



## **HEALTH CLUSTER BULLETIN BULLETIN NO. 02**

(February 2021)



**Name of the Country: Iraq**

**Emergency type: Conflict**

**Reporting period: 01.02.2021- 28.02.2021**

● OCHA coordinated a meeting between clusters on 2<sup>nd</sup> February 2021, to discuss and fine-tune inputs to the Informal Sites Guidance Note document, that is being developed to address needs of the IDPs who remain in displacement outside official camps. This document consists of two sections:

- Humanitarian, for which clusters were asked to provide feedback to guide humanitarian partners on activities that should already be included within the 2021 HRP
- Durable Solutions, which would be provided by the Durable Solutions Technical Working Group

● In the wake of the Health Cluster raising the issue of cash for health programming with the Cash Working Group, targeting IDPs and returnees in areas with lack of service-availability, and seeking their support in developing an SOP on the same, the Health and Protection clusters had a meeting on 3<sup>rd</sup> February 2021 to:

1. Identify partners who could propose integrated health/protection interventions and discuss consortium lead approach in case of multiple-partner interventions
2. Discuss if and how the Protection Cluster could contribute to the ongoing discussion and planned SOPs between Health Cluster and Cash Working Group

A subsequent meeting was held between the two clusters and Cash Working Group on 15<sup>th</sup> February 2021 and the Health Cluster presented the draft concept during the Cash Working Group meeting on 23<sup>rd</sup> February 2021.

● The WASH Cluster conducted COVID-19 Lessons Learned Workshop (2<sup>nd</sup> and 3<sup>rd</sup> February 2021) with the purpose to take stock of the pandemic situation and response in the country, presented the findings from the WASH Cluster Survey and looked into what worked, did not work and could be improved. The Health Cluster participated on the second day of the workshop and provided insights to facilitating better collaboration between the two clusters, as well as facilitation of a wider participation in the COVID-19 taskforces under individual clusters.

### **Humanitarian Response Plan 2021**

**857K** Targeted Population    **11%** Reached Beneficiaries  
**25** Partners Reported    **11** INGO **14** LNGO

**HCO\***: In 2021, the cluster plans to reach 221,392 IDPs in-camp, 126,125 IDPs out-of-camp and 509,412 returnees with essential Primary and Secondary Healthcare services. The cluster objectives will be to ensure continuation of outpatient consultations; provision of essential medicines; surveillance and rapid response and management of communicable diseases, including COVID-19; supporting referral of complicated cases to public hospitals; community awareness about prevention of communicable and non-communicable diseases; and provision of diagnostic and therapeutic equipment/supplies to public health facilities, which will contribute to the HRP strategic and specific objectives by ensuring uninterrupted essential service-availability to IDPs in and out of camps and vulnerable returnees while strengthening the health system to facilitate service handover to the Government and durable solutions.

