percent of users access the platform on a mobile device, suggesting the platform's success among Iraqis on the go.</p> <p>During the reporting period, UNDP also supported the Karbala Governorate to track and trace COVID-19 cases using a modern geographical information system (GIS). The dashboard is available through a web platform and phone application, enabling easy access for the Karbala Crisis Cell, researchers, academics and the general public. UNDP is working on new features, such as connecting potential blood donors to relevant information.</p>
<p>1.4. 3 medical labs supported by UNDP with priority medical equipment to strengthen testing capacities for COVID-19</p>	<p>Work continues 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>

- 1.5.** 16 designated healthcare facilities supported with personal protective equipment (PPE)
- 1.6.** 16 designated healthcare facilities strengthened to respond to COVID-19

13 designated healthcare facilities were identified in the 12 targeted governorates of Anbar, Basra, Diyala, Dohuk, Karbala, Kirkuk, Najaf, Ninewa, Salah al Din, Babil, Missan and Thi Qar (as at the end of the reporting period). These facilities were identified by UNDP in coordination with the Ministry of Health 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 treat severe cases of COVID-19.

- 1.7.** 300 beds equipped to treat cases of COVID-19 across the target governorates
- 1.8.** 300 airborne infection isolation rooms (AIIRs) rehabilitated with UNDP support across the target governorates

The status of rehabilitation work at the designated facilities is as follows:



In Tikrit (Salah al Din), there was a slight delay in starting work due to the need to move patients to alternative facilities within the hospital. Procurement was launched following the completion of site assessments for the remaining facilities in Amara (Missan), Hillah (Babil), Najaf and Nasriya (Thi Qar).

While harnessing UNDP's established systems, and making use of local and regional vendors when possible, the procurement of medical equipment and furniture continued during the reporting period.

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 (UNCT) on the post-COVID-19 recovery response plan provided with UNDP technical support

The UN Country Team (UNCT) in Iraq continues to follow the coordination structure outlined in the *UN Framework for the Immediate Socio-economic Response to COVID-19* (April 2020),⁵ with the Resident Coordinator's Office (RCO) leading the overall coordination structure, OCHA coordinating the humanitarian response, WHO coordinating the health response and UNDP coordinating the socioeconomic response and recovery.

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

Following a review by the UNCT in early June of the draft Socioeconomic Response Plan (SERP), the RCO mandated the Programme Management Team (PMT) to coordinate the overall process, with UNDP technical support. During the reporting period, an updated version of the SERP was nearing completion with the engagement of all UN Agencies, Funds and Programmes. It is expected to be finalised in August 2020. UNDP supported at least 13 SERP-related technical discussions involving Heads of UN Agencies, the PMT and Priority Working Groups.

<p>2.3. At least 25,000 people reached through social cohesion activities</p>	<p>To support families that have been disproportionately affected by the COVID-19 pandemic due to the lack of access to services and difficulties earning an income, UNDP identified and signed Agreements with four Community-Based Organisations (CBOs) to receive low-value grants to distribute life-support packages and hygiene products in collaboration with 18 Local Peace Committees (LPCs) in Anbar, Ninewa and Salah al Din. At the end of the reporting period, the LPCs and CBOs were drafting workplans and developing selection criteria to identify families most in need, while ensuring that women-headed households and families with disabled family members are not overlooked.</p>
<p>2.4. 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>In preparation for a nationwide campaign on social cohesion and overcoming the impact of the COVID-19 pandemic, UNDP is currently evaluating proposals from media production companies. Following the selection of a production company, graphics, advertisements and short videos will be produced and disseminated throughout Iraq. 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.</p>
	<p>Finally, to support local youth and women's groups in Anbar, Diyala, Ninewa and Salah al Din in combating stigma associated with COVID-19 in their communities, UNDP has selected 15 initiatives proposed by youth groups and 10 initiatives proposed by women's groups to receive small grants for implementation. Selected initiatives include the sewing and distribution of masks, an awareness-raising campaign focused on hygiene and health, and an art project to provide a space to express coexistence, peace and love during difficult times. The implementation of these initiatives is expected to begin during the next reporting period.</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>3.1. At least 6 socioeconomic needs and impact assessments completed</p>	<p>During the reporting period, UNDP Iraq reconceptualized the overall structure and presentation of the Socioeconomic Impact Assessments (SEIAs). Accordingly, the SEIAs will focus on the following thematic issues, which were identified as priorities in the Iraqi context, and findings will be released through a series of Policy Papers starting in August 2020:</p>
<p>3.2. Impact assessment findings/report disseminated</p>	<ul style="list-style-type: none"> • Impact on fragility in Iraq • Impact on the macro-economic and fiscal space • Impact on social protection • Impact on social cohesion • Impact on household vulnerability • Impact on environmental sustainability
<p>3.3. Post-COVID-19 recovery strategies identified to be supported by UNDP Iraq</p>	
	<p>By the end of the reporting period, UNDP had recruited its team of technical experts to support the SEIAs, including a Senior Coordinator and experts on resilience, macroeconomics, social protection and social cohesion. Work is underway to contract an organisation to undertake an assessment of COVID-19's impact on household vulnerability, which includes field-based research covering each of Iraq's governorates.</p> <p>Additionally, in partnership with the International Organization for Migration (IOM) and UN Habitat, an assessment of COVID-19's impact on stabilization in Iraq was published during the reporting period.</p>

