IFRC

DREF Operation

IRAQ: Crimean-Congo Hemorrhagic Fever (CCHF), 2026

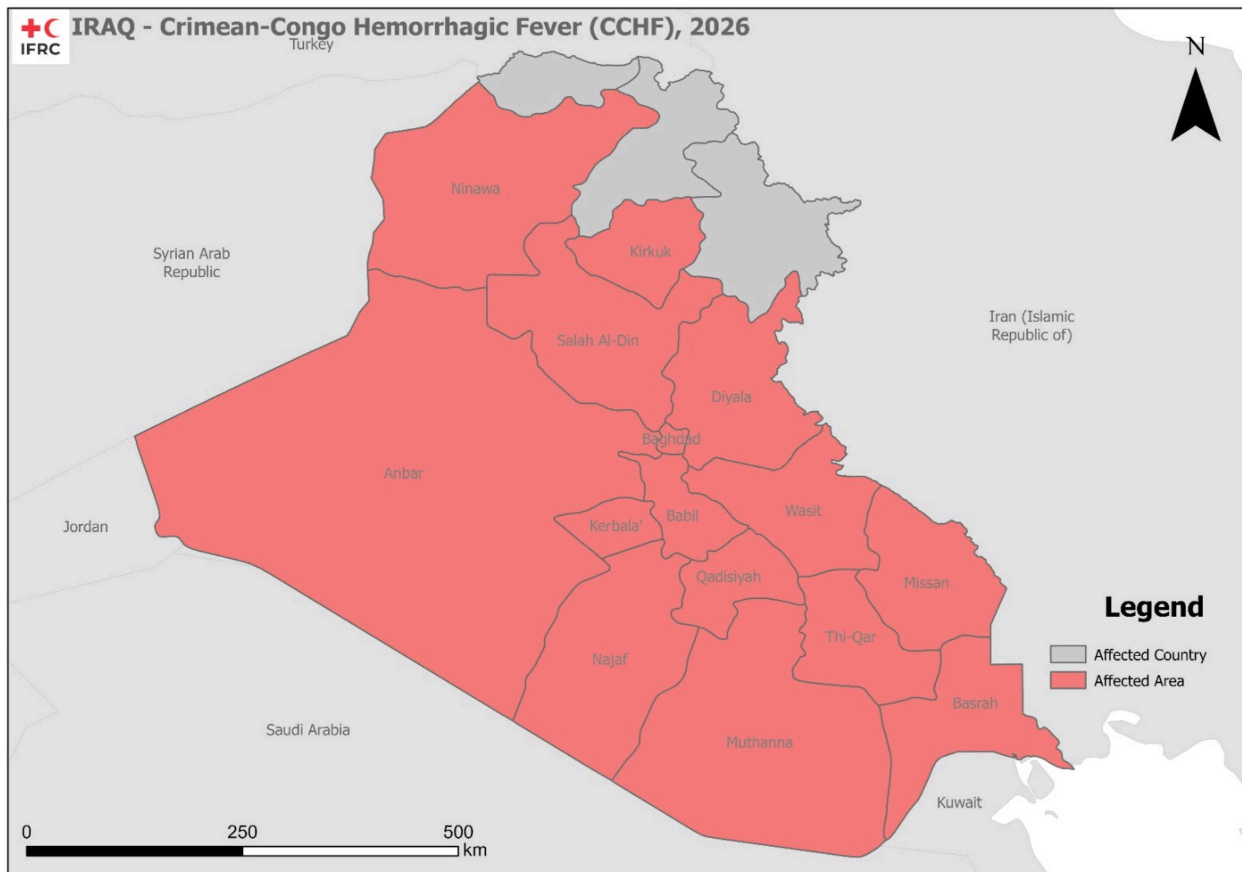
IRCS supports livestock dipping to reduce tick infestation and CCHF risk.

Appeal: MDRIQ021	Hazard: Other	Country: Iraq	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 280,976	
Glide Number: EP-2026-000095-IRQ	People Affected: 600,000 people	People Targeted: 600,000 people	
Operation Start Date: 20-06-2026	Operation Timeframe: 6 months	Operation End Date: 31-12-2026	DREF Published: 26-06-2026
Targeted Regions: Anbar, Babil, Baghdad, Basrah, Diyala, Kerbala, Missan, Muthanna, Najaf, Ninawa, Qadisiyah, Salah Al-Din, Kirkuk, Thi-Qar, Wasit			

Description of the Event

Date of event

24-05-2026



What happened, where and when?

