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## Emergency Plan of Action (EPoA)

### Iraq: Cholera Epidemic

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation n°</b>	<b>MDRIQ015</b>	<b>Glide n°:</b>	<a href="#">OT-2022-000241-IRQ</a>
<b>Date of issue:</b>	<b>06 July 2022</b>	<b>Expected timeframe:</b>	<b>5 months</b>
		<b>Expected end date:</b>	<b>31 December 2022</b>
<b>Category allocated to the of the disaster or crisis: Yellow</b>			
<b>DREF allocated: CHF 362,606</b>			
<b>Total number of people affected:</b>	<b>17,887</b>	<b>Number of people to be assisted:</b>	<b>18,000 (3,000 families)</b>
<b>Provinces affected:</b>	<b>Sulaymaniyah, Al Muthanna, Baghdad, Kirkuk, Babel, and Al Qadisiyyah governorates</b>	<b>Provinces/Regions targeted:</b>	<b>Sulaymaniyah, Al Muthanna, Baghdad, Kirkuk, Babel and Al Qadisiyyah</b>
<b>Operating National Society presence (n° of volunteers, staff, branches):</b> 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 and emergencies. The IRCS will work through its six governorate branches, supported by the national headquarters and Community Based Health and First Aid (CBHFA), and community health teams/workers will be directly supporting cholera outbreak operation activities through 40 volunteers.			
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> 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 Disaster Response Emergency Fund (DREF) request and coordinating with IRCS for information sharing with the Red Cross Red Crescent Movement (Movement) and non-Movement partners. Furthermore, the Movement partners in-country, IRCS, IFRC, the Participating National Societies (PNSs), and the International Committee of the Red Cross (ICRC) are maintaining close coordination.			
<b>Other partner organizations actively involved in the operation:</b> Ministry of Health in Baghdad and Kurdish Region of Iraq (KRI), Directorates of Health at Sulaymaniyah, Al Muthanna, World Health Organization (WHO), Médecins Sans Frontières (MSF), and other humanitarian organizations.			

## A. Situation analysis

### Description of the disaster

A cholera outbreak in Iraq has infected hundreds of people, and records of more suspected cases have been sent for lab testing in the central laboratory in Baghdad, most of which are from the northern Kurdistan region. As announced by the Ministry of Health (MOH) officials in Baghdad, there has been a recent spike in hospitalization following diarrhea cases in Sulaymaniyah, Erbil, Duhok, and southern governorates of Iraq. The KRI Ministry of Health, published a statement on Thursday 23 June 2022, and issued a directive in regard to dealing with the diarrheal outbreak in the region. The increase in Cholera cases in Sulaymaniyah



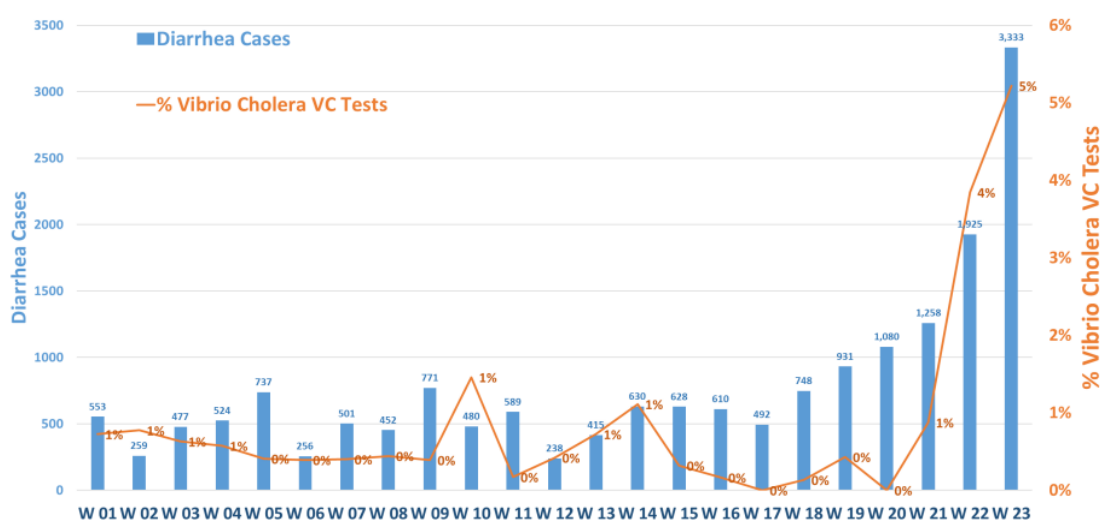
Figure 1: IRCS volunteers' campaign for Cholera outbreak in Iraq. **Photo: IRCS**

and other governorates is a reason for concern for the MoH, as it is coming on the backdrop of the COVID-19 pandemic and other epidemic-prone outbreaks. However, the Ministry of Health both in Baghdad and in the Kurdistan region is ready to prepare for and respond to this outbreak and lessen the impact on the affected population. The MoH has also requested that the in-country humanitarian actors support government efforts to deal with this outbreak.

On 19 June 2022, Iraq's health authorities announced a cholera outbreak after at least 13 cases were confirmed across the country and thousands of hospital admissions for acute diarrhea were reported. Ten of the confirmed cases were in the northern city of Sulaymaniyah. Two more cases are confirmed in the southern province of Al Muthanna and the other in Kirkuk, north of Baghdad. There has also been a spike in hospital admissions because of diarrhea in the nearby cities of Erbil and Duhok but to a smaller degree.

