



Emergency Plan of Action (EPoA)

Iraq: Hospital Fire incident



DREF Operation n°	MDRIQ012	Glide n°:	FR-2021-000088-IRQ
For DREF; Date of issue:	27/07/2021	Expected timeframe:	4 months
		Expected end date:	30/11/2021
Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: CHF 120,022			
Total number of people affected:	1,212	Number of people to be assisted:	1,212 (202 families)
Provinces affected:	Thi Qar	Provinces/Regions targeted:	Thi Qar
Operating National Society presence (n° of volunteers, staff, branches): The Iraqi Red Crescent Society (IRCS) is a voluntary humanitarian organization; IRCS has a strong branch network in the country, which is well capable of providing relief in times of disasters/emergencies. A number of staff and volunteers are trained in disaster response. National Disaster Response Teams (NDRT) and Branch Disaster Response Teams (BDRT) are available at all levels. IRCS has also trained disaster response teams specialized in health, psychosocial support (PSS), and hygiene promotion. These members are well-trained in life-saving techniques to assist rescue operations in times of need. Further, trained First Aid (FA) volunteers are also available in all branches, in readiness for immediate deployment at the time of disaster for life-saving purposes. IRCS has a pool of Cash Voucher Assistance (CVA) trained persons, who could be deployed to set up and assist implementation of the CVA programs. The IRCS will work through its Baghdad branch, supported by the national headquarters and National Disaster Response Teams (NDRTs) will be directly supporting emergency operation activities through 40 volunteers.			
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) is actively supporting the IRCS in developing the Emergency Plan of Action (EPOA) for the DREF request and coordinating with IRCS for information sharing with the Movement and NON-Movement partners. Furthermore, as the Movement partners in-country IRCS, IFRC, the Partner National Societies (PNSs), and the International Committee of the Red Cross (ICRC) are maintaining close coordination.			
Other partner organizations actively involved in the operation: Ministry of Health, Local Government, Health Department, and Local Police Department at Thi Qar Governorate.			

A. Situation analysis

Description of the disaster

A fire broke out on 13 July in the coronavirus ward of a hospital in southern Iraq killing at least 92 people, injured more than 110, left 20 missing, and affected around 270 others, according to health officials. Different statements were announced at the start of the fire, one referring to a short circuit, another referring to an oxygen cylinder explosion. The scene at the hospital was chaotic after the flames swept through the outbuildings of the Al-Hussein Teaching Hospital in the southern city of Nasiriyah, which had been set up to isolate those affected by COVID-19. Patients were trapped inside while rescue teams struggled to reach in time. Meanwhile, anguished relatives slammed the government over the second such disaster within the past three months. The tragedy cast a spotlight on what many have decried as widespread negligence and mismanagement in Iraq's hospitals after decades of war and imposed sanctions.

The Prime Minister of Iraq convened an emergency meeting and directed the authorities to open an investigation on the incident, the government also launched a time-bound investigation. The Prime Minister called the catastrophe - a deep wound in the consciousness of all Iraqis. On 13 July, the President of Iraq also mentioned the persistent

mismanagement that undervalues the lives of Iraqis. The health ministry officials told the media that at least 20 bodies have been burned so badly that officials were using DNA tests to identify them. A tally that, when combined with the 72 bodies the ministry said were identified, would add up to the reported figure of 92.

Thirty-nine bodies exactly were handed over to the families by health hospital officials. Another 21 sets of badly burned remains had been sent to Baghdad to be identified through DNA. The Nasiriya morgue confirmed that 39 bodies have been identified and provided a list of names.

Overnight, firefighters and rescuers, many holding flashlights and using blankets to smother small fires searched through the ward. As dawn broke, bodies covered with sheets could be seen laid out on the ground outside the hospital. Distraught relatives traced their loved ones, searching through the debris of charred blankets and belongings inside the torched remains of the ward. Doctors have long complained of lax safety at Iraq's hospitals, especially around oxygen cylinders, and have described the institutions as ticking bombs.

Doctors in COVID-19 wards often avoid confronting patients' families who are mishandling oxygen tanks, for fear they will react violently. But families say that they have legitimate fears about leaving the lives of their vulnerable loved ones up to medical staff that they regard as under-resourced, overburdened, and disinterested. Iraq is in the midst of another severe COVID-19 surge. New cases per day peaked last week at 9,600. Iraq's war-crippled health system has struggled to contain the virus. The country has recorded over 18,000 deaths and 1.5 million confirmed cases. Fear and widespread mistrust of the public health sector have kept many from seeking hospital care.



