

HEALTH CLUSTER BULLETIN BULLETIN NO. 8

(August 2020)



Name of the Country: Iraq

Emergency type: Conflict

Reporting period: 01.8.2020- 31.8.2020

- In addition to the [Key Messages](#) developed and disseminated by the Iraq Health Cluster in July on post-lockdown COVID-19 preventive measures, WHO and the Cluster disseminated the following Eid guidance documents to the partners:

• [Arabic](#) • [English](#) • [French](#)

- On 5th August, OCHA Ninewah shared with partners the letter from the Prime Minister's Office, dated 25th July 2020, to the Joint Operations Command with instructions that the access letters issued by the National Operations Center (NOC) are the only official letters required to facilitate the movement of vehicles and personnel of international organizations and civil society organizations in Baghdad and other governorates according to the specific durations specified by the NOC letters.

- The first COVID-19 case among IDPs in camps in Dohuk was confirmed on 5th August in Chamishko camp. The individual, who works with the Iraqi Forces, returned to the camp on 1st August. Test sample was collected, but he was allowed to enter the camp until the results were out (after 48 hours). Despite instructions by DoH Dohuk and the guidance provided by WHO and the Cluster, self-isolation measures were not adhered to. The individual got into contact with other IDPs while awaiting test results. The camp went under lock down, after his test results came out and contact tracing/testing was initiated.

- The Eastern Mediterranean Regional Office of WHO was working on updating the WHO interim guidance note on Health system response to COVID-19 in the context of internally displaced persons, refugees, migrants and returnees in EMR region. Iraq provided some technical inputs to the document by the deadline of 6th August.

- Medair ended their health programming in Iraq during August. The final activity report against the HRP 2020 from the locations they were supporting was submitted to the Health Cluster during the month.

Humanitarian Response Plan 2020

1.25M Targeted Population **69%** Reached Beneficiaries

24 Partners Reported **12** INGO **12** LNGO

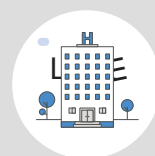
HCO* 1: Avoid preventable morbidity/mortality among 284,505 IDPs out of camps, 324,512 IDPs in camps and 943,948 returnees through provision of essential primary healthcare services, referrals of complicated cases and secondary healthcare services at higher-level facilities.

191K Total Number of Consultations



40K No. of Cases Received Gynaecological Consultations

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



8K 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.



2K No. of Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

- The Health and CCCM clusters, along with key partners in the field, held a meeting on 9th August to discuss the following issues:
 - The need to have a contingency plan in every IDP camp for quarantine and isolation (whether it be a Q/I area, or a protocol for in-tent Q/I if area construction is not possible) even if the local DoH policy is still for all cases to be taken in
 - Minimum requirements for the 'isolation facilities' in camps
 - The need to move ahead and establish Q/I areas
 - Engagement with WASH and Food Security over area establishment

The main point of the meeting was for all camps to be prepared in case COVID-19 suspected or confirmed cases are sent back to the camp, through establishing:

- Option 1: dedicated Quarantine & Isolation areas
 - Option 2: simple, coordinated, protocols for home-isolation or home-quarantine (if Q/I areas are not possible, or until they are established)
- During August, CCCM Cluster also finalized with Food Security Cluster the protocols of food distribution to Q/I sites and those self-isolating/quarantining in camps in terms of distribution of IRR kits to such families, the duration of the support and maximum lead time for the IRR availability from the point of request by CCCM/Health, to delivery to the individual.