**160K** Total Consultations



**40K** Cases Received Gynaecological Consultations



**3K** Children Under 5 in Camps IDPs Screened For Malnutrition by MUAC or Anthropometric Measures



**6K** MHPSS Individual Sessions Provided

**1K** Patients attending Secondary /tertiary Hospitals

**3K** Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

- Following the closure of Sallamiyah IDP camp in Ninewah, PU-I, the health partner providing services in the camp, reached out to the Cluster to identify an alternative location. Ninewah sub-cluster coordinated with respected stakeholders to identify the most suited PHCCs (Al-Zahra, Al-Noor and Darkar in-camp PHCCs) for PU-I support ensuring optimal services reaching the affected populations.
- A potential duplication of reproductive health services in Kebarto 1 IDP camp in Duhok governorate would have occurred since two NGOs had received separate approvals from the DoH to this effect. The Duhok sub-cluster managed to avoid this and arranged service delivery schedule to each of the partners, based on the need in the camp.
- Salah Al Din DOH presented the urgent needs for the Sub-National Health Cluster Coordination forum on 17<sup>th</sup> February 2021 requesting humanitarian partners support to PHCCs, hospitals and COVID-19 response. This was subsequently compiled and shared with the partners. In addition, the DoH promised official facilitation of smooth transportation of medications and medical supplies to Salah Al Din to ensure enabling system for NGOs in implementing their projects. Partners are also advised to coordinate their project implementation directly with the assigned NGO Coordination Team; any coordination with the health sectors by-passing this team should be avoided.
- Based on the result of the Cluster Coordination Performance Monitoring (CCPM) for 2020, the Cluster developed an action plan to improve those areas which were unsatisfactory, while maintaining and, if possible, improving the others. This was shared with the Strategic Advisory Group (SAG) for endorsement. The final document was shared with the partners in February and the Cluster is monitoring the progress of the planned activities.
- The Iraq Humanitarian Fund (IHF) had conducted a monitoring mission to the project site of World Vision (WV) at Ain Al Hissan PHCC, Sinjar district, Ninewah governorate on 25<sup>th</sup> January, with participation from the Health Cluster. The findings including the recommendations were compiled and shared with WV in February for follow up by IHF.
- As per the request of OCHA, clusters developed the costing overview papers to guide partners on the method used to cost the activities of the Humanitarian Response Plan (HRP) 2021. The Health Cluster costing overview document can be found [here](#).
- DAMA communicated their plan to the Ninewah Health sub-cluster of preparing a proposal in partnership with Malteser International to construct a physical rehabilitation center in Telafer Hospital as part of the stabilization and resilience plan, with focus on building DoH capacity. Since Cordaid is already supporting a physical rehabilitation center in Sinjar Hospital, DAMA reached out to Cordaid to provide them with technical guidance, as knowledge transfer.
- In February, the Federal MoH officially nominated delegates from Technical Affairs, KIMADIA, Emergency Operations and the General Directorate of Health departments to fully engage in the national Health Cluster activities of the year 2021. This was shared with WHO, as the Cluster Lead Agency.
- Almost a year after the first case of COVID-19 was detected in Iraq, the country finds itself struggling to maintain a balance between enforcing necessary restrictions and reviving the economy. To find out how restrictions were affecting access to services and how people felt about the response, Ground Truth Solutions (GTS) partnered with the Iraq Information Centre (IIC) to conduct a third round of interviews with 545 returnees, refugees, and IDPs across Anbar, Dahuk, Erbil, Ninewa, Salah Al Din, and Sulaymaniyah in October and November 2020. The report was finalized and shared with the clusters, and subsequently with partners, in February and can be found [here](#). A summary of the findings was also presented in the national Health Cluster meeting on 15<sup>th</sup> February 2021.

- WHO donated 13 tons of medical supplies and equipment to the MoH in KRG on 16<sup>th</sup> February 2021. This donation will scale up intensive care capacity to respond to efforts aimed at controlling the recent increase in the number of COVID-19 cases. More can be read [here](#). An additional similiar shipment was donated to the Federal MoH on 21<sup>st</sup> February; this story can be read in [English](#) and [Arabic](#).
- With the recent increase in COVID-19 cases in Iraq, the CCCM, Health and WASH Clusters called out to partners to make a renewed effort on COVID-19 preparedness measures in the IDP camps. Partners were asked to:
  - Restart COVID-19 prevention messaging in all camps.
  - Ensure all camp population and partners know what to do if a case is suspected
  - Ensure quarantine / isolation protocol is in place for the camp
  - Ensure adequate handwashing facilities / hygiene kits and soap are available
- The Global Health Cluster is rolling out an online course on Health Information Management focusing on PHIS tools, Information Management and Data standards, as well as humanitarian and health related data, with a view to setting a solid and common foundation for all participants. This was shared with all Health Cluster partners in Iraq.
- The Iraq HCT had asked to understand what the gaps in the 2020 response were, with some of the reasons for these gaps. In order to identify these, OCHA prepared an inter-sectoral gap analysis based on the available data. This analysis was shared with the clusters for input, in terms of data as well as some small narrative. The Health Cluster submitted the input to OCHA by their deadline of 24<sup>th</sup> February.
- The Global Task Force on Cholera Control (GTFCC) developed a phone-based application containing technical information and practical documents to provide clear guidance and up to date information for early detection, monitoring and efficient response to cholera outbreaks. to help field workers respond to cholera outbreaks. It provides practical tools in all sectors of response: epidemiological and lab surveillance, case management, WASH, oral cholera vaccine and community engagement. It also contains the GTFCC Cholera Outbreak Manual. Once downloaded, all tools can be used offline.