Iraq is experiencing a seasonal outbreak of Crimean-Congo Hemorrhagic Fever (CCHF), a severe zoonotic disease that is endemic in the country and primarily transmitted through bites of infected Hyalomma ticks or through direct contact with the blood and tissues of infected animals. The current outbreak has intensified during the 2026 transmission season, driven by increased livestock movements, seasonal agricultural activities, and heightened human-animal interaction in rural and peri-urban areas. According to official reports issued by the Ministry of Health and Veterinary Authorities, including an updated epidemiological bulletin released on 24 May 2026, the number of confirmed cases continued to rise across multiple governorates, signalling sustained transmission during the peak risk period. As of 15 June 2026, Iraq has reported 171 confirmed cases and 11 associated deaths, resulting in a case fatality rate (CFR) of 6.4 per cent. Cases have been recorded in 15 governorates, demonstrating the broad geographic spread of the disease and the continued public health significance of the outbreak. Cumulative surveillance data for 2026 indicate that a total of 353 confirmed cases, including 11 deaths, have been reported nationwide from January to mid-June, underscoring the scale of the seasonal outbreak and the persistent risk of further transmission.

The highest burden of infection remains concentrated in southern and central Iraq, with Thi Qar governorate reporting 82 cases and 6 deaths, accounting for nearly half of all confirmed infections nationwide. Additional cases have been reported in Muthanna, Baghdad, Missan, Wasit, Babil, Diyala, Basrah, Ninawa, Salah Al-Din, Kirkuk, Kerbala, Najaf, Qadisiyah, and Anbar. Surveillance data indicate a significant acceleration in transmission during recent weeks, with a substantial increase in reported infections during May and a further 66 cases recorded by mid-June. This trend suggests that active transmission continues and that the outbreak has not yet reached its seasonal peak. The current epidemiological pattern is consistent with previous years, when CCHF incidence typically increases during late spring and early summer due to favourable environmental conditions for tick activity, intensified livestock trading, and increased exposure to animals and animal products.

The evolving epidemiological situation is further compounded by the approaching Ashura commemorations, one of the largest annual religious events in Iraq, expected to attract millions of pilgrims to Kerbala and other major religious centres across the country. Increased population movement, the establishment of temporary food preparation facilities, heightened demand for livestock products, and the potential rise in informal slaughtering practices may increase exposure to infected animals and contaminated materials. These factors could elevate transmission risks in both affected and neighbouring governorates while placing additional pressure on public health and veterinary services during a period of already heightened disease activity. Given the continued rise in cases and the anticipated influx of pilgrims, strengthened preparedness, risk communication, community engagement, surveillance, and preventive measures are essential to reduce transmission and protect vulnerable populations.

IRCS meets Agriculture and Veterinary Dept. to strengthen CCHF coordination.

IRCS volunteers conduct CCHF awareness sessions in high-risk areas.

Scope and Scale

The ongoing CCHF outbreak poses a significant threat to public health, livelihoods, and community well-being, particularly in governorates where livestock production and agriculture constitute primary sources of income. The disease carries a high risk of severe illness and death and places additional pressure on health facilities already managing competing healthcare demands. The continued geographic expansion of cases across multiple governorates demonstrates the potential for further transmission if preventive and control measures are not intensified. It is estimated that approximately 600,000 to 900,000 livestock-owning households in Iraq are potentially at risk due to their direct and frequent contact with animals. Beyond its health impact, the outbreak threatens household income and food security through disruptions to livestock trading, animal husbandry activities, and local agricultural markets. The populations most vulnerable to infection are individuals whose livelihoods involve frequent contact with livestock and animal products. These include livestock breeders, herders, butchers, slaughterhouse workers, veterinarians, animal traders, agricultural labourers, and workers in informal livestock markets. Rural communities in southern and central governorates face heightened exposure due to the concentration of livestock populations, environmental conditions favourable to tick proliferation, and reliance on animal husbandry as a source of income. Households practising home slaughtering or handling animals without adequate protective measures are also at elevated risk.

Historically, Iraq has experienced recurrent seasonal CCHF outbreaks, with southern governorates consistently reporting the highest disease burden. Previous outbreaks have demonstrated a strong association between seasonal livestock movements, inadequate tick-control measures, informal slaughtering practices, and increased human exposure during religious and cultural events. These risks are further amplified during major religious gatherings, with an estimated 5 to 6 million people gathering during Ashura (10 Muharram), and 15 to 20 million pilgrims expected to visit Iraq from within the country and abroad during the Arba'een period. The current outbreak follows these established epidemiological patterns but is occurring in the context of continued population movement and the upcoming Ashura commemorations, increasing the likelihood of further transmission.

Particularly vulnerable groups include older persons, individuals with underlying health conditions, people with disabilities, women engaged in livestock-related household activities, and children living in rural farming communities who may be exposed through routine contact with animals. Internally displaced persons (IDPs) and economically vulnerable households may face additional barriers to accessing timely health information, preventive measures, and healthcare services. Health workers and veterinary personnel involved in case management, surveillance, and animal health interventions are also at increased occupational risk without appropriate infection

prevention and control measures. Historically, Iraq has experienced recurrent seasonal CCHF outbreaks, with southern governorates consistently reporting the highest disease burden. Previous outbreaks have demonstrated a strong association between seasonal livestock movements, inadequate tick-control measures, informal slaughtering practices, and increased human exposure during religious and cultural events. The current outbreak follows these established epidemiological patterns but is occurring in the context of continued population movement and the upcoming Ashura commemorations, increasing the likelihood of further transmission.

