

HEALTH CLUSTER BULLETIN

BULLETIN NO. 11

(November 2020)



Name of the Country: Iraq

Emergency type: Conflict

Reporting period: 01.11.2020- 30.11.2020

- The Cluster submitted to OCHA the first drafts of the narrative to the Global Humanitarian Overview (GHO) 2021 and the Humanitarian Needs Overview (HNO) 2021 on the 1st and 5th of November respectively. The GHO summarizes the needs for 2021, as identified through assessments and analysis, an explanation on any changes from 2020 and what these changes in needs and context mean for the response in 2021. The HNO goes into further detail, focusing on an overview of key figures and severity, analysis and presentation of key humanitarian conditions and needs and an overview of methodology, limitations, needs monitoring and planned assessments. In addition, the below information was also submitted by clusters for development of the GHO:

- Projected beneficiaries reached by district for IDPs in-camp, IDPs out-of-camp and Returnees
- Projected beneficiaries reached by district (overall) disaggregated by female and male

- An ICCG dedicated meeting on 2021 HRP response planning was held on 2nd November by OCHA with participation of the clusters. The discussion focused on findings and outcomes from the Workshops and Strategic Sessions held earlier, key steps and concepts in response analysis, 2021 HRP strategic objectives, commitments towards quality programming and introduction of results framework and next steps for inter-sectoral and cluster response planning.

- John's Hopkins University, in collaboration with UNICEF, are conducting a case study on newborn health policy and action plan implementation in fragile and humanitarian settings in Iraq. In this regard, the Health Cluster Coordinator and WHO National Officer for Maternal and Child Health participated in an online interview with the University on 3rd November. The following issues were focused on:

- WHO and humanitarian health cluster involvement in national and governorate-level health program planning and implementation
- Newborn health services and programming in crisis-affected areas of Iraq
- Planning and coordination efforts to support this work

Humanitarian Response Plan 2020

1.25M Targeted Population **87%** Reached Beneficiaries

26 Partners Reported **13** INGO **13** LNGO

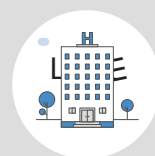
HCO* 1: Avoid preventable morbidity/mortality among 284,505 IDPs out of camps, 324,512 IDPs in camps and 943,948 returnees through provision of essential primary healthcare services, referrals of complicated cases and secondary healthcare services at higher-level facilities.



179K Total Number of Consultations

41K No. of Cases Received Gynaecological Consultations

4K No. of Children Under 5 In Camps IDPS Children Screened For Malnutrition by MUAC or Anthropometric Measures



7K No. of MHPSS Individual Sessions Provided

2K Total No. of Patients attending Secondary /tertiary Hospitals

HCO* 2: Ensure continuation of provision of quality healthcare services to affected & vulnerable populations after handover from cluster partners to the DoH through training of 2,000 health care workers in various topics.



3K No. of Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

- The Cluster submitted a narrative to the Global Health Cluster 2020 Annual Report, featuring the integration of GBV into Iraq Health Cluster COVID-19 response activities. The draft was finalized and shared with the GHC on 4th November.
- In the HCT meeting on 28th October, further to recommendations by the Iraq Humanitarian Access Working Group (HAWG), it was agreed that OCHA Iraq would conduct a survey to determine:
 - The current number of NGO staff in need of visas
 - The impact of the issue on humanitarian projects and operations

The purpose of this is to utilize critical information in terms of numbers in order to inform OCHA's advocacy and engagement on these subjects. Clusters shared the survey link with partners to be filled in by 5th November.