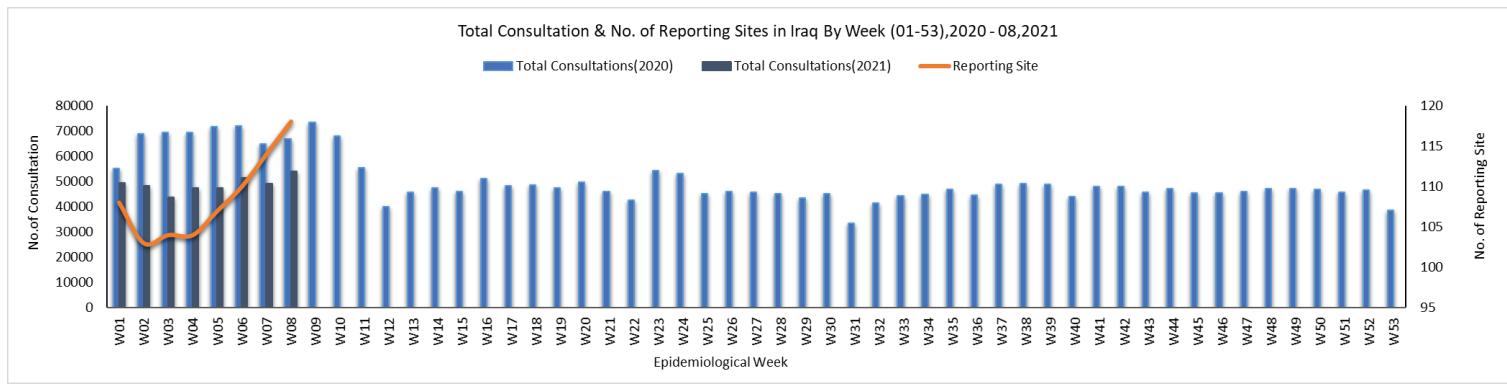
The app can be downloaded at the links below:

- Cholera app on Google Store: <https://play.google.com/store/apps/details?id=com.cholera>
- Cholera app on Apple Store : <https://apps.apple.com/gb/app/gtfcc-cholera/id1459619591>

- The total number of COVID-19 cases in February 2021 were 25,329 with 244 associated deaths, while the cumulative number of cases since the pandemic in Iraq were 619,636 with 13,047 associated deaths.