Given the sustained increase in cases during May and June, and the concentration of infections in high-risk governorates, immediate action is required to strengthen surveillance, risk communication and community engagement (RCCE), infection prevention and control measures, and vector management. Enhanced coordination among public health, veterinary, agricultural, and local authorities is essential to implement an integrated multisectoral response that protects at-risk populations, reduces transmission, and prevents further morbidity and mortality.

Source Name	Source Link
1. Republic of Iraq, Ministry of Health and Ministry of Agriculture, Veterinary Department (Epidemiology Section), CCHF Report, June – 2026	http://www.zeraa.gov.iq/
2. Shafaq News	https://www.shafaq.com/en/society/Kirkuk-reports-second-CCHF-case-of-2026
3. Xinhua News	https://english.news.cn/20260609/26b5758a004344bc981f7ad470702ffa/c.html
4. BasNews: KRG Health Ministry Confirms First Hemorrhagic Fever Case of 2026	https://www.basnews.com/en/babat/913593
5. BEACON	https://beaconbio.org/en/report/?reportid=b27e0ce0-0f44-464b-9ac4-9bf7206089f2&eventid=6f7b5778-20f7-40d1-b723-c7e59ffb7806&search=&additionalCriteria=76c8b5f5-2756-4450-8a76-9bf3e0958475
6. +964 News	https://en.964media.com/47531/
7. The New Region	https://thenewregion.com/posts/5457/iraq-reports-rise-in-congo-fever-cases
8. Rudaw	https://www.rudaw.net/english/categories/iraq/885839

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**Yes**
Did it affect the same population group?	**Yes**
Did the National Society respond?	**No**
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

• Strengthening coordination between headquarters, branches, and external stakeholders proved essential for timely and effective emergency response and should be further institutionalized.
• Streamlining internal approval and procurement processes, including fast-track mechanisms for emergencies, is critical to avoid delays in operational delivery.
• Enhancing PMER and information management capacities, including standardized tools and digital data collection, is key to improving evidence-based decision-making and reporting.
• Investing in supply chain and logistics systems, including inventory management and pre-positioning of stocks, is necessary to ensure rapid and efficient response.
• Continued capacity strengthening of staff and volunteers, combined with clearer SOPs and improved interdepartmental coordination, will enhance overall operational readiness and quality of response.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**
What was the risk level for Child Safeguarding Risk Analysis?:	A Child Safeguarding Risk Analysis has been conducted in line with IFRC safeguarding standards and the IRCS safeguarding framework. Based on the nature of the planned response activities and the operational environment, the child safeguarding risk level for this DREF operation is assessed as Medium. This rating reflects the likelihood of direct and indirect interaction between volunteers, staff, children, and caregivers during community-based health promotion, risk communication and community engagement (RCCE), awareness campaigns, household visits, and disease prevention activities in affected communities. While the operation does not specifically target children as a primary beneficiary group, outreach activities are expected to engage households and communities where children are present. To mitigate potential safeguarding risks, the operation will apply established safeguarding protocols, including adherence to the IRCS and IFRC Child Safeguarding Policy, volunteer briefing and awareness on safeguarding responsibilities, safe communication practices, appropriate supervision mechanisms, and accessible reporting and referral pathways. These measures will be integrated throughout the implementation period to ensure that all activities are conducted in a manner that prioritizes the safety, dignity, and well-being of children.

