



Above: Frontline healthcare workers meet with the UNDP Resident Representative during the opening ceremony of Dohuk isolation ward. Photo: UNDP Iraq

COVID-19 Response in Iraq

Update #4: October-December 2020

EXECUTIVE SUMMARY

In line with UNDP's Global Integrated Response¹ and the WHO Iraq Strategic Preparedness and Response Plan,² 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 makes use of the operational platforms of the Funding Facility for Stabilization (FFS), the Iraq Social Cohesion Programme and the UNDP Iraq Accelerator Lab.

The cumulative number of COVID-19 cases in Iraq has plateaued, with the number of new cases decreasing to just over 900 per day at the end of December (see Figures 1 and 2).³ But as temperatures decline during the winter months, the number of COVID-19 infections might increase in areas that experience extreme cold, such as Mosul and neighbouring governorates. The spread of the highly contagious, mutant variants of the virus in the UK and South Africa, while ▶

Figure 1. NEW CONFIRMED CASES

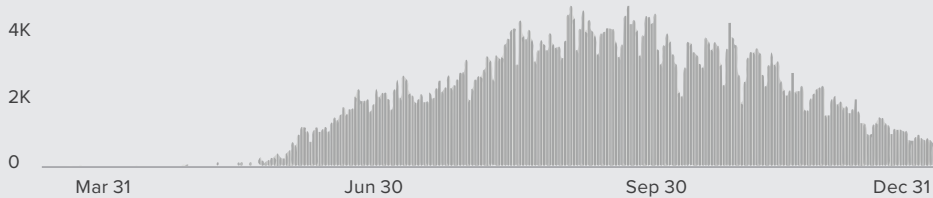
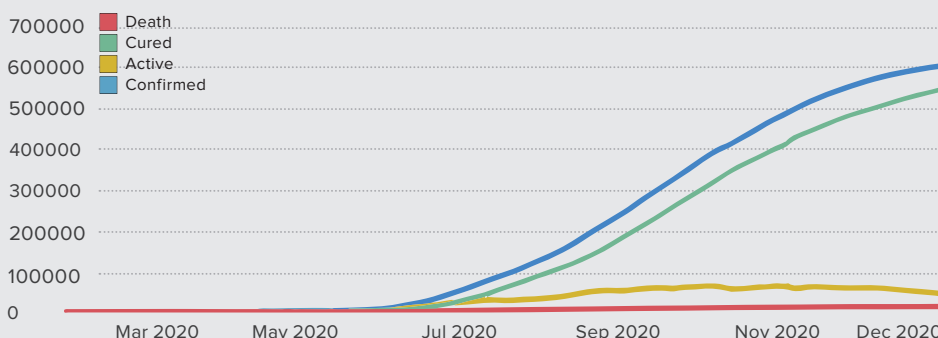


Figure 2. COVID-19 CASES IN IRAQ (Cumulative)



RESULTS

October-December 2020



\$39.6m

FUNDING RECEIVED FROM INTERNATIONAL PARTNERS AND UNDP



16

HEALTH FACILITIES TO BE REHABILITATED
13 COMPLETED



210,045

VISITS TO THE ONLINE "CORONA IN IRAQ" PLATFORM



Above: Newly opened COVID-19 isolation ward in Dohuk. Photo: UNDP Iraq

not currently present in Iraq, is another area of concern.

UNDP has made significant progress in its **support to healthcare facilities**. By the end of 2020, a total of 238 airborne infection isolation rooms (AIIRs) were complete in Anbar (Fallujah and Ramadi), Babil (Hillah), Basra, Dhi Qar (Nasriya), Diyala (Baquba), Dohuk, Karbala, Kirkuk, Missan (Amara), Najaf, Ninewa (Mosul) and Salah al-Din (Tikrit) (see Figure 3). The procurement and provision of medical equipment and essential personal protective equipment (PPE) for all locations is underway. 180 ventilators and patient monitors, 10 defibrillators and 180 suction devices have been delivered to 8 healthcare facilities, while cumulatively 8,160 N95 respirators have been provided to facilities in 8 governorates.