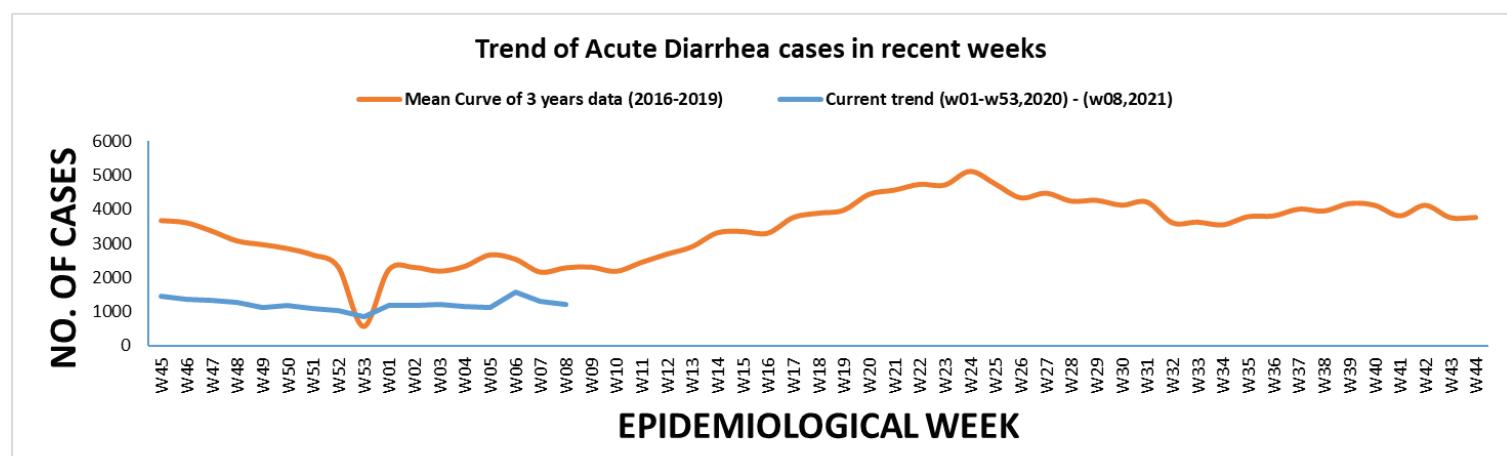
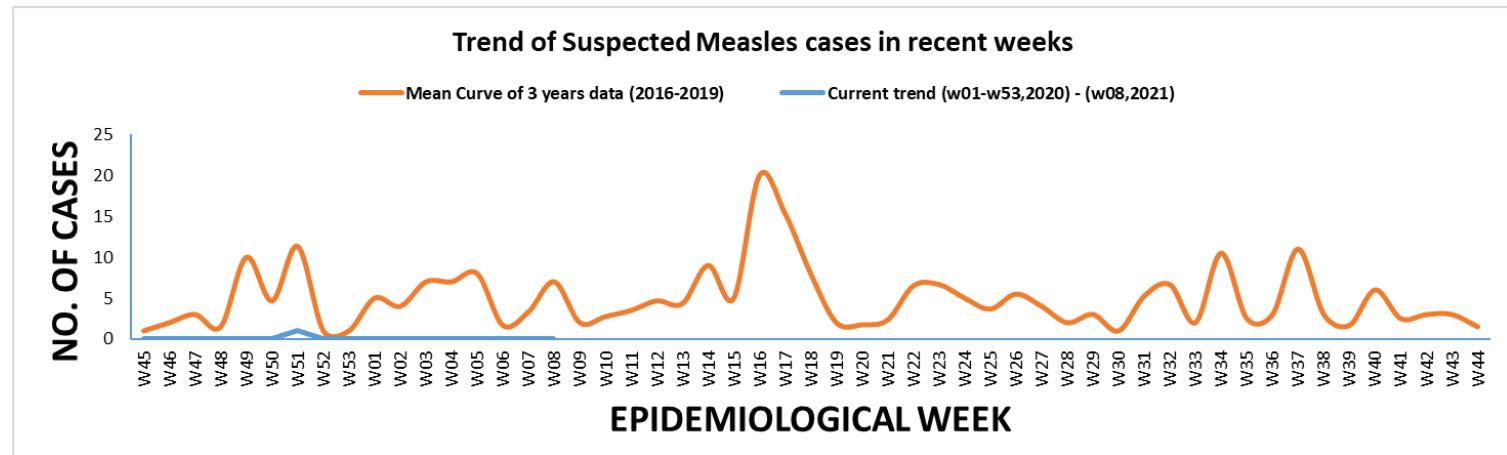
# Early Warning Alert and Response Network (EWARN)