Health officials in Iraq's Kurdish region are warning of a cholera outbreak after several people were reported to have died in Sulaymaniyah and Erbil provinces. Experts say that vegetables irrigated by sewage water, an increasingly common practice due to the shortage of water in the Tigris and Euphrates rivers, are behind the outbreak. Concerns are growing that a significant outbreak of the disease could put additional pressure on a national health system that is already over-stretched. The Director of the Sulaymaniyah Health Department called a press conference on Sunday 19 June 2022, where the department mentioned that about 4,000 cases of diarrhea were recorded in Sulaymaniyah's hospitals in the previous week. The director further asked the ministry to declare a state of emergency in the city. According to the ministry of health in Erbil, the first fatality was recorded on Tuesday 28, in the northern province of Kirkuk. On Thursday 30, the ministry confirmed a second fatality due to Cholera in the Baghdad governorate.

Diarrhea Cases & % Vibrio Cholera VC Tests in 2022



Health cluster Iraq - health and nutrition cluster meeting, Sulamaniyah, 21 June 2022

Based on the available data, a sharp shooting up of diarrhea cases was observed from week nineteen onward to week twenty-three, with about 17,887 diarrhea cases reported from Sulaymaniyah and surrounding districts. According to the World Health Organization (WHO), cholera remains a threat to public health and an indicator of inequity and lack of awareness in the communities. As compared to previous years, the number of diarrhea cases is higher and not in the normal range. The first case was found in Shar hospital, in a 35 years old woman from the Ashti Internally Displaced Peoples' (IDP) camp.<sup>1</sup> During the health cluster meeting held in Sulaymaniyah on 21 June, the directorate of health (DOH) highlighted the challenges to the health department and requested support for providing medicine and medical supplies, including intravenous (IV) fluid (ringer lactate), infusion

<sup>1</sup> Health cluster Iraq - health and nutrition cluster meeting, Sulaymaniyah, 21 June 2022

sets, and Infection Prevention and Control (IPC) materials. The DOH also requested logistic support, such as hiring vehicles to facilitate the activities of rapid response teams, water quality monitoring, and disease surveillance teams, and humanitarian actors, International and National Non-Governmental Organizations (NGOs). Agencies interested to support such activities can communicate with Centers for Disease Control and Prevention (CDC) section in the preventive health directorate in DOH, Sulaymaniyah.

## Summary of the current response

### Overview of Operating National Society Response Action

IRCS with its auxiliary role to the government in the humanitarian field, and one of the leading humanitarian organizations in the country, with eighteen governorate branches and activities that cover the entire nation. IRCS is a major national player in disasters and crisis response and works closely with authorities at national and local levels. IRCS has well-trained and experienced staff and volunteers and different tools and mechanisms in place. IRCS has a long history of providing life-saving assistance to people in need in Iraq. IRCS's presence and local networks across the country are exceptionally well established, which enables IRCS to reach vulnerable populations who are not served by other humanitarian actors, including those in highly remote and hard-to-reach areas. IRCS has been managed many DREF response operations, and currently implementing countrywide COVID-19 emergency appeal response activities and ongoing DREF for droughts operation. IRCS has vast expertise with different types of programming through multilateral projects supported by IFRC, as well as through bilateral programmes with Red Cross Red Crescent Movement partners and with ICRC. This includes youth development, disaster risk management, community-based health, and first aid, restoring family links, community resilience (including Water, Sanitation and Hygiene (WASH) and livelihoods, etc.), dissemination of international humanitarian law (IHL), humanitarian values & Red Cross/Red Crescent principles, and rehabilitation for the physically disabled among IDPs. IRCS volunteers play a critical role at all stages of the organization's programmes. This includes assessment, identification, and registration of target communities and IDPs.

**IRCS Cholera epidemic response:** IRCS remains vigilant and has been coordinating with MOH in Baghdad and KRI, as well as DOH in Sulaymaniyah and Al Muthanna governorates, since the outbreak of Cholera and the emergence of the diarrhea cases. The National Society's branch has been coordinating with the MOH in the Kurdish region and has been participating in government meetings within the governorates. IRCS national headquarters directed to its governorate branches to share the information reports of the cholera outbreak and diarrhea cases from respective governorates. IRCS governorate branch mobilized its branch-trained staff and volunteers to organize awareness-raising sessions in the communities and public places and distribute information, education, and communication (IEC) materials with the support of the National Society's headquarters.

### Overview of Red Cross Red Crescent Movement Actions in-country

The 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 and the German, Norwegian, Danish, and Swedish Red Cross Societies. Since the spike in-country, a huge number of diarrhea and cholera cases were reported. The Iraqi IFRC Delegation has contacted the leadership and technical departments of the IRCS and the regional office to share information about the Sulaymaniyah and Al Muthanna outbreak impact, emergency plans, and rapid response, as well as to provide technical support for the DREF.

### Overview of other actors in-country

The Iraqi Government, through the MOH in Baghdad and KRI, coordinates health interventions by the other humanitarian agencies with the support of WHO. The Ministry of Health is leading the health cluster with the

support of the WHO in Iraq. The Government of Iraq and WHO are working together to effectively improve the public health situation in the country, with special emphasis on health security and prevention and control of communicable diseases, non-communicable diseases, mental health, promoting health through the life-course, health systems strengthening and preparedness, surveillance, and response. Other humanitarian organizations are also engaged in supporting WASH interventions in the country.