Current National Society Actions

Start date of National Society actions

24-05-2026

Health	The IRCS has mobilized its volunteers and health teams to support the national response to the ongoing Crimean-Congo Hemorrhagic Fever (CCHF) outbreak. In coordination with the Ministry of Health and local authorities, IRCS has initiated Risk Communication and Community Engagement (RCCE) activities and public awareness campaigns in affected governorates, with a particular focus on high-risk communities. These efforts include community outreach sessions, dissemination of key health messages on CCHF prevention, promotion of safe livestock handling and slaughtering practices, and awareness raising on early symptom recognition and timely healthcare seeking behaviour. IRCS is conducting extensive community outreach across all 15 governorates, including home visits to women, engagements in local markets, meetings with butchers, and direct outreach to livestock breeders, with particular emphasis on the southern governorates during this high-risk period coinciding with the 10th of Muharram, when animal slaughtering and food preparation activities are increased. A total of 300 volunteers are deployed, delivering awareness sessions and community meetings as part of these activities. Through these activities, IRCS has reached more than 7,863 individuals with key CCHF prevention and awareness messages. Trained volunteers are actively engaging with livestock breeders, butchers, animal traders, rural households, and other at-risk groups to reduce exposure to infection and strengthen community-level prevention measures.
Protection, Gender And Inclusion	PGI considerations are integrated throughout the CCHF response to ensure equitable access to information and services for all affected population groups. IRCS volunteers promote inclusive community engagement and awareness activities, with particular attention to women, older persons, people with disabilities, and other vulnerable groups, ensuring that prevention messages are accessible, appropriate, and responsive to diverse needs.
Community Engagement And Accountability	IRCS ensures CEA is integrated throughout the CCHF response. Building trust with communities remains essential to ensuring that people can access reliable information, raise concerns, and provide feedback that informs response activities. Communities are actively engaged through awareness-raising and risk communication activities, with particular attention given to vulnerable groups to ensure their specific needs and concerns are identified and addressed.
Coordination	IRCS through its headquarters and governorate branches, is actively coordinating with national and local authorities to support preparedness and response efforts for the ongoing CCHF outbreak. Emergency response teams and trained volunteers are working in close collaboration with the Ministry of Health, the Ministry of Agriculture, Veterinary Directorates, local health authorities, municipalities, and community stakeholders across high-risk governorates. Regular coordination meetings are being conducted to monitor the evolving epidemiological situation, identify priority needs, and align response interventions. As an active member of the national Disaster and Crisis Management Unit, IRCS contributes to inter-agency coordination and supports the planning and implementation of public health emergency response activities. This collaborative approach facilitates timely information sharing, strengthens operational coordination, and promotes a comprehensive multisectoral response to mitigate the impact of CCHF and protect vulnerable communities.
National Society Readiness	IRCS is well positioned to support the national response to the ongoing CCHF outbreak through its extensive network of trained staff and volunteers across the country. Drawing on its experience in public health emergencies, IRCS has mobilized ERT and community-based volunteers to support awareness-raising, Risk Communication and Community Engagement (RCCE), Community Engagement and Accountability (CEA), surveillance support, and coordination efforts in affected and high-risk governorates. IRCS has deployed more than 100 trained staff and volunteers to support the response to the ongoing CCHF outbreak, strengthening its capacity to rapidly mobilize qualified

	personnel in affected and high-risk governorates. Through its strong operational presence at both headquarters and branch levels, the National Society is implementing timely community-based interventions, coordinating closely with health and veterinary authorities, and delivering targeted prevention, awareness, and risk reduction activities to help curb the spread of CCHF.
Assessment	The assessment was undertaken to analyse the evolving epidemiological situation of CCHF in Iraq and evaluate preparedness and response capacities in affected and high-risk governorates. It also sought to identify gaps in community awareness and risk communication efforts, while assessing potential public health risks associated with the upcoming Ashura mass gatherings. The process also aimed to strengthen coordination between public health and veterinary authorities and inform priority response actions and preparedness measures. Findings were derived through a combination of coordination meetings and technical consultations with the Ministry of Health, Ministry of Agriculture, Veterinary Directorates, and Governorate Health Directorates, complemented by a review of surveillance data, epidemiological reports, historical outbreak trends, seasonal transmission patterns, and discussions with field teams and community volunteers engaged in response activities across high-risk locations.
Resource Mobilization	In response to the CCHF outbreak, IRCS has initiated resource mobilization efforts and engaged with IFRC for additional support, while concurrently implementing early response activities in affected governorates. These actions aim to strengthen ongoing interventions and ensure a timely and coordinated response to the evolving public health situation.
National Society EOC	IRCS has promptly activated its Response Plan and established EOCs at both headquarters and relevant governorate branches to ensure effective coordination of the CCHF response. These structures are supporting real-time coordination, information management, and operational decision-making across affected areas.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC is closely monitoring the evolving CCHF situation in Iraq and maintaining ongoing coordination with the IRCS throughout the response. NS is actively participating in coordination mechanisms and supporting preparedness and response activities across its governorate branches. The IFRC country delegation in Iraq, in collaboration with the MENA regional office and Geneva, is providing technical support to IRCS to strengthen operational planning and response implementation.
Participating National Societies	IRCS will facilitate coordination meetings with Movement partners to update them on the evolving CCHF situation and ongoing response actions. All partner contributions will be aligned and coordinated to ensure complementarity, efficiency, and to prevent any duplication of efforts within the response.

ICRC Actions Related To The Current Event

The ICRC is present in Iraq, however, it is not engaged in the current emergency response.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Emergency response teams and trained volunteers are working in close coordination with the Ministry of Health, the Ministry of Agriculture, Veterinary Directorates, local health authorities, municipalities, and community stakeholders across high-risk governorates. Regular coordination meetings are being held to monitor the evolving epidemiological situation, identify priority needs, and ensure alignment of response interventions. IRCS contributes to inter-agency coordination and supports public health emergency planning and implementation, enabling timely information sharing, strengthened operational coordination, and a multisectoral response to mitigate CCHF impacts and protect vulnerable communities.
UN or other actors	According to the Ministry of Health and the Ministry of Agriculture, no additional support from the UN or other humanitarian actors has been formally announced for the CCHF response at this stage.