- Due to the volatile situation regarding camp closures, initiated by the Government of Iraq, the timeline of the 1st Reserve Allocation of the Iraq Humanitarian Fund (IHF) was extended in order to ensure support to establishment and running of Quarantine/Isolation sites only in camps remaining open and alternative solutions for those camps with inadequate or no space wherein to establish these sites. The clusters, mainly CCCM, Shelter, WASH and Health, continued to prioritize locations and support partners in forming consortia to request funding during November.
- IHF also tasked their 3rd Party Monitor, SREO Consulting, to monitor the implementation progress of two of the three health projects funded under the 2019 2nd Standard Allocation. The monitoring plan and questionnaires were developed and shared with the Cluster for feedback. The third project is planned to be monitored by IHF themselves and the Cluster is to be involved in due course.
- The WHO EPI-WIN Unit organized a webinar on 10th November on GBV for the Risk Communication and Community Engagement (RCCE) group of the Health Emergencies COVID-19 Task Force. The Iraq Health Cluster Coordinator and WHO GBV/MH Technical Officer were part of the panel making a presentation on multi-sectoral coordination efforts of the Iraq Cluster to harmonize GBV and COVID-19 messaging and lessons learned therefrom. More specifically, the presentation focused on:
 - How COVID-19 changed the operational context and rationale for the RCCE approach selected
 - Highlighting examples of successes and lessons learned from the mass media campaigns targeting communities on GBV risk and COVID-19
 - Linkages of mass media campaigns with the interagency work of the Health Cluster to align referral pathways and promote harmonization of messaging
- On 5th November, the Cluster team met with a UNOPS consultant for the Iraq Information Center (IIC), whose purpose is to develop an IIC outreach and community engagement strategy. The Cluster shared views on where the IIC is doing well and what can be done to improve the service.
- WHO/HQ developed a website dedicated to WHO Country Case Studies in fighting COVID-19 to document country offices' support to member states in responding to the pandemic during 2020. Iraq featured 8 times in the "[Featured stories](#)" pages, which bring together stories from different parts of the globe.
- The IASC organized a briefing on "Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings" on 6th November. In recognition of challenges related to implementation of prevention and control measures coupled with the vulnerabilities of population in low capacity and humanitarian settings, the IASC Principals endorsed the [IASC Interim Guidance on COVID-19: Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#) in May 2020, which sets out a seven-step framework to adapt public health and social measures to reduce COVID-19 transmission and facilitate the detection and management of infected and exposed individuals. Dary NGO from Iraq was one of the panelists, discussing the challenges being faced on the ground and the concrete actions that have been taken to address them. A recording of the event can be found [here](#).

- On 7th November, WHO Iraq launched the 5th COVID 19 prevention and awareness raising campaign targeting Erbil and Duhok governorates of Kurdistan Region. The campaign was also extended to cover Ninewa governorate, lasting three weeks (one week in each of the target governorates). The campaign was implemented through WHO's local partners UIMS. Further information can be found in this [press release](#).
- The Cash Working Group invited clusters planning on conducting cash interventions in 2021 to an HRP cash coordination meeting on 12th November. Among the topics of discussion were:
 - How the CWG can support the clusters
 - Joint Programming opportunities when using Cash and providing the SMEB
 - Harmonising the implementation of activities using CVA

The Health Cluster attended this meeting and provided insights on supporting IDPs, particularly those in informal settlements and recent returnees with cash for transport to health facilities.