The **“Corona in Iraq” awareness platform** continued to be operational, with 210,045 cumulative views at the end of the reporting period. To improve user friendliness, the platform was redesigned.

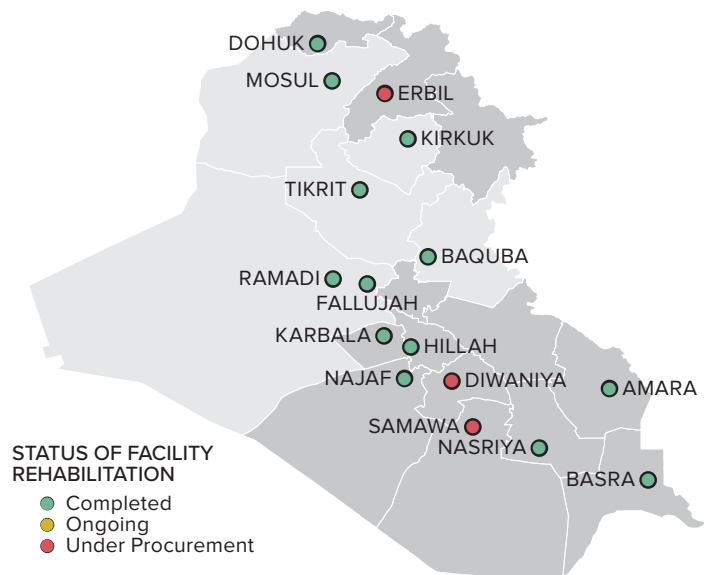
The **campaign with Asiacell** was launched and has so far received over 400 responses for health courses

Furthermore, the Karbala Governorate’s **‘Spatial Data Infrastructure’ (SDI)** system supported by UNDP continued to be operational providing analytical data required to enable improved decision-making processes.

Following the successful **distribution of life-support packages and hygiene products** to families that have been disproportionately affected by COVID-19, UNDP has provided a second round of low-value grants to previously selected community-based organisations, ensuring that an even greater number of vulnerable families will be supported in Anbar, Ninewa and Salah al-Din. Implementation is currently underway.

The **Post-COVID-19 Socioeconomic Response Plan (SERP) for Iraq** was formulated with the technical support of UNDP, which leveraged its integrator role to support the UN Resident Coordinator and bring to-

Figure 3. PROJECT LOCATIONS (on 31 December)



gether the UN Development System (UNDS). UNDP, in coordination with the UN in Iraq, continued its socio-economic assessments to identify the impact of COVID-19 and the fall in oil prices on key sectors and vulnerable populations in Iraq. Three **policy papers** had been launched by end of December 2020 – one of them cited by *Al Jazeera*.³

UNDP continues to recognize the **challenges and risks** faced in providing its support amidst an evolving context. These are reflected in an updated Project Risk Analysis (see Annex 1).