- WHO Iraq continued to produce press releases, share awareness material and give interviews to the TV channels during August. The below are links to interviews and press releases:

- Press Release of WHO Iraq awareness raising campaign in Baghdad conclusion:
 - [English](#)
 - [Arabic](#)
 - WHO Representative press conference [link](#)
- Sulaymaniyah campaign: https://youtu.be/G64H_1DOR2U
- Contact tracing animation: <https://youtu.be/uacivunMMcM>

- WHO and MoH launched the 2nd phase of the COVID-19 awareness-raising campaign in Thi Qar and Missan, on 9th August, supported by the Government of Kuwait and ECHO. The [#صحتك_أمانتك](#) campaign, translated as "Your health is important", was extended later in the month to Basra, Wassit and Sulaymaniyah. A total of 650 community volunteers provided support to the campaign. The teams distributed more than 360,000 IEC materials and PPEs to approximately 5 million people in the 5 governorates. Influential figures, including religious leaders, athletes, artists and journalists all lent their support to the campaign. The article on the launching of the campaign can be read at the below links:

- [English](#)
- [Arabic](#)

- In February 2020, the Special Rapporteur for the Human Rights of Internally Displaced Persons, Cecilia Jimenez-Damary, visited Iraq and met with the HCT and other stakeholders. Ms. Jimenez-Damary's report to the Human Rights Council's 44th session in July was shared with the clusters by OCHA in August and can be found [here](#).

- Handicap International shared with the Cluster a [study](#) conducted in July 2020 by Optimum Analysis on behalf of HI and their partners (HAI and WCUK) in Basrah governorate. The aim of this study was to identify some of the barriers to accessing services in Basra for persons with disabilities, to inform future program design and also to inform the advocacy work of IADO – the Iraqi Alliance of Disability Organizations whom HI are supporting in Baghdad. This was disseminated to the Cluster partners.

- In preparation for the upcoming Humanitarian Program Cycle (HPC) 2021, OCHA shared with the ICCG on 10th August the IASC-cleared package of guidance and templates comprising:

- A Step-by-Step guide to develop the HNO and HRP
- The HNO and HRP templates
- Complementary guidance on the Joint Intersectoral Analysis Framework (JIAF) for the HNO
- Complementary guidance on Response Analysis, Objectives and Targeting for the HRP

- The issue of IDPs, similar to other Iraqi citizens, being required to pay for health services including COVID-19 PCR tests came up several times during the month, having been raised by the Protection Cluster in ICCG meetings and bilaterally with the Health Cluster, based on protection assessment findings. This was mainly the case where IDPs were visiting hospitals/laboratories not allocated by the MoH for COVID testing due to increased demand for testing at these facilities, as well as those not residing in formal camps being asked to pay fees to access public health services. The Health Cluster was able to coordinate with the Federal MoH to obtain a portion of the policy document which states that IDPs residing in camps, if they are able to provide documentary evidence of this, are not to be charged for either diagnostic or therapeutic services at public health facilities. The unofficial English translation of this segment of the document can be found [here](#). However, any other displaced people living outside camps are required to pay a fee of IQD 1,000 – 2,000 (USD 1-2), which includes cost for general consultation and medication.
- In order to be able to guide partners who may receive funding to support the COVID response in Iraq, the Health Cluster collected the needs of public health facilities and hospitals in terms of equipment, medicines/supplies, training and laboratory requirements, by reaching out to the sub-national clusters.
 - As a start, IOM expressed willingness to purchase some of the items for Lalav Hospital (Dohuk) and the extension to Attaya Hospital (Erbil)
- The Iraq Shelter Cluster prepared a short IEC material to guide tent replacement activities in camps. This was particularly because two camps were to undergo large tent replacement in Dohuk governorate and since they are contractor or beneficiary driven, the Shelter Cluster aimed to support the implementation by providing some guidance on how to reduce the risk of COVID-19 spread. The Health Cluster provided technical feedback to the presentation on the IEC material.
- In order to support the secondary data analysis that was requested by the Iraq ICCG from Global Information Management, Assessment and Analysis Cell (GIMAC), all clusters updated the Assessment Registry [page](#) by uploading all recent assessments conducted by partners by 11th August.
- Since Health Cluster partners supporting PHCCs in camps report suspected cases through the EWARN system and the final reporting of confirmed cases is done by local hospitals, it was agreed between CCCM and Health clusters in March that CCCM would keep a tally of cases in camps for ease of access to this information. In order to visualize the data to be accessible to all stakeholders and to keep all the COVID-19 related information available in one platform, both clusters agreed to develop a separate page (pg. 19) on the WHO Iraq COVID-19 [dashboard](#) which would provide weekly updates on the confirmed, active, cured and death cases in the 43 formal IDP camps. This data is uploaded by the CCCM Cluster every Wednesday of the week, after data is obtained from the field.
- DAMA started a new COVID-19 response project in partnership with MDM, with support from the German Federal Foreign Office (GFFO), comprising the below activities:
 - Training of DoH staff (medical and non-medical) on IPC (including correct usage and disposal of PPEs), triage and waste management
 - Community awareness on COVID-19 including distribution of brochures
 - Provision of PPEs