Are there major coordination mechanism in place?

The response is being coordinated through established RCRC Movement mechanisms, in parallel with the IRCS engagement with the Ministry of Health, the Ministry of Agriculture, Veterinary Directorates, as well as relevant federal and governorate level authorities.

Needs (Gaps) Identified

Health

Communities affected by the Crimean-Congo Hemorrhagic Fever (CCHF) outbreak in Iraq face an elevated risk of severe illness and death, driven by ongoing exposure to infected ticks and livestock, limited awareness of preventive practices, and delays in case recognition and reporting. The zoonotic transmission dynamics, combined with frequent human–animal contact in rural and peri-urban livelihoods, continue to heighten vulnerability during the peak seasonal transmission period. These risks are further compounded by gaps in timely access to healthcare services, increasing the likelihood of complications and poor clinical outcomes among suspected cases.

Findings from rapid assessments conducted by the IRCS highlight the need to strengthen surveillance systems, expand community awareness, enhance early referral pathways, and reinforce infection prevention and control (IPC) measures. In response, IRCS has mobilized trained volunteers and emergency health teams to support risk communication and community engagement (RCCE), deliver basic first aid, provide psychosocial support, and facilitate referral of suspected cases to designated health facilities. In close coordination with the Ministry of Health, Ministry of Agriculture, and Veterinary Directorate, IRCS continues to monitor high-risk locations, support early case detection, and intensify community-based preventive interventions to help curb further transmission of CCHF.

Protection, Gender And Inclusion

In the context of the Crimean-Congo Hemorrhagic Fever (CCHF) response in Iraq, the IRCS ensures that protection, gender, and inclusion considerations are systematically integrated across all response activities. Particular attention is given to individuals and groups at heightened risk, including women, children, older persons, persons with disabilities, displaced populations, and other socially or economically vulnerable groups, to ensure equitable access to prevention information and response services.

Despite operational and access constraints in some affected governorates, IRCS applies inclusive and gender-responsive approaches in the design and delivery of risk communication and community engagement (RCCE) and community-based interventions. Targeted efforts are made to reach high-risk and underserved groups, ensuring that CCHF prevention messages are accessible, culturally appropriate, and responsive to diverse needs. By embedding PGI principles throughout planning, implementation, and monitoring of the response, IRCS aims to strengthen community resilience, safeguard dignity, and ensure no one is left behind in the CCHF outbreak response.

Community Engagement And Accountability

In the CCHF response in Iraq, the IRCS ensures that Community Engagement and Accountability (CEA) is fully integrated across all interventions. Multiple communication channels are utilized to disseminate timely public health information, including prevention messages, risk awareness guidance, and available support services, while enabling affected communities to remain actively engaged in the response process. Community feedback mechanisms are established through hotlines, help desks, community focal points, and engagement with local leaders, allowing for continuous two-way communication. Inputs received from communities are systematically reviewed and used to adjust and improve ongoing activities in line with emerging needs and operational realities.

In coordination with health authorities and with support from Movement partners, IRCS volunteers play a central role in strengthening trust, ensuring community participation, and reinforcing the uptake of preventive behaviours. These accountability mechanisms support responsive programming and ensure that community perspectives directly inform the planning and delivery of CCHF response activities.

Any identified gaps/limitations in the assessment

The assessment identified continuing needs in health, RCCE, infection prevention and control, and public awareness activities, particularly in governorates experiencing ongoing transmission. Variations in the availability and timeliness of epidemiological and operational data across affected areas have limited detailed analysis and real-time identification of emerging risks. Resource constraints, including funding, trained personnel, personal protective equipment (PPE), and awareness materials, may affect the reach of prevention and community outreach activities, especially in high-risk and geographically dispersed locations.

The widespread distribution of cases across multiple governorates also presents operational challenges for monitoring and sustained engagement. While coordination among health, veterinary, agricultural, and community stakeholders remains strong, continued information sharing and alignment of response efforts are essential to ensure effective coverage. Additional attention is required to reach vulnerable populations, particularly rural and livestock-dependent communities, with timely prevention messages, protective measures, and access to essential health services.

Assessment Report

Operational Strategy

Overall objective of the operation

The objective of this operation is to reduce the risk of transmission and public health impact of Crimean-Congo Haemorrhagic Fever (CCHF) among populations at heightened risk of exposure in Iraq. The operation will support prevention and risk reduction efforts in 15 targeted governorates: Anbar, Babil, Baghdad, Basrah, Diyala, Kerbala, Missan, Muthanna, Najaf, Ninawa, Qadisiyah, Salah Al-Din, Kirkuk, Thi-Qar, and Wasit.

Over a six-month implementation period, the IRCS will support approximately 600,000 people through community-based health interventions, risk communication and community engagement activities, vector-control measures, and mobile health services. The operation will include awareness-raising for livestock breeders, butchers, animal handlers, pilgrims, and host communities; the dipping of 9,000 sheep and goats; the spraying of 10,000 cattle and calves; fogging of animal pens and selected gathering sites; and the deployment of mobile medical clinics during major religious gatherings.