Figure 1: IRCS staff and volunteers' response in Al-Hussein Hospital, Nasiriyah (Photo: IRCS)

Summary of the current response

Overview of Operating National Society Response Action

Iraqi Red Crescent Society, Thi Qar branch immediately went into action to provide life-saving care and deployed its emergency teams of staff and volunteers. Following the Al Hussein Hospital, Al Nasiriyah incident, IRCS collaborated with the hospital management, government relevant authorities and collected the information from family members of victims. The teams evacuated more than 20 wounded patients, who were shifted to the safe places in ambulances directly after the fire broke out. IRCS teams have managed to treat several cases and provided first aid, before transferring them to other hospitals. After identification, more than twenty-one charred bodies of the victims were transferred from the hospital to their homes.

The fire completely destroyed the area where hospital management set up for the coronavirus patients' treatment. The building's roof was completely collapsed and led down. The IRCS teams retrieved the bodies of the victims from the rubbles while facing difficulties during the search and rescue in the collapsed building.

As a result of the transfer of patients from Al-Hussein Hospital to other hospitals in the city, medical supplies, and equipment needs have increased. IRCS distributed the available medicines and supported 54 families of deceased patients with Cash assistance of one million Iraqi Dinar and the current DREF will be replenishing this amount to the NS. IRCS is coordinating with the relevant authorities and the Iraqi Ministry of Health for well-coordinated response efforts to the Al Nasiriyah incident. IRCS has mobilized its Headquarters (HQ) and branch level teams and collaborating with the relevant government authorities and aim to conduct a detailed assessment, to assist the affected families with cash distribution and psychosocial support activities. After the fire incident affected families didn't receive any compensation from government authorities. Only 54 families of deceased are assisted with the cash by IRCS during the initial response.

Overview of Red Cross Red Crescent Movement Actions in-country

IRCS Headquarters maintains a regular flow of communication with the IFRC Iraq Country Delegation in Baghdad and with other Movement partners. Coordination and consultation with Movement partners in the country led to the launch

of a DREF operation to avoid the duplication of support. The Movement partners present in Iraq include the ICRC, the German, Norwegian, Danish, and Swedish Red Cross Societies. Since the fire incident occurred, the Iraq Delegation of the IFRC has contacted the leadership and technical departments of the IRCS and with the regional office to share information about the Al Nasiriyah incident, its impact, emergency plans, and rapid response and to provide technical support for the DREF. The ICRC provided some emergency equipment and support to the medical staff in collaboration with the Iraqi Red Crescent Society to the Al Hussein Hospital management. The ICRC also supported with medicines and other necessary items to the hospital.

Overview of other actors in-country

Local authorities of Thi Qar governorates dispatched police forces for further investigation of the incident. Ministry of Health and the department of health and civil defense supported the evacuation and transferred the victims to other hospitals. According to the IRCS team's initial observation and information from relevant authorities, no support has been extended by any government authority to the victims' families.

Needs analysis, targeting, scenario planning, and risk assessment

Needs analysis

Iraq has experienced multiple crises in the last years because of consecutive disasters that aggravated the humanitarian needs in the country. The protracted humanitarian crisis in Iraq remains one of the largest and most volatile in the world. The COVID-19 outbreak hit a country already facing a humanitarian crisis, further deepening vulnerabilities, and disrupting ongoing efforts to deliver aid to the most vulnerable people in acute need of humanitarian assistance. The people most in need of such assistance continue to be those directly affected by the conflicts and recently affected by the pandemic compromising of IDPs, refugees, returnees, and host communities in and out of camps. The political, economic, and social instability in Iraq is challenging the humanitarian response. The country was just recovering from the massive conflict that resulted in population movement in 2014 and the situation was compounded in 2020 by the COVID-19 pandemic. These circumstances have highly impacted livelihoods and exacerbated food insecurity. Current high-security alerts and potential escalation of demonstrations over the ever-rising hardship, in addition to possible violence to accompany the election process, may result in additional challenges to those who survive on a daily irregular income. After one year with COVID-19, with the passage of time and current economic deterioration, many families are with limited and low income in the country. These multiple crises increase the number of poor and needy families.

Since 2019, hundreds of Iraqis have died in violent demonstrations across the county as they protested government corruption, unemployment, and a lack of basic services, including electricity and clean water. Iraq is already experiencing an unemployment crisis. Furthermore, the poverty rate in Iraq has reached more than 27% percent, according to statistics from the Ministry of Planning. This means a large percentage of Iraqi society lives below the poverty level, and these percentages are continuously increasing. Most of them do not have the financial means to ensure their living. Iraq's economic and social development trajectory has been overshadowed by conflict and turmoil in recent decades, which further compounded by COVID-19 impact to aggravate the situation in the country. With Iraq's fiscal position dramatically worsened and the basic needs of the population increasing, the socioeconomic conditions are deteriorating.

Years of civil conflict and instability as well as the severely degraded condition of much of the land have compounded the impacts of the COVID-19 pandemic and now drought is leading to the food security crisis. Most of the governorates are already affected by the protracted conflict and recently drought, people are living without enough basic service. The drought has negatively impacted the access to and availability of food sources due to crop losses (wheat, corn, soybeans, among others). Faced with this situation, families are using negative coping strategies, reducing the number and size of meals, mainly affecting vulnerable groups such as children under five, pregnant women, the elderly, and people with acute and chronic illnesses.