- Field Ready, Helpful and OSMS organized a [symposium](#) on 12th November, in which experts in the world's medical supply chain demand, response, and failure during the COVID-19 pandemic came together to share their knowledge about the recent crisis and how to address future challenges, providing speakers and attendees an opportunity to engage across organizations, data sets, and continents to share open information and data collection ideology. The Supply Chain focal person from WHO Iraq Country Office was one of the speakers at this event.
- Following a request from Global Displacement Tracking Matrix (DTM) and WHO to support WHO in data collection of indicators at country level in displacement sites, Iraq DTM shared a list of indicators with WHO technical team for endorsement, based on which, they would collect information. Data collection began on 15th November and is conducted on a daily basis. Information can be accessed on this [dashboard](#).
- The Cluster Coordination Performance Monitoring (CCPM) for 2020 for Iraq was rolled out in October. The total number of respondents was 32 including MoH, 5 UN agencies, 8 National and 15 International NGOs, 2 Donors and 1 Observer. The results were automatically generated on Prime platform at Global Health Cluster level and shared with the Country Cluster. The overall scoring lies between 51% - 75% indicating the performance status as "satisfactory". The report was shared with the Iraqi MoH, as well as being discussed with the Health Cluster partners in the Coordination meeting on 15th November. The Cluster is to prepare an action plan to improve those areas which were unsatisfactory, while maintaining and, if possible, improving the others.
- The Global Health and WASH Clusters launched the Joint Operational Framework (JOF) to improve a coordinated and integrated preparedness and response to cholera in countries in humanitarian crisis. The JOF was informed by findings from a joint GHC/GWC review and was created in consultation with partners working on the cholera response across different humanitarian contexts. It promotes a set of key tasks in the critical areas of leadership, coordination and integrated response to increase the efficiency and effectiveness of the cholera preparedness and response efforts. In order to provide an opportunity to discuss how best to implement the JOF, a briefing was conducted on 24th November by the global clusters; Iraq Cluster attended this online.
- The Global Health Cluster rolled out a survey to the country clusters to provide feedback on the HNO process, given that there has been plenty of guidance on the new templates and formats required to complete the exercise. Iraq completed this survey before the deadline of 27th November.

- WHO in coordination with UNICEF is supporting the MoH/National EPI Department to conduct a Sub-National Polio Vaccination campaign between 29th November to 3rd December in selected districts in 16 of the 18 governorates in Iraq. The vaccination campaign was initially scheduled to take place in March but, due to the COVID-19 outbreak, it was paused. The selection criteria is based on health risk assessment taking into account the Polio Surveillance Indicators, Susceptibility, Immunity Profile and gaps as well as other factors such as population, geography and environmental risks.
- Given the sudden initiative and implementation of camp closures by the Government, Clusters were requested by OCHA to fill in a rapid response template which would target the recent returnees, providing them with the most urgent response, which could then be integrated into the regular humanitarian response, or partners could phase out, based on the availability of services in areas of return. The Health Cluster provided OCHA with the feedback on 25th November. As of end of November, 3 camps remain open in federal Iraq (Jedaa 5, Sallamiya and Ameriyat Al Fallujah), hosting 26,399 individuals, while 25 camps are open in KRG hosting 186,417 individuals.