UNDP has also seized **opportunities across its Country Office portfolios 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>1.1. Two online platforms for raising awareness on or monitoring on COVID-19 are operational</p> | <p>The “Corona in Iraq”⁴ platform, launched in April 2020, continues to focus 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>1.2. At least 200,000 views of the online platform</p> | <p>At the end of December 2020, there were 210,045 cumulative views of the online platform. The symptoms tracker continued to be used, with a total of 685 cumulative users since the launch in April. 38.2% of users during the reporting period were women, a increase from the previous reporting period (32%).</p> |
| <p>1.3. WHO, MOH and other official/authorised guidance and information on COVID-19 provided</p> | <p>By the end of the reporting period, the redesign of the platform—including a reorganization of its information architecture and new branding—was complete. To increase the platform’s visibility, UNDP has launched an online campaign with Asiacell, a major telecommunication company in Iraq. The campaign ran throughout December 2020, reaching 5 million people and receiving a total of 462 responses for health courses.</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>The Karbala ‘Spatial Data Infrastructure’ (SDI), supported by UNDP to track and trace COVID-19 using modern geographic information system (GIS) technologies, continues to be in use by the Karbala Governorate.</p> |
| <p>1.4. 3 medical labs supported by UNDP with priority medical equipment to strengthen testing capacities for COVID-19</p> | <p>The technical evaluation of bids was underway at the end of the reporting period to procure laboratory equipment for the Central Laboratories in Anbar, Dohuk and Erbil, in coordination with the Ministries of Health. The equipment is the critical RT Polymerase Chain Reaction/PCR (3) and Biosafety Cabinet Class II (6), which will 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>1.5. 16 designated health-care facilities supported with personal protective equipment (PPE)</p> | <p>16 designated healthcare facilities were identified in the 15 targeted governorates of Anbar, Babil, Basra, Dhi Qar, Diwaniya, Diyala, Dohuk, Erbil, Karbala, Kirkuk, Missan, Muthanna, Najaf, Ninewa and Salah al-Din. These facilities were identified by UNDP in coordination with the Ministry of Health and local authorities. The facilities are being supported through rehabilitation of infrastructure and the provision of medical equipment and furniture to make available the necessary airborne infection isolation rooms, which will strengthen the ability of Iraq’s healthcare system to safely treat severe cases of COVID-19.</p> |
| <p>1.6. 16 designated healthcare facilities supported by UNDP to strengthen healthcare systems to respond to COVID-19</p> | <p>Leveraging UNDP’s procurement systems, the provision of PPE continues to progress despite global supply chain and logistical challenges. A total of 8,160 N95 respirators have been delivered to 8 governorates (Anbar, Basra, Diyala, Dohuk, Karbala, Najaf, Ninewa and Salah al-Din). An additional 9,792 N95 respirators are currently under customs clearance. 43,200 gowns have been procured through UNDP’s Global Procurement Unit (GPU) and are in the process of being shipped. Further procurement processes are underway to secure additional PPE.</p> |

- 1.7.** 300 beds equipped to treat cases of COVID-19 across the target governorates
- By the end of the reporting period, medical equipment - including 180 ventilators and patient monitors, 10 defibrillators and 180 suction devices - were delivered to facilities in Ramadi (Anbar), Basra, Dohuk, Baquba (Diyala), Karbala, Kirkuk, Mosul (Ninewa) and Tikrit (Salah al-Din). Medical equipment for Najaf will be delivered once the movement facilitation is issued.
- 1.8.** 300 airborne infection isolation rooms (AIIRs) rehabilitated with UNDP support across the target governorates
- Additionally, medical furniture has arrived in Iraq and will soon be delivered. The furniture includes beds, overbed tables, bedside cabinets and IV holders (180 each) and will cover 8 governorates (Anbar, Basra, Diyala, Dohuk, Karbala, Najaf, Ninewa and Salah al-Din). An invitation to bid was published to cover medical furniture for 4 additional governorates (Babil, Dhi Qar, Kirkuk and Missan) and bids are currently undergoing technical evaluation.

238 AIIRs have been rehabilitated. The status of rehabilitation work is as follows:

Fallujah (Anbar) 10 rooms		100%
Ramadi (Anbar) 10 rooms		100%
Kirkuk 20 rooms		100%
Mosul (Ninewa) 20 rooms		100%
Dohuk 20 rooms		100%
Karbala 20 rooms		100%
Basra 20 rooms		100%
Baquba (Diyala) 20 rooms		100%
Tikrit (Salah al-Din) 20 rooms		100%
Najaf 18 rooms		100%
Amara (Missan) 20 rooms		100%
Nasriya (Dhi Qar) 20 rooms		100%
Hillah (Babil) 20 rooms		100%

Additional funding to rehabilitate AIIRs for Diwaniya (Al-Diwaniya Teaching Hospital), Erbil (Baharka Hospital) and Muthanna (Al-Hussain Teaching Hospital) was received in November 2020. Procurement processes have been initiated.

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 continued to follow the coordination structure outlined in the *UN Framework for the Immediate Socioeconomic Response to COVID-19* (April 2020), with 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.
- For increased efficiency, coordination continued to be aligned with the Programme Management Team and Priority Working Groups (PWG) of the UNCT. Upon request, UNDP provides technical support to the UN Country Team meetings, the Resident Coordinator's Office/Development Coordination Office (RCO/DCO) and PMT.
- 2.2.** UNCT Iraq's multi-sectoral, Post-COVID-19 Recovery Strategy developed with technical support from UNDP
- During the reporting period, the [Socioeconomic Response Plan](#) (SERP) was approved by the UN Regional Development Coordination Office and translated to Arabic.