As Iraq enters 2021, an economic crisis looms on the horizon, exacerbated by the COVID-19 pandemic and the drop in oil prices. The COVID-19 outbreak hit a country already facing a humanitarian crisis, further deepening vulnerabilities, and disrupting ongoing efforts to deliver aid to the most vulnerable people in acute need of humanitarian assistance. The many years of continuous conflict and economic stagnation in Iraq have affected nearly every aspect of Iraqi society. This humanitarian crisis is however entering a new phase as most of the combat operations have ended and hundreds of thousands of displaced people are returning to their homes and communities. This crisis has had a drastic effect on vulnerable people. Many lost their ability to recover economically and resilience to overcome the crisis, as it affected their access to food, drinkable water, protection, education, hygiene, and shelter. The number of vulnerable households had to adopt some survival measures, such as reducing the number of meals, neglect health care, and accumulate

debts, and more worrying, some households were forced to evacuate their housing units, as they are no longer able to afford the rent. All this has affected mental health and increased the fragility of vulnerable groups. A particular concern is about people's access to food in the medium and long run. The significant slowdown of all world economies and especially of the most vulnerable ones - as unemployment rates have risen and COVID-19's economic impacts will be felt more - will make Iraq, which is a food import-dependent country struggle to have the needed resources to buy food.

The city of Al Nasiriyah has witnessed a horrific fire incident that broke out at Al-Naqa Centre in Al-Hussein Hospital, which is designated to isolate those infected with COVID-19, that took the lives of 92 of the patients and left more than 110 injured. The death toll from a fire that engulfed the COVID-19 isolation ward of Al Hussein hospital, Nasiriyah in southern Iraq on Monday, reached 92, as announced by the government's health officials. This is the second incident of its kind in less than three months as a similar fire broke out at Ibn Al-Khatib Hospital in the capital Baghdad on April 24 as a result of an oxygen cylinder explosion, killing 82 people and injuring 110 others. Officials told the Associated Press that the fire may have been caused by an electric short circuit but did not provide more detail. Another health official in Thi Qar Province, where Nasiriyah is located, said the fire erupted when an oxygen cylinder exploded.

The blaze trapped many patients inside the coronavirus ward who rescue teams struggled to reach, a health worker before entering the burning building. Civil defense teams were also responding to evacuate the victims at Al-Hussein Hospital in Nasiriya city in Thi Qar governorate. Rescue teams were using a heavy crane to remove the charred and melted remains of the part of the hospital where COVID-19 patients were being treated, as relatives gathered nearby. Many cried openly, their tears tinged with anger, blaming both the provincial government of Thi Qar, where Nasiriya is located and the federal government in Baghdad for years of mismanagement and neglect. Overnight, firefighters and rescuers many holding flashlights and using blankets to smother small fires searched through the ward. As dawn broke, bodies covered with sheets could be seen laid out on the ground outside the hospital. Distraught relatives searched for traces of their loved ones amid charred blankets and belongings. More than 100 patients, escorts, and medical staff working in the centre were injured in the fire, immediately after the accident. Following the Al Hussein Hospital fire incident, IRCS deployed the teams of staff and volunteers for the immediate response and evacuation of patients from the Coronavirus ward. By providing this support, IRCS aims to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.

After responding to the fire incident at Al Hussein Hospital in Al Nasiriyah, the focus has shifted from saving lives to helping people who were affected by the fire. IRCS teams organized the visits to affected families to better understand the current situation and their needs. According to the families, it was revealed that most of the affected family members those who lose their lives or got seriously injured were the daily labourer and the only source of income for their families. Some of the families affected by the incidents have suddenly lost their source of income and might not have sufficient savings and money to resume back to normal life. Besides, there are more than 100 people injured from the incidents, among those, it has been identified that most of the families' livelihoods have different degrees of disruption. Some of them will not be able to go to work due to injuries, and some lost their physical ability to work.

It is identified that maximum numbers of the deceased and injured were working as daily labour and source of income for their families. During the discussion with the family members, it is identified that the household's priority is food, healthcare, and water, including debt, among others. These were mentioned as spending priorities in the majority of discussions with the members of the households. By providing this support, IRCS aims to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.

Targeting

Several factors combined to deprive the most vulnerable families of the financial ability to provide their basic monthly needs (food, health, water and sanitation, hygiene, etc.). This incident further exacerbated the situation, where families already struggling with weakened financial capacities risk falling into further poverty or resorting to negative coping mechanisms, with homes, businesses destroyed, and inflation increases uncertainty in the markets.

The target beneficiaries of this operation will be:

- 92 families of deceased in the fire incident;
- 110 people who are injured;
- Affected families who have deceased/injured family members for psychosocial support;
- Witnesses of the traumatic event who will receive psychosocial support.