This project is targeting the PHCC staff and the IDPs in Hasan Sham U3 camp in Erbil governorate.

- On behalf of WHO, the Health Cluster Coordinator signed an MoU with IMC agreeing that they will co-lead the Health Sub-Cluster in Salah Al Din governorate, starting August 2020. This comes because of the immense workload on the WHO focal person for the governorate in addition to IMC's physical presence in Tikrit and their willingness to assume the role.
- The Global Health Cluster [website](#) is being updated to continue showcasing the work of Health Clusters around the world. Part of this update was the photo repository on the website to highlight the work of the Health Cluster on the COVID-19 response. In this regard, photos were requested from Country Clusters by 28th August, which would then be used to prepare a photo story to be published on the website and disseminate it via the regular [Health Cluster updates](#).

- In light of the number of COVID cases (suspected and confirmed) in IDP camps increasing, the head of OCHA called for a meeting with the heads of agencies of IOM, WHO and UNHCR on 20th August to discuss the situation, risk and projection, current response and additional actions needed to manage the situation properly. In order to take stock of the needs to speed up the establishment of quarantine/isolation areas in camps the Heads of Agencies made the recommendation to clusters to revise the documents on establishing Q/I sites, the Camp Preparedness guidance (to include a lockdown component) and developing a matrix showing which camps have/do not have a functional Q/I area and the reasons for this. These documents are to serve as advocacy material with the donors as well as to facilitate discussions with the Government to ensure their
- The Iraq Cluster shared with the partners an online survey on behalf of the Global Health Cluster, the purpose of which was to better understand key technical and operational challenges being faced in humanitarian settings. Survey findings are to be used to help identify urgent gaps where support from the global level should be provided. The survey was open to NGOs, UN Agencies, donors, observers, Ministry of Health and Health Cluster Coordination teams till 31st August.
- The Health Cluster Coordinator had a meeting with USAID-BHA (formerly OFDA) on 20th August to discuss the progress of response activities under the 2020 HRP and the evolving priorities over the coming months. This would help USAID prepare their annual plan, focusing on the gaps that require filling.
- WHO HQ, being increasingly keen on learning from humanitarian settings/country cluster experiences to inform thinking within WHO and beyond (IASC) invited Nigeria and Iraq Health Clusters to make a presentation at the HQ-IMST Health Operations pillar meeting on 25th August. The components of the presentation were:
 - Cluster & partners' experience of coordination with government led Emergency Operations Centers
 - Maintaining essential services - whether these are provided at the same level as pre-COVID-19 pandemic, at a reduced or increased level, and lessons learned
 - Community engagement in preparedness and response actions
 - Community feedback mechanisms – specific to COVID-19
 - Physical distancing and mask usage practice – national/local guidance versus reality of implementing in humanitarian context, challenges and good practices
 - Handwashing facilities availability – outside of health facilities
 - Measures for individuals at risk of complications/poor outcomes e.g. shielding
 - COVID-19 screening in place
 - Community isolation facilities – operability, occupancy level, good practices and any operational challenges
 - Referral mechanism – from alert to investigation to isolation to hospitalization
 - Surveillance system, contact tracing and monitoring
- On 25th August, WHO delivered 6 ambulances to the MoH-KRG to improve ambulatory and life-saving services for the vulnerable population of Syrian refugees and the host community in Erbil governorate of Iraq. The press release of this event can be seen [here](#).
- WHO, in collaboration with UNICEF and MoH-KRG conducted an Infection Prevention and Control (IPC) training for 16 health program managers on 26th August as a ToT in Erbil. The training curriculum, based on WHO/MoH/UNICEF modules, was shared with participants in English, Arabic and Kurdish prior to the training session, which was structured as partially theoretic and partially practical application of IPC methods in camps. The participants were selected by Health Cluster partners and were subsequently requested to provide their plans for cascade trainings at camp or health facility level which are to be conducted by the trained health managers.
- As part of the Higher Committee for Safety and Health headed by H.E The Prime Minister, WHO took part in making a statement urging people not to go on the customary religious visit during the Ashura festival falling on 28/29 August this year. In addition, WHO worked with religious scholars in making further statements on prevention of population movement. WHO also provided support to the Government in enhancing and improving health services in Kerbala and along the way.