- 2.3.** At least 25,000 people reached through social cohesion activities
- 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 had 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 sterilize 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 sterilization of public spaces in their respective governorates reaching 64,181 people (30,365 women, 15,377 youth) and sterilizing 124 locations.
- 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
- Following the successful implementation, UNDP has 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 governorates. Implementation of activities is currently underway and will continue in January 2021.
- 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 has 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 Diyala and 2 in Ninewa) have been implemented as of end December 2020. Selected initiatives include awareness sessions on drug abuse and mental health, rehabilitation of schools in different districts, and establishment of a book club for women. A total of 11,033 people (4,194 women, 6,839 men and 3,291 youth) have been reached.

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 6 socioeconomic needs and impact assessments completed
- The SEIAs supported by UNDP focus on the following thematic issues which are identified as priorities in the context of Iraq, and findings continue to be released through a series of Policy Papers.
- 3.2.** Impact assessment findings/report disseminated
- [Impact on fragility in Iraq](#) (10 August 2020)
 - [Impact on the macroeconomic and fiscal space](#) (6 October 2020)
 - [Impact on social cohesion in Iraq](#), in collaboration with IOM (15 November 2020)
 - Impact on social protection (ongoing; in collaboration with ILO)
 - Impact on vulnerability at the household level (ongoing; in collaboration with IOM and UN Habitat)
 - Impact on environmental sustainability (ongoing; in collaboration with UNEP)
- 3.3.** Post-COVID-19 recovery strategies identified to be supported by UNDP Iraq

Findings from the SEIA on ramifications for the macroeconomic and fiscal space were referenced by [Al Jazeera](#).

A team of technical experts to support the SEIAs, led by a Senior Coordinator, continued to be in place during the reporting period. The team comprises experts on macroeconomic issues, social cohesion, resilience and environment, and social protection. IMPACT/REACH Initiatives are also contracted, and methodologies finalized for the field-based research required for the assessment of the impact on household vulnerability.

UNDP will also support the 'Informality Diagnostic' for Iraq, which is led by ILO, in collaboration with UN Women and IOM.

LESSONS LEARNED

The Need for Agility

The need for agility continues to remain critical to respond to evolving 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. Given recent pandemic activity, UNDP is reviewing implementation timelines to enable the completion of activities (including assessments) and a full handover.

Implementation and Monitoring

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 Basra, Dohuk, Karbala, Najaf, Ninewa (Mosul), Babil, Dhi Qar, Missan, Diwaniya and Muthanna to implement activities in these governorates under the supervision of FFS central engineering teams in Baghdad and Erbil. 39 engineers are supporting the implementation and monitoring of the COVID-19 response in the 15 governorates. While field presence has been critical, UNDP has ensured that all field teams are provided with the required PPE.

UNDP continues to partner with CBOs, LPCs, and youth and women's groups to ensure community level engagement. These groups and mechanisms have been key in reaching out to vulnerable people, building trust amongst 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 the messaging. Data showed that the number of users were beginning to decrease, indicating that people were not actively seeking COVID-19 related content as much as they did when the site was initiated in April during the lock-down period and 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-lock down changes and adjustments in lifestyle. Therefore, the Lab has identified through its Design Thinking Methodology the need to adapt the platform to the changed context and promote more engagement and competition-based learning.

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 in moving the healthcare facility rehabilitation processes forward. Furthermore, this enables rapidly identifying ways to address procurement-related challenges. Given high global demands and logistical bottlenecks, some procurement challenges persist (e.g. orders being cancelled on short notice and delayed clearance processes), requiring UNDP to be agile.

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:** 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.
- 2. UNCT Iraq Socioeconomic Response Plan (SERP):** The SERP has mainstreamed gender consideration 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 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 have provided women with an opportunity to openly discuss a range of issues and topics. 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-only book club.

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. 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, which are implemented by existing projects beyond UNDP's dedicated COVID-19 support project, are described here to present a comprehensive overview of related activities during the reporting period.