FUNDING INFORMATION¹

General Health

\$58.8M
Required

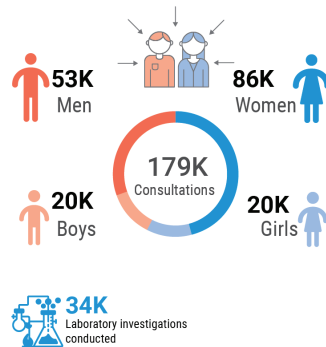
35%
Funded

Health COVID-19

\$65.3M
Required

33%
Funded

TREATMENT OF COMMON DISEASES

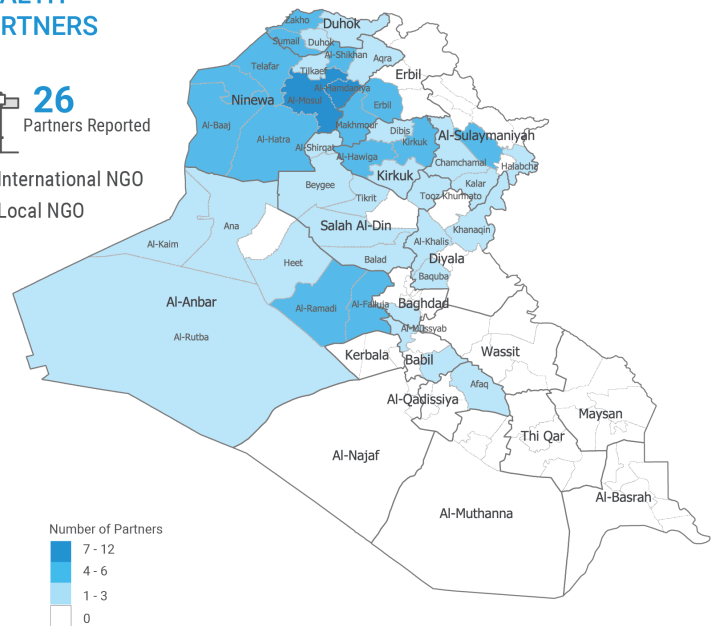


HEALTH PARTNERS

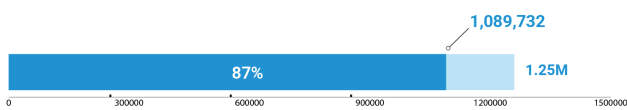
26 Partners Reported

13 International NGO

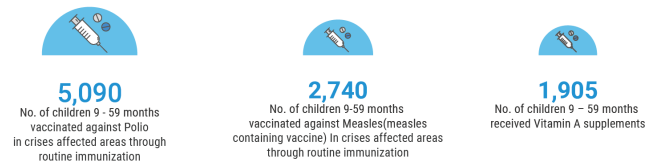
13 Local NGO



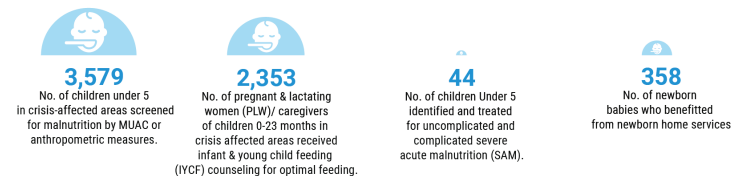
REACHED TARGET



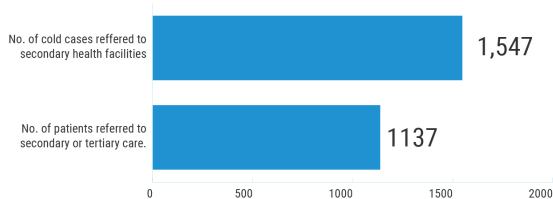