The WASH Cluster coordination mechanism operates at national and sub-national levels by clarifying the roles and responsibilities of each partner, including Non-Governmental Organizations (NGOs), United Nations (UN) agencies, and government authorities of the Government of Iraq, among other stakeholders. The WASH cluster and sector response in Iraq are primarily targeting ten governorates: Duhok, Erbil, and Sulaymaniyah in the Kurdish Region of Iraq; and Ninewa, Kirkuk, Salah al-Din, Diyala, Anbar, Baghdad, and Basra in the Federal Region of Iraq. WASH partners are working throughout these areas to meet the needs of IDPs in camp, IDPs out of camp, returnees, and refugees. The response will look to address meeting the minimum WASH service provision needs of affected populations and looking at durable solutions for returnees and out-of-camp IDP populations to facilitate resilience and cluster transition. Cluster meetings occur monthly at the national and sub-national levels and are coordinated by the respective cluster lead agencies through cluster coordinators. Meetings are attended by cluster partners, members, and observers and aim to strategize and coordinate humanitarian activities at the cluster or sector level, as well as to share information on challenges and bottlenecks faced at the operational level.

The WHO dispatched an urgent consignment of medicines and medical supplies to Sulaymaniyah governorate Iraq to support the regional MoH in stepping up its response to the sudden cholera outbreak in the Region. The consignment comprised medicines and medical supplies, including infusion sets, antibiotics, and IV fluid (ringer lactate) to cover the needs of a population of approximately 5,000 people.

IRCS participates in all coordination meetings in clusters, technical working groups, health, and WASH, including in government-led or other humanitarian organization meetings. Other agencies implementing humanitarian activities related to the health response, include UN Agencies and other International NGOs implementing health and water and sanitation activities in the country.

## **Needs analysis, targeting, scenario planning, and risk assessment**

### **Needs analysis**

The Ministry of Health, in collaboration with the WHO, is sharing information on the cholera response as well as the outbreak situation. The Ministry of Health in Kurdistan is working with the Central Public Health Laboratory (CPHL) and has requested support to test 56 additional samples taken from Sulaymaniyah. As of 20 June 2022, 13 cholera cases from Sulaymaniyah, Kirkuk, and Muthanna, were confirmed by the CPHL in Baghdad.

The increase in new cases in Sulaymaniyah and other governorates is a reason for concern for WHO and the MOH, as it is coming against the backdrop of the COVID-19 pandemic and other outbreaks that the country is still battling. However, WHO in Iraq committed to supporting MoH both in Baghdad and in Kurdistan to respond to the outbreak and lower the impact on the population, including on the vulnerable groups of women, children, and the low-income communities, said Representative and Head of Mission in Iraq. The capacity of the national health system became severely overstretched and had difficulties in meeting the health needs of the country. The limited availability of primary healthcare services, the lack of sufficient trained health personnel, the destroyed or inadequate healthcare infrastructure, and shortages of medicines and medical supplies.

The Directorate of Health has also noted that they are facing a shortage of medicine in their response and has requested support from the international community. Mental health has been identified as a priority. The risk

of communicable diseases is very high in displacement camps, as well as an increase in acute diarrhea cases in Sulaymaniyah and a few other Iraqi governorates. Cholera is a waterborne bacterial infection that can spread quickly through a population. This is an acute diarrheal infection caused by eating food or drinking water that is contaminated with the bacterium *Vibrio cholerae*. Cases of acute watery diarrhea are affecting the households in displaced sites. Acute Watery Diarrhea (AWD) and the Crimean Congo Hemorrhagic Fever (CCHF) are more prevalent than previously reported. Existing health services are unable to cope with the increased demand in the areas of origin and are now out of essential medicines and supplies.

WHO Representative and Head of Mission in Iraq also mentioned during the meeting that they are also calling upon their funding partners, stakeholders, WASH sector, and health cluster members to enhance collaboration with the local health authorities to ensure a proactive and coordinated approach to the cholera response across Iraq. Daily updates and summaries provided by the MOH in collaboration with WHO in KRI, highlight the extent and trends of the outbreaks. Health cluster coordination meetings in Sulaymaniyah at the regional level have helped to outline the gaps that require partners' attention for a coordinated response to the outbreak. Among these gaps identified at the last cluster meetings held on 21 June 2022, the key ones include:

- Inadequate access to basic social services in the areas where the outbreak occurred.
- Inadequate funding and logistics/supplies for a rapid response to the outbreak.
- Inadequate community-based surveillance in place for early detection of cases and sharing information to assist investigations and responses.
- Insufficient capacity of staff supporting case management.
- Need to scale up WASH interventions to increase common access to safe water.

Through this DREF operation, the National Society will strongly contribute to addressing some of these gaps to effectively respond to the outbreak. The outbreak, which was initially located in the northern regions in Sulaymaniyah and Kirkuk in south Al Muthanna at the beginning, now appears to be larger and has spread to other governorates of the country due to the persistent movement of the people across the country. The target population is found mostly in areas where no other organization is providing the much-needed support for health services and outbreak response. Other drivers of the epidemic to be considered are contaminated water, lack of access to safe water for daily usage in remote areas that is currently affecting the country, and especially cholera affecting areas and the perception of some communities not to consume water treated with chlorine (natural denatured taste), the use of traditional treatment, the lack of information on the disease and prevention measures, and the lack of early case detection and management system. The affected areas are also known to be affected by the protracted crisis, COVID-19, food insecurity, and malnutrition, especially at this time of lean period due to the consecutive spell of droughts in the country.