Operation strategy rationale

To address the immediate needs arising from the CCHF outbreak, the IRCS will implement a targeted response focused on community-based health interventions, vector-control measures, risk communication, and mobile health services in the most affected governorates. The operation aims to reduce disease transmission and its public health impact among vulnerable and high-risk populations. The response addresses identified gaps in community awareness, continued exposure to infected animals and tick vectors, and increased population movement during the Muharram and Arba'een religious events, which heighten the risk of transmission among livestock breeders, butchers, animal handlers, pilgrims, and host communities. To mitigate these risks, IRCS will support the dipping of approximately 9,000 sheep and goats, the spraying of 10,000 cattle and calves, and the spraying and fogging of animal pens and selected gathering sites in coordination with the relevant veterinary authorities. These measures aim to reduce tick infestation and limit disease transmission among animals and humans.

Community Engagement and Accountability (CEA) will be a central component of the response. IRCS will deliver awareness and risk communication activities for approximately 100,000 livestock breeders, butchers, animal handlers, and household members, while reaching around 500,000 pilgrims, procession organizers, and volunteers during Muharram and Arba'een with key prevention and public health messages. To complement prevention efforts, IRCS will deploy Mobile Medical Units (MMUs) to provide basic health services, health education, and referral support for an estimated 100,000 people in high-risk locations and during major religious gatherings. Protection, Gender and Inclusion (PGI) and CEA will be integrated throughout the operation to ensure assistance is inclusive, accessible, and responsive to the needs of vulnerable groups, contributing to national efforts to contain the spread of CCHF.

Targeting Strategy

Who will be targeted through this operation?

This operation will reach populations at increased risk of exposure to CCHF in priority governorates across Iraq, focusing on livestock-dependent communities, high-risk occupational groups, and populations affected by increased transmission during seasonal movements and large religious gatherings.

- Vector-control interventions: Animal dipping and spraying activities will target approximately 9,000 sheep and goats and 10,000 cattle and calves, alongside spraying and fogging of animal pens and selected gathering sites, benefiting livestock-owning households and communities at risk of tick-borne transmission.
- Community awareness and risk communication: Approximately 100,000 livestock breeders, butchers, animal handlers, and household members will be reached through community awareness sessions and distribution of IEC materials in target governorates, focusing on preventive measures, safe animal handling, and early recognition of CCHF symptoms.
- Mass gathering and pilgrimage-related awareness: Around 500,000 pilgrims, procession organizers, and volunteers during Muharram and Arba'een will be targeted with tailored public health messaging to reduce exposure risks in high-density gathering settings.
- Health services (Mobile Medical Units): An estimated 100,000 people will be targeted through mobile health services in high-risk locations, with a focus on early detection of suspected cases, provision of basic health care, health education, and referral support.
- Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches will be mainstreamed across all activities, ensuring inclusive access to information and services for women, men, children, older persons, persons with disabilities, and other vulnerable groups.

Explain the selection criteria for the targeted population

Selection criteria are based on risk of exposure, vulnerability, public health needs, and geographical prioritization, informed by epidemiological data, Ministry of Health and Ministry of Agriculture reports, IRCS assessments, and coordination with relevant authorities.

- Disease transmission risk: Priority is given to communities located in governorates reporting confirmed or suspected CCHF cases, areas with high livestock density, and locations with increased human-animal interaction.
- High-risk population groups: The operation targets livestock breeders, butchers, animal handlers, veterinary workers, slaughterhouse workers, and other groups with frequent exposure to animals and tick vectors, who are at greater risk of infection.
- Mass gathering considerations: Priority is given to pilgrims, procession organizers, volunteers, and host communities in locations expected to receive large numbers of visitors during Muharram and Arba'een, where increased population movement may heighten transmission risks.
- Access to health services: Mobile health services will prioritize communities with limited access to healthcare, early detection

mechanisms, health information, and referral services in high-risk locations.
- Vulnerability considerations: Special attention will be given to women, children, older persons, persons with disabilities, low-income households, and other vulnerable groups who may face barriers in accessing health information, preventive measures, and healthcare services.
- Public health and vector-control priorities: Animal dipping, spraying, and fogging activities will be implemented in areas identified by veterinary and health authorities as having elevated tick infestation levels and increased risk of disease transmission.
- Gap analysis and complementarity: Priority will be given to locations and population groups with limited coverage by government services or other humanitarian actors to ensure complementarity, maximize coverage, and avoid duplication of efforts.
- Community engagement and validation: Targeting and beneficiary selection will be conducted in consultation with local authorities, community leaders, and relevant technical departments, supported by community feedback mechanisms to ensure transparency, accountability, and equitable access to assistance.