IMMUNIZATION



NUTRITION



SUPPORT TO HEALTH FACILITIES



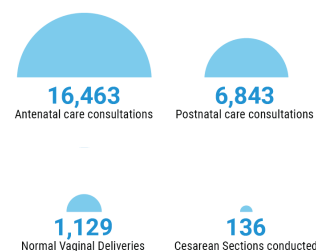
EWARN



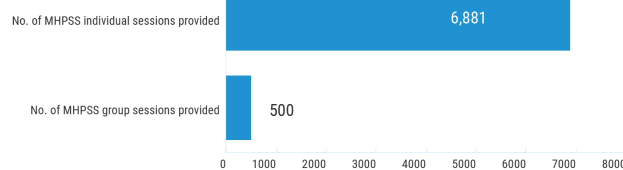
PHYSICAL REHAB OF PATIENTS



REPRODUCTIVE HEALTH



MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

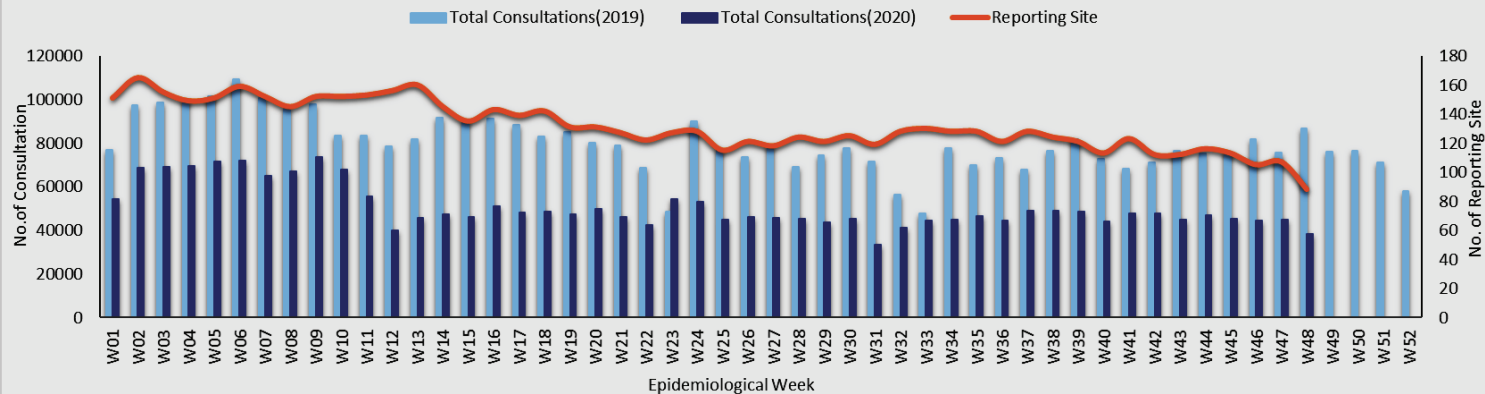


CAPACITY BUILDING



Early Warning Alert and Response Network (EWARN)

Total Consultation & No. of Reporting Sites in Iraq By Week (01-52),2019 - 48,2020