### **Targeting**

This operation will target 3,000 households (HHs), consisting of 18,000 people, as follows, i) Sulaymaniyah (1,500 HHs) and ii) Al Muthanna (1,500 HHs) to provide basic health services and will deploy Mobile Medical Units (MMUs) one at each of Sulaymaniyah and Al Muthanna governorates. IRCS will also implement the awareness-raising campaign and distribution of IEC materials in Baghdad, Kirkuk, Babel, and Al Qadisiyyah governorates.

The Ministry of Health reported the presence of WHO in the Kurdish Region of Iraq (KRI) and the number of affected cases is increasing in the country. Therefore, the IRCS has decided to focus on four additional governorates, with awareness campaigns, where a high number of cases are expected in the coming weeks and where there is a gap in presence of the humanitarian organization. This DREF operation will contribute to fill some of these gaps and contribute to an effective response to the epidemic.

### **Estimated disaggregated data of the population targeted**

Public

Category	Estimated % of target group	% Female	% Male
0-14 years	39.01	18.34	20.67
15-24 years	19.42	10.14	9.28
25-54 years	33.97	16.41	17.56
55-64 years	4.05	2.1	2.4
65 years and over	3.55	1.67	1.88

### Scenario planning

The planned response reflects the current situation and information available for the Cholera outbreak and diarrhea cases at this point of the evolving situation and will be adjusted based on further developments and context changes. The situation is exacerbating in many parts of the country, including target governorates, which support the design of the overall operation, particularly the Health and WASH interventions for the affected population. Implementation of immediate WASH interventions, particularly hygiene promotion adequately supported with basic health services as soon as possible. IRCS will utilize its capacity to strengthen this operation.

Scenarios and some risks are grouped into contextual, operational, and institutional categories.

Scenario	Humanitarian impact	Potential response
<b>Scenario 1:</b> The Cholera epidemic is contained within four weeks and the lives of the affected population return to normal.	Reduced morbidity and mortality, limited impact of the combination of drought, Crimean Congo Haemorrhagic Fever (CCHF), and the cholera epidemic. Food insecurity is stable and malnutrition incidence does not increase. Health system capacity is maintained with the support needed mostly at a community level. The lessons learned from the cholera epidemic are drawn and preparing development activities to mitigate the resurgence of the cholera epidemic are started.	The DREF activities will continue with the awareness sessions and disinfections to the end of its time frame.
<b>Scenario 2:</b> The most likely scenario is that the number of cholera cases will increase over the next three to four weeks (protracted droughts spell and water-borne diseases) and then decrease, with the epidemic expected to end by the end of the year (Nov - Dec), unless cases continue to be reported in Iraq.	Morbidity and mortality increase for the coming weeks affecting particularly the most vulnerable strata of the population. The protracted droughts, acute water diarrhea, and CCHF are also exacerbating and associated with epidemic outbreaks and other vector-borne diseases. Sustained cholera and AWD epidemic among the most vulnerable, increase in morbidity and mortality risk, and temporary increase in the incidence of malnutrition rates are observed for Pregnant and Lactating Women (PLW). There is a mild impact on COVID-19 preventative efforts and an impact on the health system capacity to manage multiple epidemics. The Ministry of Health and	After the DREF time frame, if the cholera situation continues, IFRC will develop activities for the cholera response in the operational plan to continue the scale of the response. The activities of the operational plan will take into consideration the provision of access to clean water and adequate sanitation to reduce the spreading or resurgence of cholera.

	Directorates of Health change the strategy and scale up the response strategy taking into consideration in the country.	
<b>Scenario 3:</b> The cholera situation deteriorates with the spread of the epidemic in all the governorates within the next 2 to 4 weeks and an increased number of deaths reported.	The cholera epidemic affects the governorates with the outbreak affecting large shares of inter and intra-governorate and countrywide travels. The combination of droughts, CCHF, and cholera AWD leads to large outbreaks of vector-borne diseases. Malnutrition rates increase due to a combination of sustained communicable disease outbreaks and food insecurity. Disruptions in health system capacity, including in preventative efforts to address COVID-19, are observed. The MOH with DOH and its partners maintains the awareness sessions and provides more support to the vulnerable population with the respect to prevention measures.	IFRC will provide financial and technical assistance to the National Society for the response plan, and where needed, regional technical teams can be deployed.
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, and the disabled face barriers or obstacles in relation to participation in the operation.	Ensure Protection, Gender, and Inclusion (PGI) in all phases of the operational activities and ensure effective Community Engagement and Accountability (CEA).

### 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. Besides the complex humanitarian situation compounded with AWD and Cholera, there are several risks directly associated with the outbreak, including COVID-19, protracted droughts, and CCHF, affecting the whole country in general, the governorates of Erbil, Sulaymaniyah, and Al Muthanna, as well as the weak community-based surveillance and health management information systems (HMIS). Potential resurgence and new waves of COVID-19, predictable during these days, could potentially further overstrain the fragile health system. The further security situation could also be the main risk for the implementation of this operation.

While Iraq continues to steadily recover from years of conflict, thousands of vulnerable families across the country remain displaced and in acute need of protection and assistance for IDPs, IDP returnees, and Syrian refugees who live in Iraq and KRI, in Erbil, Duhok, and Sulaymaniyah governorates. Affected families may relocate to other areas,



and proper tools and good understanding need to be considered. IRCS is working closely with the government to jointly find the best approach to ensure humanitarian assistance is provided to the displaced families.