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*").

PROCUREMENT: The dedicated UNDP Iraq Service Centre was harnessed 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 continues to be supported by FFS technical experts from the medical and engineering teams in the five liberated governorates. New engineering teams were recruited in Babil, Basra, Dohuk, Karbala, Missan, Najaf, Ninewa (Mosul), and Thi Qar to implement activities in these governorates under the supervision of FFS central engineering teams in Baghdad and Erbil. By the end of the reporting period, 39 engineers were supporting the implementation of COVID-19 response in the 12 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.

Continued cooperation with CBOs, LPCs, and youth and women's groups has been important for maintaining community-level engagement. These organizations and mechanisms have played an important role in reaching out to vulnerable people in their respective communities and providing information and support during the pandemic.

The "Corona in Iraq" platform was first targeted toward information dissemination, awareness-raising and pro-

viding geographical scanning. However, the Accelerator Lab observed a demand in the local community for reliable, trustworthy information on COVID-19. Therefore, a specific section that provides more in-depth detail on COVID-19 was added to the platform. Additionally, the Lab continues to monitor the challenges and needs faced by local communities to adapt the platform, as needed.

Gender Mainstreaming in UNDP's COVID-19 Response

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

- 1. Socioeconomic needs and impact assessments (SEIAs):** The SEIAs will have a gender focus, understanding that women and girls have different experiences and face specific challenges when it comes to the impact of the global COVID-19 pandemic.
- 2. UNCT Iraq Socioeconomic Response Plan (SERP):** The SERP has mainstreamed gender considerations to reflect the different needs and challenges faced by women and girls in the current context.
- 3. Women's engagement in social cohesion activities:** UNDP has received proposals for community initiatives to build social cohesion amidst the COVID-19 pandemic from women's groups in Anbar, Diyala and Ninewa. UNDP has selected 10 initiatives for implementation, which is set to begin during the next reporting period. UNDP will ensure that women-headed households are fairly included in the selection process for the distribution of life-support packages and hygiene products amongst vulnerable families.

Emerging Needs and Project Prioritisation

UNDP initially responded by prioritising 10 locations for rehabilitation (across Anbar, Basra, Diyala, Duhok, Karbala, Najaf, Ninewa, Salah al-Din, and Kirkuk), based on needs identified by the Government of Iraq, in consultation with WHO. Babil, Missan and Thi Qar were added following a request from the Government due to a spike in cases. The needs in these locations still remain relevant despite the increasing COVID-19 caseload in other locations. UNDP is therefore moving forward with the rehabilitation and equipment in these 13 locations across 12 governorates. UNDP also proposes to support a further three governorates, subject to the availability of funding.

UNDP's COVID-19 response continues to support preparedness and longer-term sustainability. The assessment and project development process is oriented toward achieving a comprehensive approach to rehabilitation, as well as the provision of necessary medical equipment and furniture, to ensure fully functional facilities. These units will support COVID-19 response in the targeted locations and can also be used in the longer term as isolation wards or for specialized care, such as respiratory or burn units.

UNDP continues to engage in high-level and technical coordination with WHO, as well as with the Ministry of Health. Through these channels, UNDP is updated on the emerging needs in other locations and is coordinating with WHO on the support being provided to emerging hotspots. UNDP's COVID-19 package is adaptable and flexible: If additional needs emerge in locations that are not being met by other actors, and subject to available funding, UNDP is ready to provide additional support.