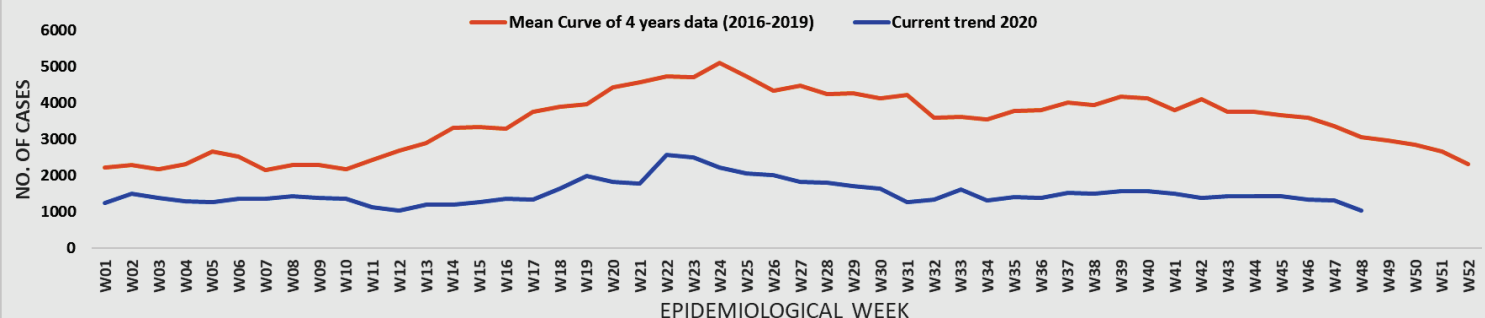


Alerts / Outbreaks - November 2020

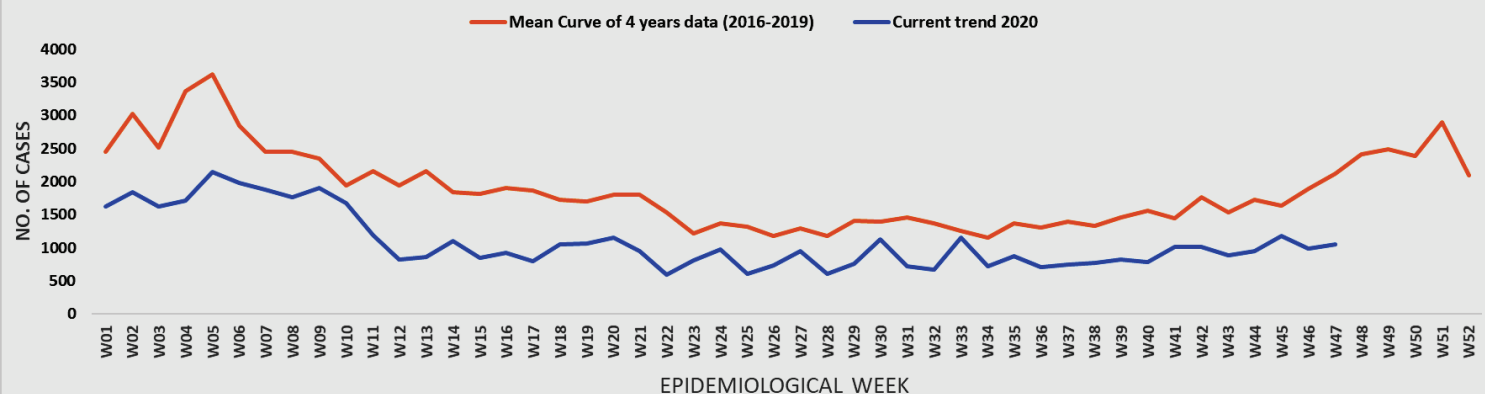
Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	1	1	0	0	0	0
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0
Suspected Measles	1	1	0	0	0	0
Suspected Meningitis	14	14	1	1	0	0
Suspected Diphtheria	0	0	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 leishmaniosis	0	0	0	0	0	0
Avian Influenza A	0	0	0	0	0	0
Suspected COVID-19	579	579	0	0	22	22
Suspected tuberculosis	1	1	0	0	0	0
Suspected brucellosis	1	1	0	0	0	0
Typhoid fever	1	1	0	0	0	0
Suspected Anthrax	1	1	0	0	0	0
Total	599	599	1	1	22	22

Disease trend during Jan-Dec 2019 compared to 2020

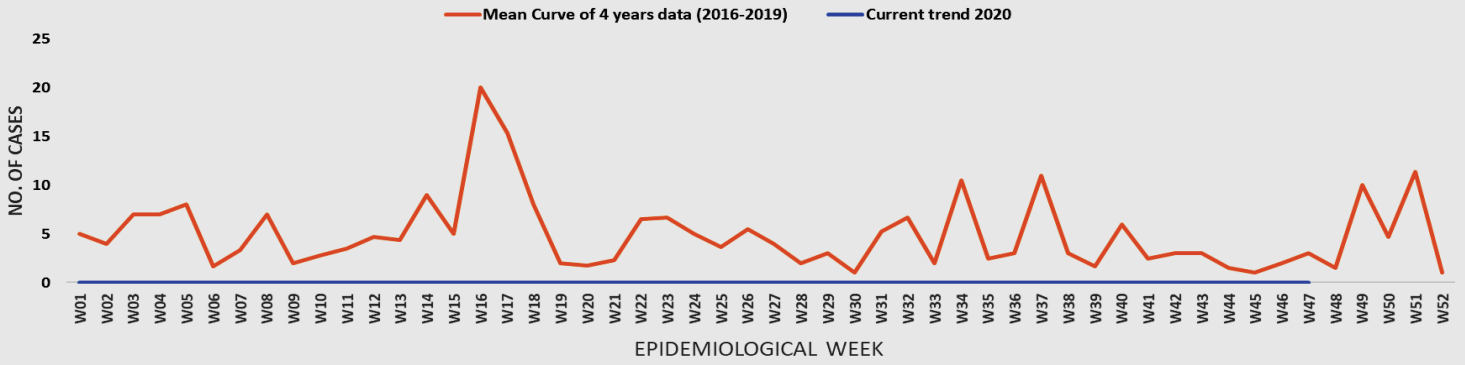
Trend of Acute Diarrhea cases in recent weeks