Community perception of water treated with chlorine or Aqua tabs could equally affect the successful implementation of planned interventions under the DREF operation. Generally, the community has some hesitation in drinking water treated with Aqua tabs with the complaint that the natural taste is lost. Sustained community sensitization in weighing heavily on the derived benefits from chlorinated water would help change the perception of water treated with chlorine or Aqua tabs.

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. There could be risks involved that may affect the effective implementation of the operation.

The staff and volunteers involved in the operation may be at risk of contracting other diseases, including COVID-19 and water-borne diseases. Exposure is reduced through strict observation of the COVID-19 national guidelines, where required, to ensure good hygiene practices. 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 to affected communities or the communities at risk of being affected by the COVID-19 pandemic. IRCS will incorporate hygiene and health promotion activities in this operation in line with the IRCS COVID-19 action plan and hygiene promotion activities, to assure government measures are complied with.

## B. Operational strategy

### **Overall Operational objective:**

Reduce immediate risk to the health of the affected population, especially in relation to the cholera outbreak, with interventions including improved surveillance for early case detection, timely response, and effective case management to curb the rising trend of the current outbreak and contribute to preventing further outbreaks of cholera in the areas of Sulaymaniyah and Al Muthanna governorates. The operational timeframe will be five months, to ensure activities are finalized within the timeframe.

IRCS response aims at enhancing the overall well-being of the affected families through a comprehensive **WASH** and **Health** response. IRCS's approach includes awareness, disability support, social cohesion, and protection, gender and inclusion (PGI), considering them vital components for enhancing the resilience of the target population. IRCS will work closely with other stakeholders to ensure no duplication of work and efforts. At present, IRCS has a CBHFA team, community health workers, and trained volunteers and staff who will be the main technical persons. IRCS will engage the technical staff to ensure the quality of operation activities. Throughout the intervention timeframe, IRCS will provide WASH interventions with hygiene promotion sessions and health services where needed to the people who are directly affected and who 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.

### **Human resources**

As part of the implementation of this DREF, the IRCS will mobilize their technical staff from the health and WASH departments. IRCS has mobilized 40 volunteers and will continue to mobilize more as needed. Furthermore, implementation will be supported by volunteers and staff members from both the IRCS HQ and the IFRC country delegation. Mobilization of CBHFA teams and Community Health Teams / Workers and surge support deployment will be ensured to support the National Society for the operational period if needed. IFRC PMER support will be



deployed subject to the needs, to support technically the NS. The IFRC country delegation will provide technical support through MENA regional Procurement, Finance, WASH, and Health technical teams.

### **Logistics and Supply Chain**

Logistics activities aim to effectively manage the supply chain, including procurement, storage, and forwarding to distribution sites, in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes, and procedures. Sourcing of relief/wash items is to be done primarily from the local market, with adequate approvals to be sought/received from IFRC through the support of IFRC MENA, Supply Chain Management Unit (IFRC GHS&SCM MENA) in Beirut. Any additional logistics support can be made available by the IFRC GHS&SCM MENA, 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. Access issues are not expected in the areas of intervention, Sulaymaniyah, Erbil, and Duhok.

### **Planning, Monitoring, Evaluation, and Reporting (PMER)**

After finalizing the Plan of Action, the IFRC PMER team will support IRCS by developing a holistic Monitoring and Evaluation Plan. The plan will serve in systemizing the related activities and ensure their proper implementation, thus serving in efficient evidence generation. Monitoring and reporting of the DREF operation will be supported by the PMER support in close collaboration with the National Society focal point. Brief weekly updates will be provided to the IFRC on the general progress of the operation through the surge persons, and regular monitoring reports will provide detailed indicator tracking. The surges will assist in providing ongoing monitoring reports from the NS local branches, with the support from the NS HQ, and they will work in close collaboration with the Country Delegation and MENA regional offices to monitor the progress of the DREF operation and provide necessary technical expertise. Simultaneously, IRCS will ensure that community feedback is collected throughout the response activities in a timely manner to ensure high-quality and culturally appropriate assistance is provided. Three months after terminating the implementation of planned activities, a final report will be submitted entailing the relevant information. In addition, a lessons learned workshop will be conducted by IFRC staff with the participation of IRCS staff. This workshop will serve in reflecting on the DREF implementation and taking stock of that for future responses while informing response preparedness planning efforts.

### **Community Engagement and Accountability (CEA)**

Through this DREF, the IRCS will integrate CEA minimum standards that help ensuring the community (affected population) is an integral part of the whole operation, by integrating communication and participation throughout the whole cycle. During the implementation, IRCS will be supported by IFRC, and through different and community-preferred communication channels including help desks, suggestion boxes, and hotline, will ensure collecting community feedback, analyzing it, responding to it, and making the necessary course corrections. Moreover, and in coordination with PMER, satisfaction surveys will be conducted either as stand-alone or as part of the regular monitoring activities. The IRCS will continue to provide risk communication and community engagement (RCCE) activities related to COVID-19 and to ensure IPC principles and procedures in close collaboration with the health department, through preferred channels, and in the preferred languages.

**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 Regional Delegation Programme Quality and Monitoring Unit team and IFRC Iraq Country Delegation team will support IRCS to technically monitor and evaluate the DREF. In addition, IRCS has a permanent administrative and financial department, which will ensure the proper use of financial resources in accordance with the conditions of the agreement.