IRCS will address the urgent needs of directly affected families. This DREF aims to reach 202 families who are directly affected, either because family members were injured or lost their lives. A very few people have access to an adequate social safety net and as the situation worsens, many will be unable to afford the cost of even basic healthcare. Beyond the immediate lifesaving actions, first aid assistance is needed and currently being delivered by IRCS on the ground in the aftermath of the fire incident, the ongoing socio-economic crisis, further increases the vulnerabilities of the families directly affected by the explosions, over the coming days.

Scenario planning

The planned response reflects the current situation and information available at this point of the evolving situation and will be adjusted based on further developments and context changes. Most of Iraq's healthcare system is in poor condition after years of conflict and angry relatives of the victims have been protesting outside the facility. This is the second time a fire has ripped through the coronavirus ward of a hospital in Iraq. In April at least 82 people died at Ibn Al-Khatib hospital in Baghdad after a fire caused by a faulty oxygen tank. As the protesters said, this is the result of persistent ignorance and mismanagement that underestimated the lives of Iraqi people by the government officials. A high-level government investigation into the incident has also been initiated.

The situation in Iraq remains highly unpredictable and can get violent against the government authorities. The risks prevalent in Iraq are many, varied, and often interlinked. Many actors tend to highlight risks to the safety and security of staff and beneficiaries, but whilst these are indeed critical, many other risks present serious threats to the operational activities. The worst-case scenario would be events of extreme violence/explosions. This could trigger possible social conflicts associated with grievances and such. Such a situation would lead anytime of intense insecurity and dire humanitarian needs. This plan of action could be reviewed and extended in time and resources to best respond to the quickly evolving situation.

These risks are grouped into contextual, operational, and institutional.

Scenario	Humanitarian impact	Potential response
Frustration and social tension	Impact of the socio-political situation (e.g., demonstrations and disruptions in the operation activities) could lead to movement restrictions, operation delays, the occurrence of security incidents limiting access can hamper the operation activities.	IRCS follows movement security guidelines and guidance Context analysis will be done on a regular basis to assess the situation All possible efforts to secure access and acceptance will be explored in advance through coordination and communication with the conflicting parties Actions of mediation with the target families, the opening of spaces for evaluation of problems, psychosocial support, humanitarian diplomacy, support with other government authorities and stakeholders.
Operation implementation risks	Weak absorption of funds in a well-planned and effectively managed manner.	Enhanced management systems and human resources to ensure both IFRC and IRCS are accountable for the funds Committee engagement structure at HQ and governorates levels and monitor progress.
	Low level of affected families/government authorities' engagement for operation activities as this may not be perceived as a priority.	Ensure robust engagement and communications strategies to ensure coordination where appropriate
	Vulnerable families, particularly women, disable face barriers/obstacles in relation to participation in the operation.	Ensure Protection, Gender, and Inclusion (PGI) in all phases of the operation activities Ensure effective Community Engagement and Accountability

Operation Risk Assessment

The situation in Iraq is punctuated with episodes of extreme violence which requires the implementation of stringent security measures for IRCS to operate. In recent months Al Nasiriyah has been the epicentre of several protest movements which have also spread to the southern governorates the driver for which has been increasing socio-economic

concerns and perceived lack of government support. At times these protests have turned violent in the past and could do so again in the future which in turn could affect access to the affected people. The IRCS continues to apply all necessary measures to ensure the safety and security of staff and volunteers engaged in this operation with a heavy reliance on its strong acceptance within the community. IRCS will continue to monitor the security situation and liaise closely with the security institutions to reduce identified risks in the field.

- The security situation may evolve, closures and demonstrations could hamper access.
- Affected families may relocate to other areas, and proper tools and good understanding need to be considered.
- IRCS may find some difficulties in reaching all affected families as defined above.
- PSP teams will continue for three months house visits may also be exposed to such demands.

The current DREF operation and its operational strategy are aligned with the IFRC global emergency appeal, which supports National Societies to deliver assistance and support affected communities or the communities at risk of being affected by the COVID-19 pandemic. IRCS is working closely with the government to jointly find the best approach to ensure humanitarian assistance is provided to the displaced families. IRCS will incorporate hygiene and health promotion activities in this operation in line with the IRCS COVID-19 action plan, to assure government measures are complied with.

IFRC through IRCS continues to assess how emergency operations in response to disasters and crises should adapt to this crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely, focusing on the health risks, and revise accordingly if needed taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and staff as well as international staff. IRCS has trained staff and volunteers management and protection policy to ensure the safety of the volunteers during the COVID-19 response to follow the SOP and other humanitarian operations.