FUNDING INFORMATION

General Health

\$58.8M
Required

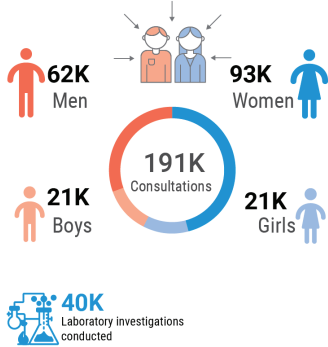


Health COVID-19

\$65.3M
Required

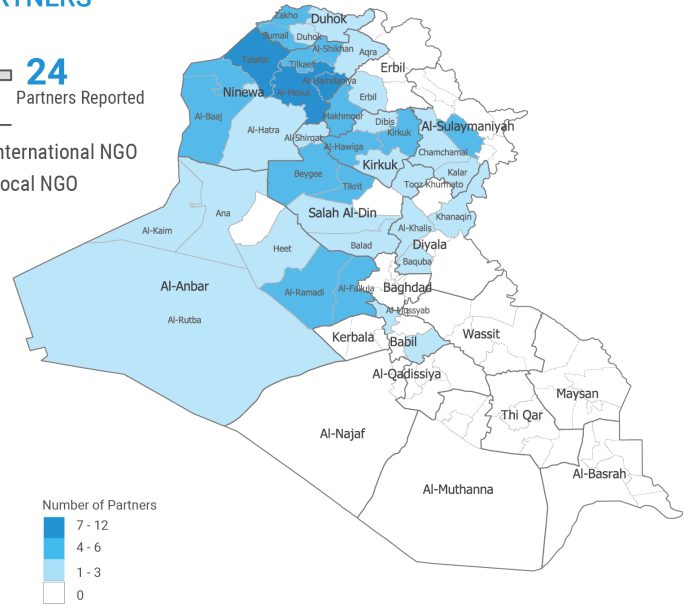


TREATMENT OF COMMON DISEASES

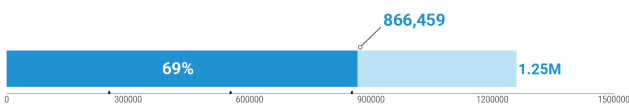


HEALTH PARTNERS

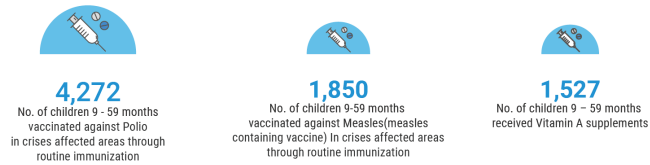
24 Partners Reported
12 International NGO
12 Local NGO