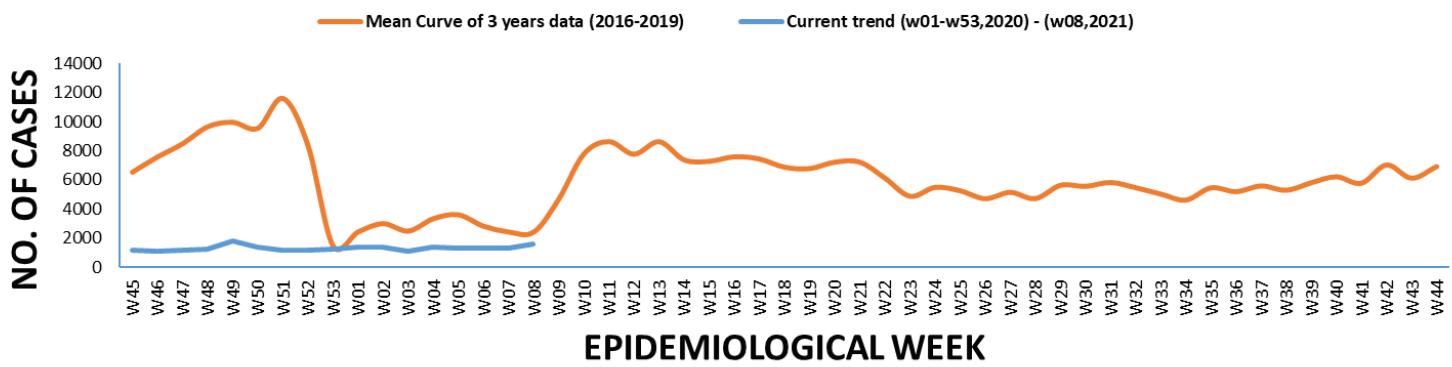
## Alerts / Outbreaks - February 2021

Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	0	0	0	0	0	0
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0
Suspected Measles	0	0	0	0	0	0
Suspected Meningitis	2	2	0	0	0	0
Suspected Diphtheria	1	1	0	0	0	0
Suspected Neonatal Tetanus	0	0	0	0	0	0
Suspected Acute Haemorrhagic fever	0	0	0	0	0	0
Food poisoning	0	0	0	0	0	0
Suspected visceral leishmaniasis	0	0	0	0	0	0
Avian Influenza A	0	0	0	0	0	0
Suspected COVID-19	48	48	0	0	2	2
Suspected tuberculosis	0	0	0	0	0	0
Suspected brucellosis	0	0	0	0	0	0
Typhoid fever	0	0	0	0	0	0
Suspected Anthrax	0	0	0	0	0	0
<b>Total</b>	<b>51</b>	<b>51</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>

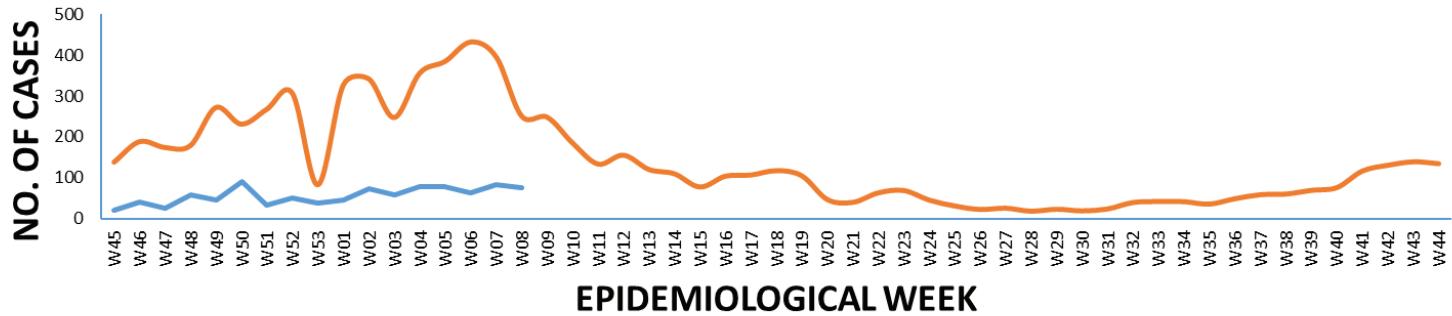
## Disease trend during 2016 - 2020 compared to 2021