B. Operational strategy

Overall Operational objective:

This operation aims at assisting at least the families of the 92 deceased, and 110 injured by the fire that broke out in the Al Hussein Hospital, Al Nasiriyah. The operation will be implemented for four months period. The primary focus of this work will be:

IRCS response aims at enhancing the overall wellbeing of the affected families through a comprehensive mental health and psychosocial support (MHPSS) and cash voucher assistance (CVA) response that is linked to a medium to a long-term programme focused on recovery and rehabilitation. IRCS approach includes awareness, livelihood, disability support, and social cohesion under the MHPSS umbrella, considering them as vital components for enhancing the resilience of the target families.

The unconditional/multipurpose cash assistance will be provided to the targeted families as the following:

- Families of the 92 deceased will receive a one-off grant of 620 USD (equivalent to 905,590 IQD). With the loss of a breadwinner, each family in this category will be supported for a period of at least three to four months.
- Families of the 110 injured will receive a one-off grant of 300 USD (equivalent to 438,190 IQD). Each family in this category will require assistance for basic needs and healthcare for two months before their injuries are fully recovered and they can resume their income generation.

IRCS will work closely with other stakeholders to ensure no duplication of work and efforts. At present, IRCS has a PSS-trained volunteer who will be the main technical person. IRCS will engage the technical staff to ensure the quality of operation activities. Throughout the intervention timeframe, IRCS will provide first aid treatments and psychosocial support to the people who were directly affected by the incident especially the survivors, witnesses, and those families who have lost their family members. They may struggle with or face new challenges following the event. By providing this support, IRCS aims to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Post-distribution monitoring will be conducted at the end of operation activities.

Cash Voucher Assistance (CVA) in IRCS

Since 2014, cash assistance has assumed a growing significance in the humanitarian response with a solid evidence base emerging to support its efficacy in meeting a range of basic needs in Iraq. There has been a gradual trend towards

consolidation and harmonization of cash assistance, which aims of building a harmonized approach to multipurpose cash assistance delivery, fostering closer operational coordination, and expanding geographic reach. IRCS has been involved locally in CVA since 2016 in collaboration with IFRC, ICRC, French RC, German RC, and Danish RC in Baghdad, Duhok, Erbil, Mosul, Talafar, Sinjar, and Sala-Al-Din covering different modalities of Cash, Voucher Assistance Programmes and operations. A considerable number of staff and volunteers have received CVA training, CaLP, and other basic CVA training. IRCS is not a beginner on CVA, but all previous CVA interventions have been implemented in collaboration with movement partners. IRCS followed the standard process and cash disbursement procedures including (digital survey, analysis information, distributions cash, PDM), etc. IRCS will deploy the people from its CVA-trained pool to assist the implementation of the cash interventions. After the Al Tayaran explosions in 2021, IRCS assisted 256 families in the previous DREF operation to support the affected families. Furthermore, for this operation, IRCS will directly distribute the cash to the affected families.

In Iraq, the overall recommended most appropriate and efficient cash delivery mechanism is the Hawala system based on the three access criteria: social, financial, and physical. The Hawala system has a long history in Iraq and is well established and acknowledged. The system does not require an official Iraqi ID, unlike other systems. In this operation, IRCS will be responding to the affected families of deceased and injured.

Human resources

As part of the implementation of this DREF, the IRCS will mobilize their technical staff from the disaster management department. IRCS has mobilized 40 volunteers and will mobilize more as per the need. Furthermore, implementation will be supported by volunteers and staff members existing in both IRCS HQ and IFRC country office. Mobilization of NDRT and surge support deployment will be ensured to support the National Society for the operational period if needed.

Logistics and Supply chain

Logistics activities aim to effectively manage the supply chain, including cash interventions in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes, and procedures for DREF operation. All cash disbursement activities will be followed in accordance with the IFRC cash procedures and disbursement to the beneficiaries. Any additional logistics support can be made available by the IFRC MENA, Operational Logistics, Procurement, and Supply Chain Management (OLPSCM) Unit in Beirut as per need.

Communication

To the extent needed, IRCS will be supported by the IFRC Iraq Delegation and the IFRC MENA Regional Office in coordinating various activities aimed to inform the public, the national, and international media on the situation, needs on the ground, and the humanitarian response. This DREF operation will ensure the IRCS has the required visibility during its response.

Security

The IRCS will be supported by the IFRC Iraq Delegation and the IFRC MENA Regional Office in monitoring the security context and through the provision of technical safety and security input, as needed, during the humanitarian response.

Planning, Monitoring, Evaluation, and Reporting

The IRCS will oversee all monitoring, evaluation, and reporting aspects of the DREF. The IFRC through its technical staff will also provide technical assistance to ensure effective implementation. A final report will be submitted three months after the end of the operation. Review and lessons learned workshop will be organized by IFRC and IRCS to reflect on the DREF implementation and to take stock of that for future responses and to inform response preparedness planning efforts. The IRCS will ensure that community feedback is collected throughout the distribution process and responded to within a timely manner to ensure high-quality assistance which is community-appropriate. The IRCS will also include satisfaction-related questions within the post-distribution monitoring activities.