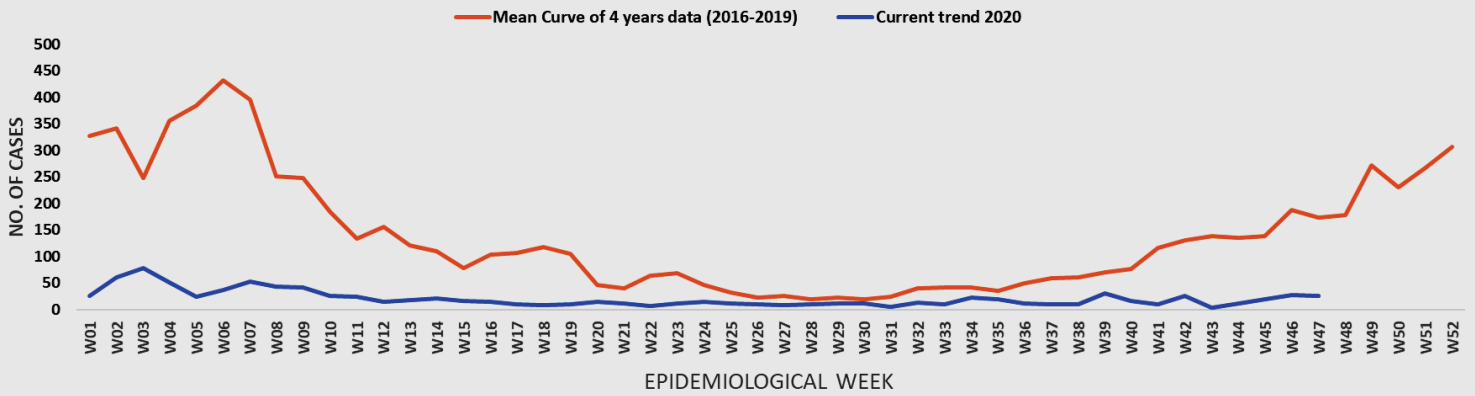
Trend of LRTI cases in recent weeks



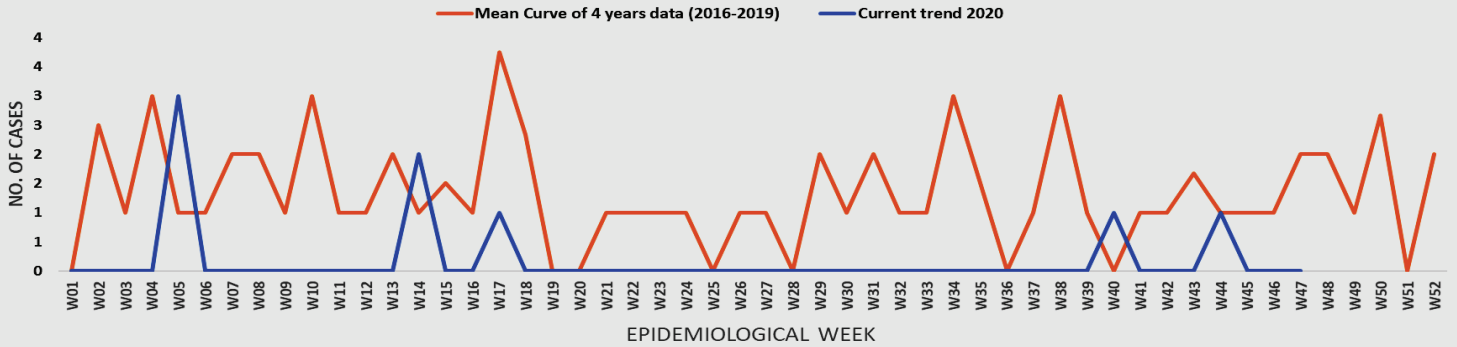
Trend of Suspected Measles cases in recent weeks