Security Sector: Under UNDP's agreement with Canada, the second and final consignment of PPE was handed over to the Ministry of Interior in November. The consignment included 2,500 boxes of medical face masks and 2,300 bottles of alcohol-based hand sanitizer, and will be largely distributed to police officers in Baghdad, where there has been a continuous increase in COVID-19 cases. Together with the first batch of PPE, UNDP provided a total of 4,250 medical face masks, 4,300 bottles of hand sanitizer, 2,000 boxes of examination gloves and 2,500 boxes of face masks to the Ministry of Interior.

The development of an e-learning system for police training, financed by repurposed funding from the Government of the Netherlands, is well underway. The design and set-up of the platform is complete. Course curricula were adjusted to the online format, and voice recording, editing and uploading of course material were finalized. Over the next months, the final configuration will be carried out and the launch of the platform is anticipated for mid-January 2021. The e-learning platform will provide options to continue training with minimal disruptions as COVID-19 restrictions are likely to continue in 2021.



Social Cohesion: In preparation for the nationwide campaign on social cohesion and overcoming the negative impact of the COVID-19 pandemic, UNDP is currently in the final stages of selecting a media production company. Following the selection of a production company, graphics, advertisements and short videos will be produced and shared 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 once media products are developed.



Livelihoods Support: Having resumed implementation in June 2020, UNDP continued its livelihood support programming through the Funding Facility for Stabilization (FFS), Iraq Crisis Response and Resilience Programme (ICRRP) and the Headway Programme, providing critical support to boost economic activity in target locations in Iraq, during the reporting period.



Awareness Raising: The "Let's Beat Corona" awareness campaign was concluded by the end of September 2020 as reported in the August-September bi-monthly update. The campaign was supported 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").



Construction of Isolation rooms in Najaf. 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.	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 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

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, and to also adapt the platform to be relevant to the evolving context. 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 will also identify local representatives of major manufacturers in order to try to resource the required medical equipment in a timely manner. 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 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.	UNDP Resident Representative Head of Stabilization UNDP Iraq Area Coordinators
8 The increase in global demand for Personal Protective Equipment (PPEs) 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: 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. 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 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>
<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>

Healthcare workers in Basra.
Photo: UNDP Iraq



FINANCIAL UPDATE (in US\$)

Corresponding to the additional needs identified to support three more governorates through a second phase of support, the Project budget was updated in July 2020. Overall, UNDP Iraq has mobilised US\$39.6 million for its COVID-19 response⁵ with funds 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	32,860,944	10,415,593	4,000,733
Output 2	720,000	640,000	464,222	80,000
Output 3	1,000,000	700,000	593,264	300,000
Sub-Total Activity Costs	38,581,677	34,200,944	11,473,080	4,380,733
Project Management & Direct Costs	2,413,167	1,760,534	478,266	652,633
GMS (8%)	3,279,588	2,868,918	948,108	410,670
Grand Total	44,274,432	38,830,396	12,899,453	5,444,036

CONTRIBUTIONS RECEIVED (as of 31 December)

Source		Contribution	Received (in US\$)
Austria ⁶	New Contribution	EUR 500,000	597,372
Belgium	Repurposed	US\$ 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 ⁷	New Contribution	US\$ 2,149,714	2,149,714
The Netherlands	Repurposed	US\$ 2,000,000	2,000,000
Sweden	Repurposed	US\$ 2,000,000	2,000,000
United Kingdom	New Contribution	GBP 2,000,000	2,702,703
United States of America (USAID)	Repurposed	US\$ 10,026,101	10,026,101
Royal Dutch Shell PLC	Repurposed	US\$ 196,201	196,201
UNDP Rapid Response Facility	New Contribution	US\$ 856,000	856,000
UNDP Iraq	New Contribution	US\$ 1,000,000	1,000,000
Grand Total			39,646,359

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://www.aljazeera.com/news/2020/12/20/iraqs-2020-predicament-a-year-in-review>

4 Accessible at <https://stayhome.iq/>

5 Based on signed Agreements.

6 The formalization of an agreement with Austria for EUR 500,000 was initiated at the end of December 2020.

7 Excluding contribution for UNDP's Global Policy Network.



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