Administration and Finance

A Project Grant Agreement will be signed between the IFRC Iraq Delegation and the IRCS, to outline the parties' responsibilities regarding the implementation of the activities planned within the DREF operation, and to ensure that the appropriate guidelines are respected in terms of the use of DREF allocations. The IRCS has a permanent administrative and financial department, which will ensure the proper use of financial resources in accordance with conditions of the agreement.

C. Detailed Operational Plan



Shelter

People targeted: 500

Male: 254

Female: 246

Requirements (CHF): 7,350

Needs analysis: The city of Al Nasiriyah has witnessed a horrific fire incident that broke out at Al-Naqa Centre in Al-Hussein Hospital, which is designated to isolate those infected with COVID-19, that took the lives of 92 of the patients and left more than 110 injured. The blaze trapped many patients inside the coronavirus ward who rescue teams struggled to reach, a health worker before entering the burning building. It was the second such tragedy in Iraq in three months. In April, a fire at a COVID-19 hospital in Baghdad also sparked by exploding oxygen cylinders killed 82 people. In addition, the ongoing COVID-19 outbreak caused considerable disruptions to the provision of health services. COVID-19 exacerbated pre-existing vulnerabilities among conflict-affected populations, resulting in increased use of negative coping mechanisms. The situation in Iraq is extremely volatile due to COVID-19 and the political and security context. Many health facilities that are still operating lack much-needed medical services and supplies and suffer a shortage of healthcare specialists. The COVID-19 ward was established by the Iraq health ministry for the treatment of coronavirus-infected people at Al Hussein Hospital, Al Nasiriyah Thi Qar. The blaze was suddenly erupted at the Coronavirus ward in Al Hussein Hospital and kill 92 hospitalized Covid-19 patients. That incident brought to light widespread negligence and systemic mismanagement in Iraq's hospitals. Doctors have decried lax safety rules, especially around the oxygen cylinders.

After the fire incident at the hospital, Iraqi Red Crescent Society local branch staff and volunteers immediately respond to the fire emergency and evacuated the patients from the Coronavirus treatment ward. During the response, IRCS has utilized the blankets and medicines handed over to the hospital management. These medicines were supported by the ICRC to IRCS, and blankets were utilized by the NS from their prepositioned stock, which will be replenished to the warehouse.

Population to be assisted: 500 blankets will be procured and replenished at the IRCS warehouse.

Programme standards/benchmarks: Procurement will be done according to the IFRC standard and Sphere standard.

P&B Output Code	Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions	# of people reached to save their lives during the response (Target: 500)			
	Shelter Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.	# of blankets replenished (Target: 500)			
	Activities planned Month	1	2	3	4
AP005	Replenishment of 500 blankets distributed to hospital during the fire incident	X	X	X	X



Livelihoods and basic needs

People targeted: 1,212

Male: 616

Female: 596

Requirements (CHF): 90,200

Needs analysis: The National Society has developed a baseline by collecting and analyzing data, considering a range of different potential scenarios, and agreeing on potential programming response options, resources and capacities required. The field of cash preparedness was able to successfully achieve its standard operating procedures (SOP) in an immediate response during the previous programs. IRCS is a member of the country cash working group for coordination of cash interventions with other humanitarian actors. While considering effective response both to underlying vulnerabilities of Iraqi people, as well as the acute needs created by COVID-19 and other humanitarian crisis and current fire incident must be considered. Humanitarian cash transfer programming has played a vital role in Iraq to respond to the protracted crisis. Multipurpose cash assistance has allowed IRCS to respond quickly and address a broad range of household needs efficiently, focused on addressing the short-term needs of vulnerable households. Within humanitarian cash response, the primary division in approach is the difference in the assistance provided to the families affected by the fire incident in Al Hussein hospital, Al Nasiriyah. Cash transfers in Iraq are a well-established transfer modality for the delivery of humanitarian aid with experienced humanitarian actors, FSPs, and a good policy environment. Under this operation, multipurpose cash grants will be distributed to 202 families affected by the fire that broke out at Al Hussein Hospital, Al Nasiriya in Thi Qar governorate. MPCA is a modality that aims to enable affected families to meet a variety of basic needs in the current situation. In DREF response, multipurpose cash assistance is offered to the people affected by the fire incident they have flexibility and dignity to choose how to cover their needs, including the determination of the Survival Minimum Expenditure Basket (SMEB).

Population to be assisted: The families of the beneficiaries are among the poor families and most of the members are daily labourers. 202 families or nearly 1,212 people in need of food and access to health services will be assisted with cash assistance to preserve dignity.

Programme standards/benchmarks: The Iraqi Red Crescent Society, after analyzing its priority needs, capabilities, and context, decided to start working on the standard operating procedures for its cash transfer programs by distributing the cash grant directly by the Iraqi Red Crescent Society (direct cash distributions). IFRC will also support the IRCS to ensure effective participation of affected communities and accountability throughout the project cycle by setting up feedback and complaints platforms as guided by the IFRC community engagement and accountability (CEA) standards and Core Humanitarian Standards (CHS). The guidelines from the cash working group as well as the IFRC Cash in the emergency toolkit will be instrumental as a reference during implementation.