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

Priority 1

1. The rehabilitation of facilities in the original priority 10 locations (9 governorates) identified by GOI and WHO, including the provision of equipment (four out of the six identified priority medical equipment items) and medical furniture.
2. Medical testing equipment for central laboratories.
3. Provision of essential PPE for all 10 locations (9 governorates).

Priority 2 (subject to availability of funds)

1. Two types of remaining priority equipment for all locations.
2. Rehabilitation and provision of medical equipment (all six priority medical items) and medical furniture for additional locations (e.g. Babil, Missan, Thi Qar).

Priority 3 (subject to availability of funds)

1. Provision of PPE for all locations.
2. Rehabilitation and provision of medical equipment to establish isolation rooms for other hot spots, as requested by GOI and WHO, and as needs arise.
3. Provide medical consumables and complementary infrastructure and equipment for governorates in urgent need of additional support.

LOOKING AHEAD

Risks and Challenges

Despite progress, 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.



Below: The 10-bed COVID-19 isolation ward at Fallujah Teaching Hospital was completed during the reporting period. Photo: UNDP Iraq

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 . ⁶	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	<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.</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>	<p>Deputy Resident Representative (Programme)</p> <p>Programme Specialist-Governance</p> <p>Accelerator Lab Team</p>
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	<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 cargo space and accordingly secure delivery of items in smaller batches.</p> <p>UNDP will also identify local representatives of major manufacturers in order to try to resource the required medical equipment in a timely manner.</p> <p>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.</p>	<p>Deputy Resident Representative (Operations)</p> <p>Head of Service Centre</p>
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	<p>UNDP is proactively working to obtain all needed facilitation and access letters from Governorates and the KRG Joint Crisis Co-ordination 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>
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	<p>If UNDP faces challenges in procuring PPE, particularly with the necessary specifications (i.e. types of masks), due to limited global supply, UNDP will:</p> <ol style="list-style-type: none"> 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. 	<p>Deputy Resident Representative (Operations)</p> <p>Head of Service Centre</p>

Description of the Risk and Impact	Probability and Impact	Mitigation Measure	Responsibility
<p>9 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 also 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>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</p> <p>Project Managers</p> <p>Medical Officers</p>
<p>10 Risk of sexual exploitation and abuse (SEA) of staff, partners and beneficiaries/community members</p>	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>



Below: Food baskets are distributed by community leaders to families in the Telkif area of Ninewa. The leaders were also trained on community peace and coexistence. Photo: UNDP Iraq

FINANCIAL UPDATE (in US\$)

Corresponding to the need to support three additional governorates through a second phase of support, the Project budget was updated during the reporting period. UNDP Iraq mobilised US\$24.5 million for its COVID-19 response by the end of the reporting period.⁷ Funds have continued to be 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	36,861,677	20,539,951	7,056,262	16,321,726
Output 2	720,000	640,000	-	80,000
Output 3	1,000,000	800,000	-	200,000
Sub-Total Activity Costs	38,581,677	21,979,951	7,056,262	16,601,726
Project Management & Direct Costs	2,413,167	732,778	-	1,680,390
GMS (8%)	3,279,588	1,809,018	564,368	1,470,569
Grand Total	44,274,432	24,521,747	7,620,630	19,752,684

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

Source	Contribution	Received
Belgium	Re-purposed	1,000,000
Canada ⁸	Re-purposed	1,824,818
Denmark ⁹	New Contribution	888,362
Finland	New Contribution	2,239,642
France ¹⁰	New Contribution	340,909
Japan ¹¹	New Contribution	2,149,714
The Netherlands	Re-purposed	2,000,000
Sweden	Re-purposed	2,000,000
United States of America	Re-purposed	10,026,101
Royal Dutch Shell PLC	Re-purposed	196,201
UNDP Rapid Response Facility	New Contribution	856,000
UNDP Iraq	New Contribution	1,000,000
Grand Total	24,521,747	24,521,747

NOTES

- <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/beyond-recovery--towards-2030.html>
- <https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus>
- <https://stayhome.iq/>
- WHO Iraq COVID-19 Dynamic Infographic Dashboard: <https://bit.ly/3eQQ86Q>
- See 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)

- Anbar, Basra, Diyala, Dohuk, Karbala, Najaf, Ninawa, Salah al-Din, Kirkuk, Babil, Missan and Dhi Qar.
- Based on signed agreements.
- Contribution Agreement Value: CAD 2,000,000.
- Contribution Agreement Value: DKK 6,000,000
- Contribution Agreement Value: EUR 300,000
- Excluding contribution for UNDP's Global Policy Network.



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