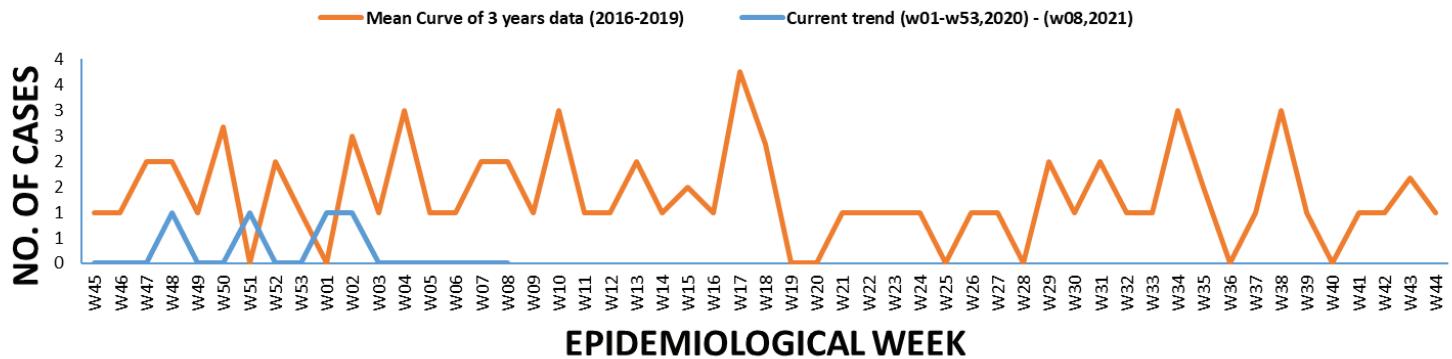
### Trend of LRTI cases in recent weeks



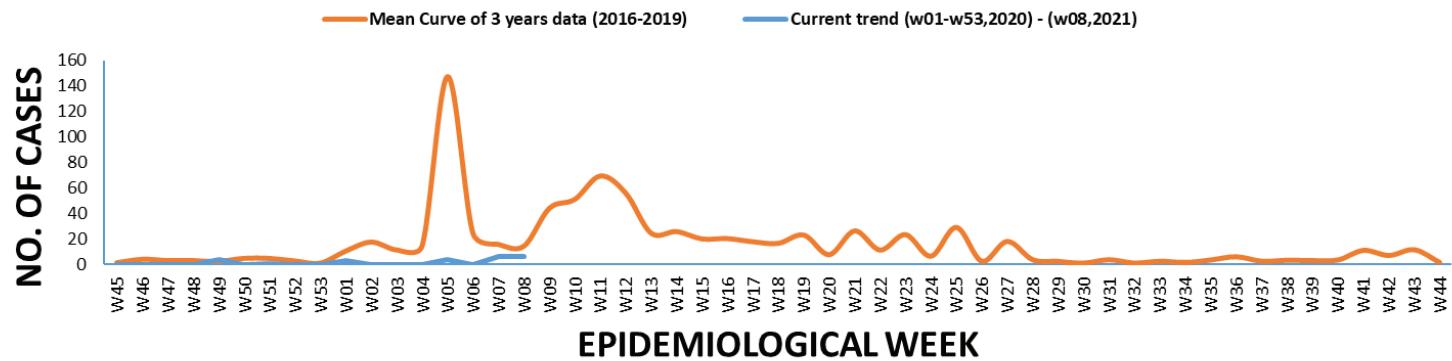
### Trend of Suspected Leishmaniasis cases in recent weeks



### Trend of Suspected Meningitis cases in recent weeks



### Trend of Suspected Pertussis cases in recent weeks



## Health Cluster

- 1. PHCCs COVID-19 Preparedness and Readiness tool:** Health Cluster to develop COVID-19 readiness checklist to assess the capacity of Primary Health Care Centers (PHCCs) supported by partners to identify, manage and refer COVID-19 cases to government hospitals. This should provide a picture of the capacity of these health facilities and identify areas where potential support can be provided.
- 2. Activity-Based Costing:** Health Cluster to develop the Activity Plan Module template for the Humanitarian Response Plan (HRP) 2021 to ensure regular and transparent reporting of funding received by partners, to support the inter-sectoral monitoring efforts and to follow up on discrepancies in funding records between global (FTS) and country levels.
- 3. Cash for health:** Health Cluster to continue to work with Cash Working Group and Protection Cluster to identify ways to support cash for healthcare services, either through the MPCA component or another suitable modality.
- 4. Accountability to Affected Population (AAP):** Health partners are advised to share contacts of focal persons to receive and handle referrals from the Iraq Information Center (IIC).

## MHPSS

### Service Gaps in Dohuk

- More partners are being encouraged to provide MHPSS services, particularly at camp level
- Suicide Prevention committee has been activated at Duhok MHPSS Sub-Working Group

Links for cluster dashboards and infographics on [www.humanitarianresponse.info](http://www.humanitarianresponse.info)

1. Health Cluster meeting minutes: <http://bit.ly/2Kc3IFq>

2. Health Cluster infographics: <http://bit.ly/2I9SZZp>

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