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods		<i># of people targeted/reached with adequate cash assistance (Target: 202 families)</i>			
	Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs		<i># of families of deceased receiving unconditional/multipurpose cash assistance (Target: 92 families)</i> <i># of families of wounded receiving unconditional/multipurpose cash assistance (Target: 110 families)</i>			
	Activities planned Month	1	2	3	4	

AP081	Select beneficiary households, prepare beneficiary lists, and sensitize them on the assistance process.	X			
AP081	Multipurpose/unconditional cash assistance for 92 deceased families will receive USD 620 for post-funeral rituals and other social/spiritual activities/miscellaneous basic needs, health, and non-food etc.	X	X	X	
AP081	Multipurpose/unconditional cash assistance for 110 families of wounded will receive the amount of 300 USD one-off for basic and health needs.	X	X	X	



Health

People targeted: 1,212

Male: 616

Female: 596

Requirements (CHF): 9,898

Needs analysis: After the fire broke out at Al-Hussein Hospital in the Thi Qar governorate. in addition to physical injuries, the wounded and family members of the deceased suffered from psychological shock and trauma that requires medical follow-up at home to receive basic first aid care and professional psychosocial support.

The health department will carry out 192 home visits to provide psychological support to the families of the deceased and the wounded to reduce the impact of trauma and will provide 110 home first aid services to care for the wounded.

Population to be assisted: Injured people by the fire especially those who need home follow up.

Programme standards/benchmarks: the programme standards or benchmarks will follow international standards such as Sphere.

P&B Output Code	Health Outcome 6: The psychosocial impacts of the emergency are lessened	# of people reached with psychosocial support (Target: 1,212)			
	Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff	# of people reached through PSS activities (Target: 1,212)			
	Activities planned Month	1	2	3	4
AP023	Identification of and training for volunteers in psychosocial support in emergency	X			
AP023	Provide PSS to people affected by the fire incident	X	X	X	X
AP023	Provide PSS to staff and volunteers	X	X	X	X

Strategies for Implementation

Requirements (CHF): 12,573

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	# of IRCS branches that are well functioning (for the operation) (Target: 1)			
		1	2	3	4
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of insured volunteers (Target:40)			
	Activities planned Month	1	2	3	4
AP040	Safety and security of IRCS volunteers	X	X	X	X
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	IFRC support to launch a DREF to raise financial and human resources (Target: Yes)			
		Coordination tools and mechanisms are in use for the operation (Target: Yes - RDRT)			
	Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained	% / ratio of people reached by the IFRC disaster response operations to the people affected by these emergencies (Target: 100%)			
	Activities planned Month	1	2	3	4
AP046	IFRC surge support is on standby for any surge deployment	X	X	X	X
P&B Output Code	Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.	IFRC and NS are visible, trusted, and effective advocates on humanitarian issues. (Target: Yes)			
		# of lessons learned workshop conducted (Target: 1) # of post-distribution monitoring conducted (Target: 1)			
	Activities planned Month	1	2	3	4
AP055	Conduct Lessons Learned Workshop for DREF operation				X
AP058	Conduct post-distribution monitoring activities			X	
AP058	Monitoring and evaluation	X	X	X	X

Funding Requirements

International Federation of Red Cross and Red Crescent Societies

all amounts in
Swiss Francs
(CHF)

DREF OPERATION

MDRIQ012-Iraq: Hospital Fire Incident

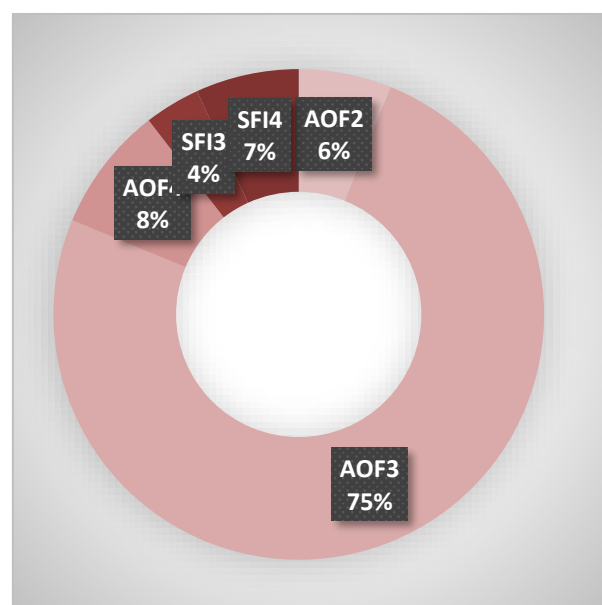
22/07/2021

Budget by Resource

Budget Group	Budget
Clothing & Textiles	6,901
Other Supplies & Services	9,294
Cash Disbursement	82,855
Relief items, Construction, Supplies	99,050
Workshops & Training	4,141
Workshops & Training	4,141
Office Costs	7,665
Financial Charges	1,840
General Expenditure	9,506
DIRECT COSTS	112,696
INDIRECT COSTS	7,325
TOTAL BUDGET	120,022