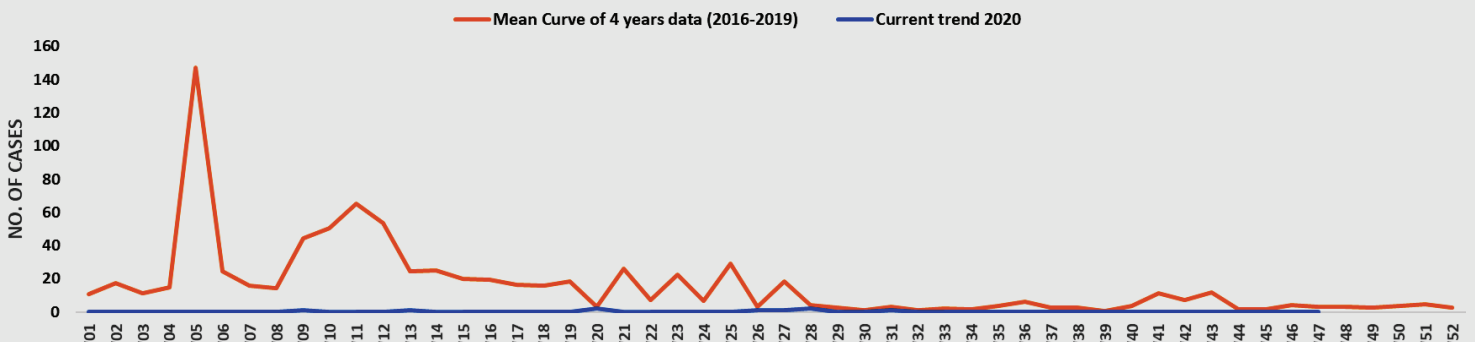
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



Health Cluster

1. Health Cluster partners participated in the Cluster Coordination Performance Monitoring (CCPM) survey that was conducted toward the end of October. The process was led by the Global Health Cluster/Geneva and the analysis was done on Prime platform with the report being automatically generated.
 - The Health Cluster will work with partners to formulate a simplified action plan in order to take corrective measures to improve the status of the “unsatisfactory” areas.
2. (Standing action point) Overcrowding in health facilities, whether they are supported by partners or a public health facility.
 - Partners to share with the Cluster any evidence-based information/records of overcrowding incidents so the Health Cluster can raise with the Ministry of Health (MoH).

MHPSS

- Face-to-face MHPSS capacity building trainings and two trainings on PM+ have been conducted.
- MHPSS activities were conducted in Sinjar and Tal Afar hospitals and other governorates.
- Capacity building on suicide prevention in IDPs' and returnees' settings in Ninewa were conducted.
- Support to survivors of suicide is being provided via WhatsApp and occasionally through in-person counselling.
- Activation of sub-working groups in Anbar and Salah Al Din has been accomplished.
- A comprehensive MHPSS needs assessment was completed in Shirqat district, Salah Al-Din and in Fallujah and Al Qaim districts, Anbar. MHPSS & Livelihoods integration needs assessment was conducted in some locations in Dohuk, Ninewah,

Nutrition

- Nutrition services have been made available for all Under-5 (U5) children in all IDP camps.
- 5,233 U5 children were screened for growth: 70 cases were identified with SAM and 192 cases with MAM and referred for management accordingly.
- Challenges highlighted regarding camp closures:
 - Tracing/accessing of vulnerable U5 children.
 - Access/availability of health services.
 - Availability of sufficient food
 - Sustenance of health promotion activities.
 - Readiness of the DoHs to take over services

Reproductive Health

- The Family Planning (FP) Strategy for Iraq was launched on 22nd November
- UNFPA has initiated the action plan for costing exercise to implement Family Planning Strategy
- Mapping exercise in selected governorates on FP service-provision by private hospitals and clinics ongoing
- Printing of the Family Planning Handbook to support training component has begun
- An isolation unit for women with COVID-19 in Zakho Hospital is to be established by end of November to provide BEmONC services.
- COVID-19 awareness campaigns are ongoing in all IDP and refugee camps, as well as in host communities in Telmerek (Ninewah), Rumana, and Habanya (Anbar).

Links for cluster dashboards and infographics on www.humanitarianresponse.info

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

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

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