## C. Detailed Operational Plan



### Health

**People targeted: 18,000**

Male: 9,108

Female: 8,892

**Requirements (CHF): 163,474**

**Needs analysis:** Cholera outbreaks in Iraq seem to have a cyclic trend every four to five years. The epidemics of cholera in Iraq are getting progressively more frequent with a higher number of cases forming a real burden on the Iraqi health system and a serious threat to the community. Efficient preventive health plans are urgently needed to overcome this problem that may compromise the life of people. Preparedness activities, including monitoring of diarrhea cases and drinking water quality, and testing stools for cholera organisms need to enhance and closely follow up by the health ministry and directorates. Cholera cases were reported from Sulaymaniyah, Kirkuk in the north and Al Muthanna in the south, the outbreak seems to be slowly spreading to the neighbouring governorates. With the escalating spread of the disease, the prevention of cholera in the affected governorates has become critical. Risk communication and health education are required in the targeted areas. In addition, gaps have been identified in the identification and management of cases, leading to the spread of the disease. Thus, there is a need to provide oral rehydration points (ORPs) which will be linked to cholera treatment facilities (CTCs) to support case management. Volunteers will distribute IEC materials in local languages and will also show videos on cholera prevention and control. The detailed assessment may indicate that the numbers requiring health support may be higher than initially estimated.

**Risk analysis:** The risks relevant to this area of focus include the following:

- Potential risk of outbreaks of vector-borne diseases, and the Crimean Congo Haemorrhagic Fever (CCHF) are more prevalent than previously reported.
- Security situation and current demonstrations could also be a main risk for the implementation of this operation.
- Community perception of water treated with chlorine or Aqua tabs could equally affect the successful implementation of planned interventions under the DREF operation. Generally, the community has some hesitation in drinking water treated with Aqua tabs with the complaint that the natural taste is lost. Sustained community sensitization in weighing heavily on the derived benefits from chlorinated water would help change the perception to water treated with chlorine or Aqua tabs.

**Mitigation:** IRCS will ensure the monitoring of the Cholera situation and regular coordination with the health authorities will be maintained, and if there is an additional need, then this EPOA will be updated.

**Population to be assisted:** This area of focus targets 18,000 most vulnerable people found in the cholera-affected governorates, including Sulaymaniyah and Al Muthanna.

**Programme standards/benchmarks:** All health activities that will be carried out in the framework of the current EPoA will be implemented in accordance with the guideline and procedures strategies issued by the Ministry of Health. The operation will seek to meet SPHERE (Social Policy, Housing, Environment and Real Estate) and WHO standards. To ensure equal access to all targeted people to the support, the operation will also see to meet Minimum standards for protection, gender and inclusion in emergencies.

P&B Output Code	<b>Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment</b>	# of people reached by NS with services to reduce relevant health risk factors (Target: 18,000)				
	<b>Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.</b>	# of Mobile Medical Units deployed to provide health services support (Target: 2) # of targeted population reached with awareness-raising activities (Target: 18,000)				
	<b>Activities planned Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
AP022	Deployment of two Mobile Medical Units (MMU) for 4 months in Sulaymaniyah and Al Muthanna					
AP022	Awareness raising sessions at community level in six governorates - Sulaymaniyah, Al Muthanna, Baghdad, Kirkuk, Babel and Al Qadisiyyah					
AP022	Monitoring of the impact of mobile medical services on the targeted population					
P&B Output Code	<b>Health Outcome 4: Transmission of diseases of epidemic potential is reduced</b>	% reduction of cholera cases in the affected areas (Target: 100%)				
	<b>Health Output 4.1: Community-based disease control and health promotion is provided to the target population</b>	# of volunteers trained on ORT/ORP (Target: 40 volunteers) # of community leaders trained (Target: 60) # of people supported through the ORPs (Target: 50%)				
	<b>Activities planned Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
AP021	Conduct the training of 40 volunteers on ORT/ORP management - 2 days					
AP021	Conduct a training of 60 community leaders (male & female) on the cholera prevention, including environmental health management, as well as community-based surveillance - 1 day					
AP084	RCCE activities to promote community-based disease control and health promotion, engaging also traditional leaders/TBAs					
P&B Output Code	<b>Health Output 4.4: Transmission is limited through early identification and referral of suspected cases using community-based surveillance, active case finding, and/or contact tracing</b>	# of cases identified through community-based surveillance referred (target: Yes)				
	<b>Activities planned Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
AP021	Establish communication and engagement with communities related to case detection					

AP021	Supervision and data collection/monitoring					
<b>P&amp;B Output Code</b>	<b>Health Output 4.6: Improved knowledge about public health issues among the people in eighteen governorates of the country including Erbil, Sulaymaniyah and Al Muthanna</b>	% of the target population that have access to information pertaining to the cholera epidemic prevention (Target: 100%) # of videos produced for cholera epidemic (Target: 5)				
<b>Activities planned Month</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
AP021	Production of posters and brochures / IEC materials on cholera prevention					
AP021	Production of cholera epidemic prevention (5) videos					



## Water, sanitation, and hygiene

**People targeted: 18,000**

Male: 9,108

Female: 8,892

**Requirements (CHF): 95,156**

**Needs analysis:** Cholera is mostly caused by the consumption of contaminated water and the practice of open-air defecation. The rising cholera cases being reported in Iraq is aggravated by a lack of safe drinking water and adequate sanitation facilities. Clean water and hygiene are essential components to maintaining a healthy community and population. Unfortunately, a lack of clean drinking water and the inability to maintain proper hygiene and sanitation are everyday realities for IDP and other vulnerable people. There is a need to support communities to take charge of basic hygiene management in their areas. To improve access to water, sanitation, and safe hygiene practices, the IRCS will provide 2,000 hygiene kits to the most vulnerable households in the targeted governorates. With the increase of cases, leading to an elevated risk of exposure to unsafe water, the IRCS will conduct community-level campaigns and sensitization on water, sanitation, and hygiene practices. Under this sector, the response will focus on community hygiene promotion to households, strengthening WASH knowledge and best practices. Specific hygiene-related activities to support wider health and hygiene promotion will be carried out in communities identified to be most at risk.