These criteria will ensure that assistance is directed to populations facing the highest risk of CCHF exposure and transmission, while supporting an inclusive, evidence-based, and accountable public health response across the 15 targeted governorates.

Total Targeted Population

Women	**246,500**	Rural	**50%**
Girls (under 18)	**-**	Urban	**50%**
Men	**253,500**	People with disabilities (estimated)	**3%**
Boys (under 18)	**-**		
Total targeted population	600,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**No**
Does your National Society have prevention of sexual exploitation and abuse policy?	**No**
Does your National Society have child protection/child safeguarding policy?	**Yes**
Does your National Society have whistleblower protection policy?	**No**
Does your National Society have anti-sexual harassment policy?	**No**
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action

Delays in financial and narrative reporting by the NS may affect the timely implementation of activities.	Country Delegation and Regional Office will maintain regular coordination and follow-up with the NS to ensure timely reporting, monitoring, and implementation of activities.
Sociopolitical instability, security incidents, or movement restrictions may disrupt operations and limit access to target locations.	IRCS security procedures will be applied throughout the operation, supported by continuous context monitoring, coordination with relevant authorities, and proactive access planning.
Vulnerable and high-risk groups may face barriers to accessing information, health services, or preventive measures.	Targeted outreach, inclusive communication approaches, and strengthened Community Engagement and Accountability (CEA) mechanisms will be implemented to ensure equitable access to assistance and information.
Increased population movement during Muharram and Arba'een may elevate the risk of CCHF transmission and place additional pressure on health services.	IRCS will implement risk communication and awareness activities at key gathering sites, deploy Mobile Medical Units (MMUs), and coordinate closely with health authorities to support prevention and early detection efforts.
Continued exposure to infected animals and tick vectors may contribute to further disease transmission in targeted communities.	Vector-control interventions, including animal dipping, spraying, and fogging activities, will be implemented in coordination with veterinary authorities to reduce tick infestation and transmission risks.
Evolving epidemiological trends and changing operational conditions may affect the relevance and effectiveness of planned interventions.	Regular operational reviews, coordination meetings, and community feedback mechanisms will be used to adapt activities based on emerging needs and changing circumstances.
Misinformation or limited awareness of CCHF prevention measures may reduce community adoption of protective behaviours.	IRCS will conduct evidence-based risk communication and health awareness campaigns, using culturally appropriate messaging and community engagement approaches to promote preventive practices.

Please indicate any security and safety concerns for this operation:

While Iraq continues to face political, economic, environmental, and broader regional challenges, no major security threats are currently anticipated to affect IRCS staff and volunteers during the implementation of this CCHF response operation. The IRCS maintains strong acceptance within communities and well-established relationships with local authorities and relevant stakeholders across the targeted governorates, facilitating safe access and effective implementation of activities.

All interventions will be conducted in accordance with IRCS safety and security procedures to safeguard staff, volunteers, and affected communities. Appropriate occupational health and safety measures, including the use of personal protective equipment (PPE) where required, will be applied throughout the operation.

PGI, child safeguarding, and CEA principles will be integrated across all activities to ensure assistance is delivered in a safe, inclusive, and accountable manner. Close coordination between IRCS headquarters, branch teams, and relevant authorities will further support a well-managed, timely, and effective response across the targeted governorates.

Has the child safeguarding risk analysis assessment been completed?	**No**

Planned Intervention

Health

Budget: CHF 181,050
Targeted Persons: 600,000

Indicators

Title	Target
# of livestock treated through vector-control measures	19,000
# of high-risk locations covered by tick-control interventions	10,000
# of people reached with CCHF prevention and risk-reduction messaging	100,000
# of participants reached through awareness activities during Muharram and Arba'een gatherings	500,000
# of people benefiting from mobile health services	100,000
# of IEC materials distributed to support community awareness	10,000
# of response personnel provided with PPE	300
# referral of suspected cases to designated health facilities	-
# of Mobile Medical Units deployed	2

Priority Actions

- Implement vector-control measures through livestock dipping, spraying, and targeted fogging in coordination with veterinary authorities.
- Conduct spraying and fogging of animal holdings and high-risk gathering sites.
- Deliver community awareness and risk communication sessions for livestock owners, butchers, animal handlers, and households.
- Conduct CCHF risk communication and public health awareness activities to pilgrims during Muharram and Arba'een gatherings.
- Deploy Mobile Medical Units (MMUs) to provide basic health services, health education, and referral support.
- Produce and disseminate Information, Education, and Communication (IEC) materials on CCHF prevention.
- Provide Personal Protective Equipment (PPE) to staff and volunteers supporting response activities.

Coordination And Partnerships

Budget: CHF 0
Targeted Persons: -

Indicators

Title	Target
# of coordination meetings conducted with relevant stakeholders	15

Priority Actions

• Conduct coordination meetings with health, veterinary, and relevant stakeholders.