Budget by Area of Intervention

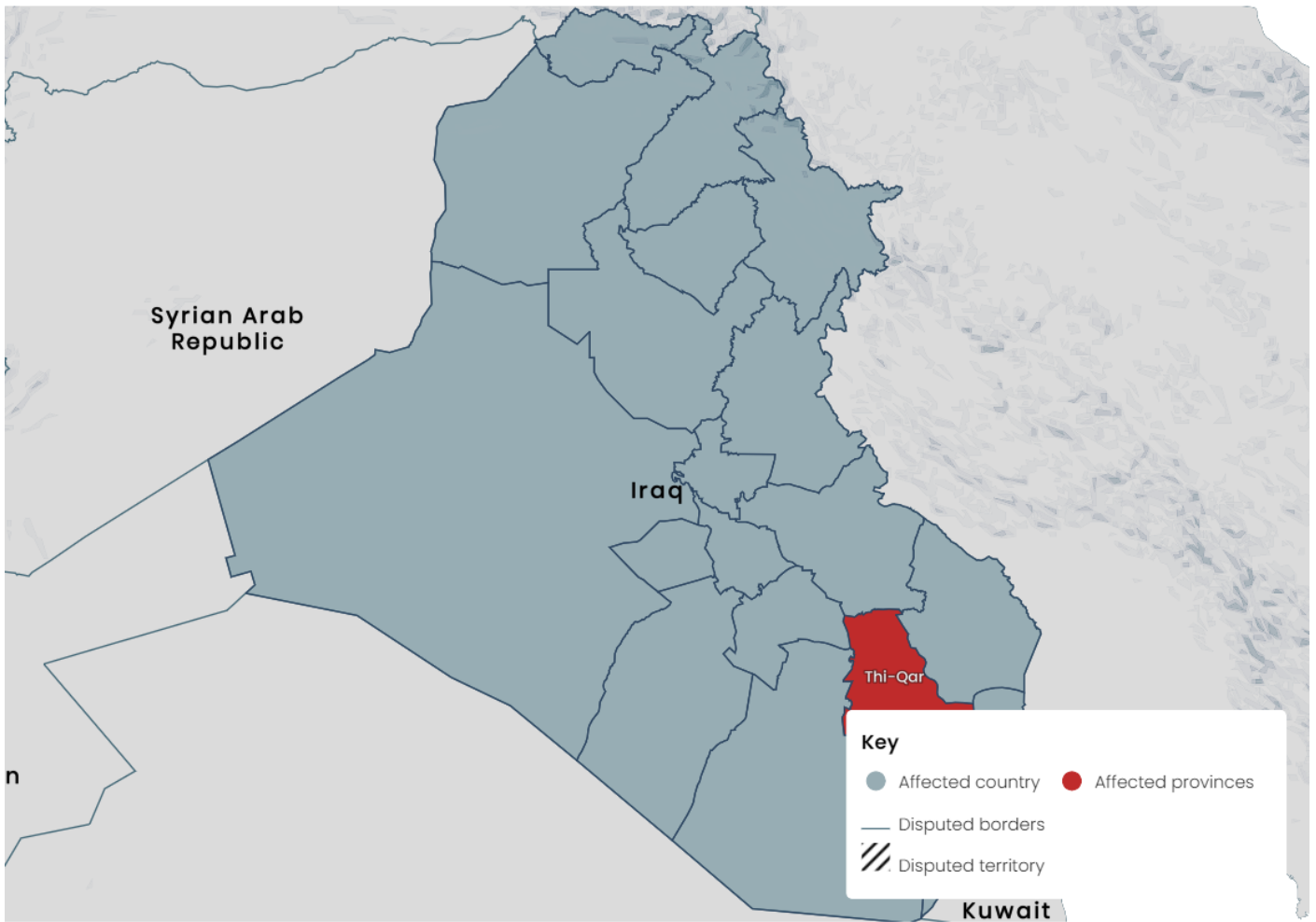
AOF1	Disaster Risk Reduction	
AOF2	Shelter	7,350
AOF3	Livelihoods and Basic Needs	90,200
AOF4	Health	9,898
AOF5	Water, Sanitation and Hygiene	
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	
	Effective International Disaster	
SFI2	Management	
	Influence others as leading strategic	
SFI3	partners	4,410
SFI4	Ensure a strong IFRC	8,163
TOTAL		120,022





The Fire of Al-Naqa Center in Nasiriyah governorate

July 13, 2021



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities, Data sources: IFRC, OSM contributors, Map box.

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and peace.