**Risk analysis:** Accurate data measurement and subsequent evaluation will be essential, as well as achieving a simple and thorough transmission of knowledge to communities in each of the activities. The detailed assessment may indicate that the numbers requiring WASH support may be higher than initially estimated. In addition, high risks of vector-borne diseases, the Crimean Congo Haemorrhagic Fever (CCHF), as well as the possibility of spread of COVID-19.

**Population to be assisted:** A total of 2,000 most vulnerable HHs (12,000 people) in Sulaymaniyah and Al Muthanna governorates will be targeted by WASH interventions during the DREF operation period.

**Programme standards/benchmarks:** The aim of WASH interventions to promote good personal and environmental hygiene to protect health, with protecting the environment, promoting health, and facilitate access to resources. The activities included in the DREF operation will be implemented in Cholera outbreak-affected governorates in collaboration with the health department and Ministry of Health. The IRCS bases its WASH activities on the Sphere minimum standard. Community hygiene promotion will be done using the approach in the communities in the target states. The operation will also seek to meet the minimum standards for protection, gender and inclusion in emergencies.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	# of the targeted people who have access to clean water, and sanitation (Target: 18,000) % change in knowledge and practice of personal hygiene according to Sphere standards (Target: 80%)				
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities	# of assessment of water, sanitation and hygiene situation in targeted communities are carried out (Target: 10)				
	Activities planned Month	1	2	3	4	5
AP026	Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities					
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities					
AP026	Coordinate with other WASH actors on target group needs and appropriate response – six governorates (Sulaymaniyah, Al Muthanna, Baghdad, Kirkuk, Babel and Al Qadisiyyah)					
P&B Output Code	WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population	# of hygiene promotion sessions conducted (Target: 200) # of IPC activities organized with MMUs teams (Target: 200)				
	Activities planned Month	1	2	3	4	5
AP028	Carry out awareness sessions on hygiene promotion specifically on handwashing and use of latrines					
AP028	Carry out IPC activities with MMUs teams and hotspot areas					
P&B Output Code	WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population	# of hygiene kits distributed to target communities (Target: 2,000)				
	Activities planned Month	1	2	3	4	5
AP030	Procurement of 2,000 hygiene kits distribution hygiene kits among the target communities					
AP030	Train targeted communities in the use of distributed hygiene kits					
AP030	Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests					

## Strategies for Implementation

Requirements (CHF): 103,976

P&B Output Code	<b>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</b>	# of IRCS branches that are well functioning (for the operation) (Target: 2)				
	<b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>	# of insured volunteers (Target: 40) # of volunteers who know their roles and responsibilities (Target: 40 volunteers) # of volunteers properly trained (Target: 40 volunteers)				
	<b>Activities planned Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
AP040	Ensure that volunteers are insured					
AP040	Provide complete briefings on volunteers' roles and the risks they face					
AP040	Ensure volunteers are aware of their rights and responsibilities					
AP040	Ensure volunteers' safety and wellbeing					
AP040	Ensure volunteers are properly trained					
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement					
P&B Output Code	<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>	Effective and coordinated international disaster response ensured. (Target: Yes)				
	<b>Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained</b>	# of surge deployments in support of the operation (Target:1)				
	<b>Activities planned Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
AP046	IFRC surge support is on standby for any surge deployment					
P&B Output Code	<b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>	% of feedback received and acted on (Target: at least 50%)				
	AP084	Community communication activities ensure people are kept informed of operational plans and progress and have the information they need about the response				
	AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation				
AP084	Community engagement activities help to promote healthy and safe behaviour in relation to the identified risks and vulnerabilities					
P&B Output Code	<b>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.</b>	IFRC and NS are visible, trusted, and effective advocates on humanitarian issues. (Target: Yes)				



	<b>Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.</b>	<i># of lessons learned workshop conducted (Target: 1)</i>				
	<b>Activities planned Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
AP055	Conduct Lessons Learned Workshop for DREF operation					
AP058	Monitoring and evaluation					

## Funding Requirements

The overall budget allocated for this DREF operation is **CHF 362,606** as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

all amounts in  
Swiss Francs  
(CHF)