Secretariat Services

Budget: CHF 23,970
Targeted Persons: -

Indicators

Title	Target
# of movement coordination meeting conducted	2
# of monitoring visits conducted	4
# of child safeguarding analysis	1

Priority Actions

- Conduct Movement coordination meetings.
- Implement monitoring and evaluation visits.
- Conduct a Child Safeguarding assessment.

National Society Strengthening

Budget: CHF 75,956
Targeted Persons: -

Indicators

Title	Target
# of LLW conducted	1
# of volunteers insured	300

Priority Actions

- IRCS Administration Cost
- IRCS staff - HQ and branches (PM, Operation and finance focal points)

- Conduct Lessons Learned Workshop (LLW) for DREF operation

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

A total of approximately 300 trained IRCS staff and volunteers from the targeted governorates and National Headquarters (NHQ) will support the implementation of this operation. They will contribute to community engagement and awareness activities, vector-control interventions, mobile health services, risk communication, monitoring, and operational coordination. Additional volunteers may be mobilized and oriented, as required, to strengthen outreach and ensure timely delivery of activities at the community level. All volunteers engaged in the operation will be covered in accordance with IRCS volunteer management and safety procedures.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

IRCS volunteer teams reflect the diversity of the communities they serve, with representation across different genders, age groups, and cultural backgrounds. Female volunteers play an active role in the operation, supporting community engagement, health awareness, and service delivery activities, while helping ensure that assistance is culturally appropriate and accessible to women, children, older persons, and other vulnerable groups. While some gaps in representation may exist in certain locations, IRCS continues to recruit, mobilize, and build the capacity of local volunteers, particularly women and youth, to strengthen inclusiveness and community outreach. This approach helps ensure that the response remains community-centered, culturally sensitive, and responsive to the needs of diverse population groups across the targeted governorates.

If there is procurement, will it be done by National Society or IFRC?

The operation will be supported by the IFRC country and regional teams, with PMER providing technical assistance for monitoring, operational reporting, lessons learned, and overall accountability to ensure an evidence-based and well-coordinated response. All procurement activities under this operation will be managed by the NS in accordance with its procurement procedures and IFRC standards. Goods and services required for the implementation of response activities will be sourced through local procurement processes to ensure timely, efficient, and transparent delivery of assistance to targeted communities.

How will this operation be monitored?

The operation will be monitored by IRCS with technical support from the IFRC Country Delegation and RO. A monitoring framework will be developed to track progress against planned activities, outputs, and operational indicators, ensuring timely implementation and accountability. Regular field monitoring, coordination meetings, and data collection will be conducted throughout the operation to assess performance, identify challenges, and inform any necessary adjustments. Community feedback and complaints mechanisms will be integrated into all activities to ensure that the response remains responsive, inclusive, and accountable to affected populations. Operational progress will be documented through regular reporting and monitoring updates. Upon completion of the operation, IRCS, with IFRC support, will conduct a lesson learned exercise to capture good practices, challenges, and key recommendations to strengthen future preparedness and response efforts. A final report will be submitted in accordance with DREF reporting requirements.

Please briefly explain the National Societies communication strategy for this operation

The IRCS communications department, with support from the IFRC delegation and MENA regional communications team, will ensure timely, accurate, and coordinated communication throughout the operation. Activities will focus on promoting CCHF prevention measures, highlighting response efforts, and sharing operational updates through press releases, web stories, social media, and other communication channels. Close coordination between IRCS and IFRC will ensure consistent messaging and effective information management. Communication products will support public awareness, encourage protective behaviours, and enhance the visibility of the response. IRCS staff and volunteers will contribute to documenting field activities and success stories while ensuring compliance with Movement branding guidelines. The communications approach will also strengthen community engagement and accountability by providing relevant public health information and keeping affected communities informed throughout the operation.

Budget Overview

DREF OPERATION

MDRIQ21 - Iraqi Red Crescent Society
IRAQ: Crimean-Congo Hemorrhagic Fever (CCHF), 2026

Operating Budget

Planned Operations	181,050
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	181,050
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	0
Enabling Approaches	**99,926**
Coordination and Partnerships	0
Secretariat Services	23,970
National Society Strengthening	75,956
TOTAL BUDGET	**280,976**

Click here to download the budget file

Contact Information

For further information, specifically related to this operation please contact:

National Society contact: Husam SABRI, Head of International Relations Department, relations.dept@ircs.org.iq, +9647704621141

IFRC Appeal Manager: Ruben ROMERO, Head of Delegation for Lebanon and Iraq, ruben.romero@ifrc.org, +96181552404

IFRC Project Manager:
Abdul Basit Khan SWATI, Manager, Operations and Programme Coordination, abdul.basit@ifrc.org, +9647833239278

IFRC focal point for the emergency: Raja ASSAF, Head of Disaster and Crisis- MENA, Raja.ASSAF@ifrc.org, +96171910896

Media Contact: Mey Al Sayegh, Regional Head of Communications, MENA, mey.elsayegh@ifrc.org, +96103229352

Click here for the reference