### DREF OPERATION

MDRIQ015 Iraq Cholera  
Outbreak

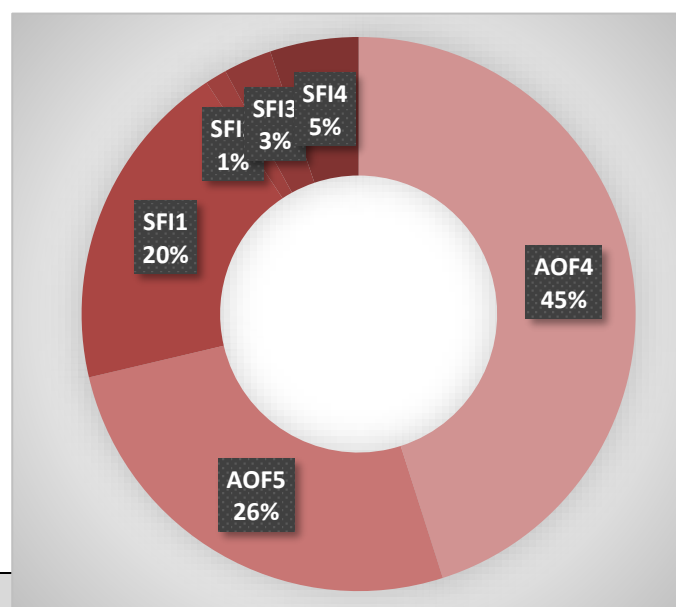
04/07/2022

#### Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	57,275
Medical & First Aid	95,458
<b>Relief items, Construction, Supplies</b>	<b>152,733</b>
International Staff	4,296
National Society Staff	76
Volunteers	57,275
<b>Personnel</b>	<b>65,656</b>
Workshops & Training	58,420
<b>Workshops &amp; Training</b>	<b>58,420</b>
Travel	9,601
Information & Public Relations	36,465
Office Costs	17,601
<b>General Expenditure</b>	<b>63,666</b>
DIRECT COSTS	340,475
INDIRECT COSTS	22,131
<b>TOTAL BUDGET</b>	<b>362,606</b>

#### Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	
AOF3	Livelihoods and Basic Needs	
AOF4	Health	163,474
AOF5	Water, Sanitation and Hygiene	95,156
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	70,432
	Effective International Disaster	
SFI2	Management	4,575
	Influence others as leading strategic	
SFI3	partners	10,225
SFI4	Ensure a strong IFRC	18,745
<b>TOTAL</b>		<b>362,606</b>

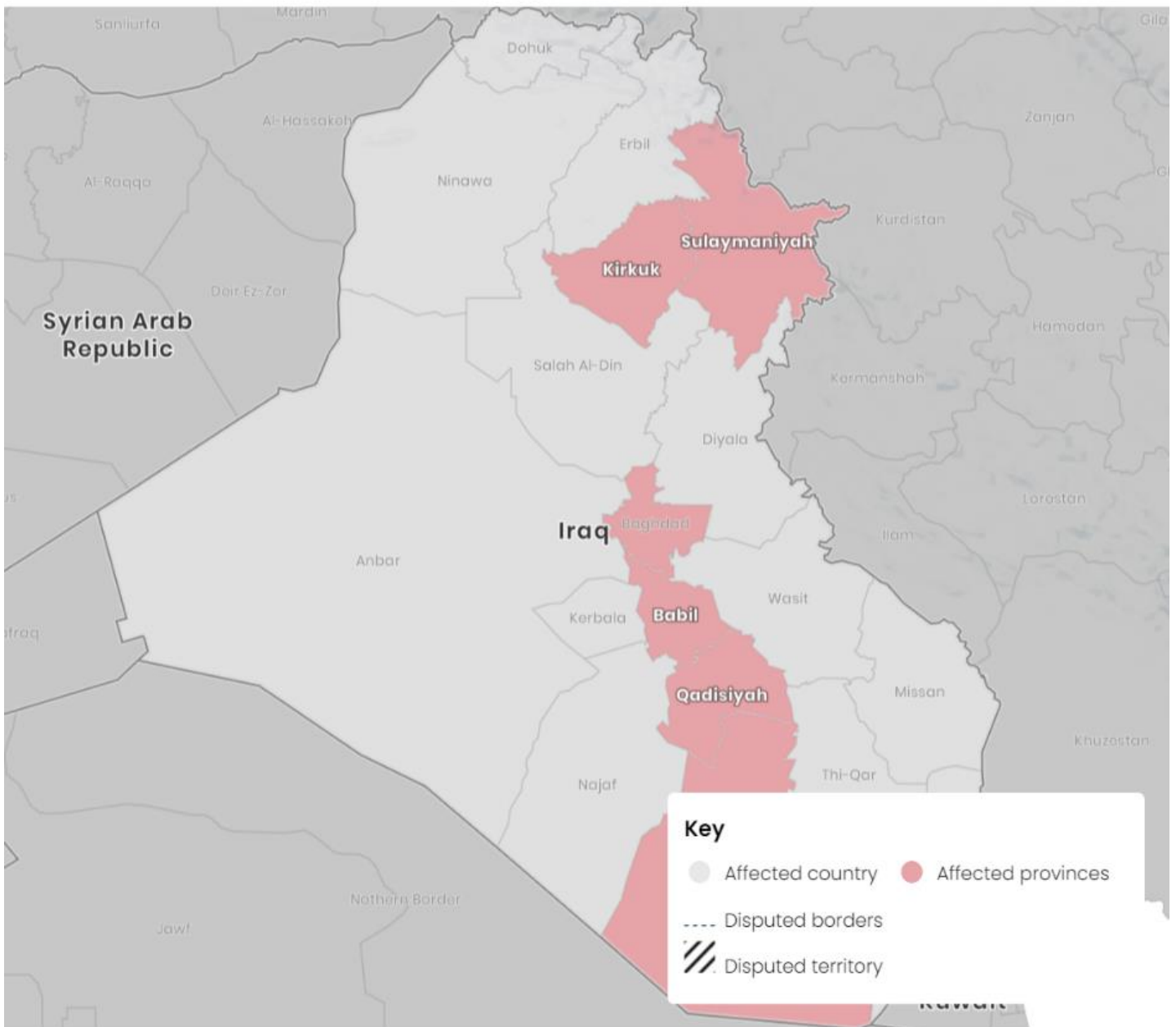




**+CIFRC**

## IRQ: Other - 2022-06 - The response of the Iraqi Red Crescent Society to the outbreak of cholera

June 30, 2022



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.