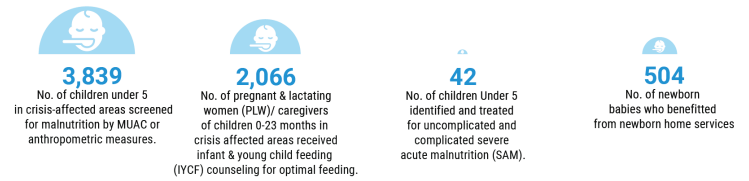
REACHED TARGET



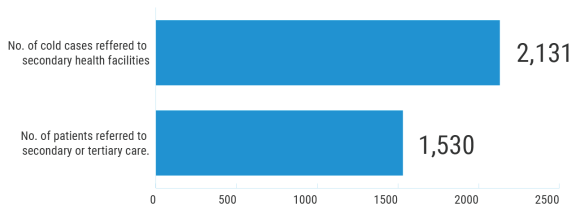
IMMUNIZATION



NUTRITION



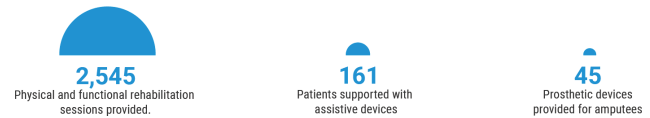
SUPPORT TO HEALTH FACILITIES



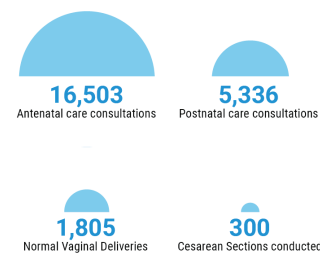
EWARN



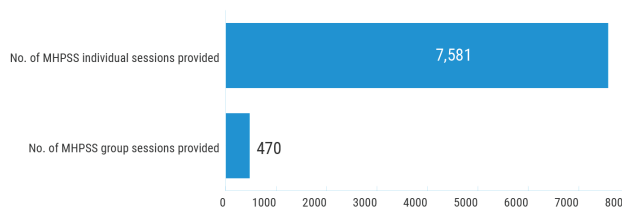
PHYSICAL REHAB OF PATIENTS



REPRODUCTIVE HEALTH



MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

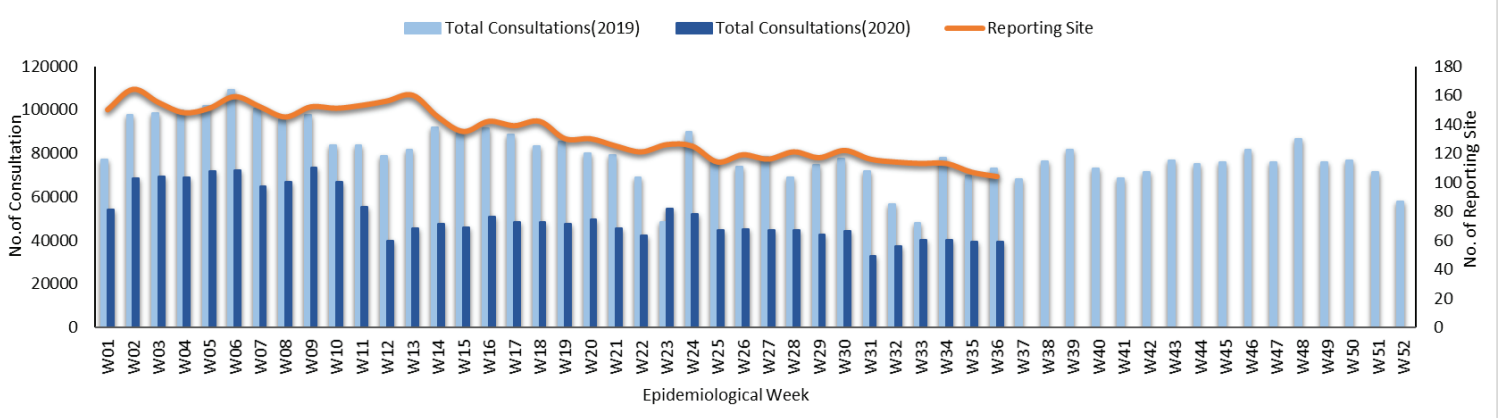


CAPACITY BUILDING



Early Warning Alert and Response Network (EWARN)

Total Consultation & No. of Reporting Sites in Iraq By Week (01-52),2019 - 36,2020

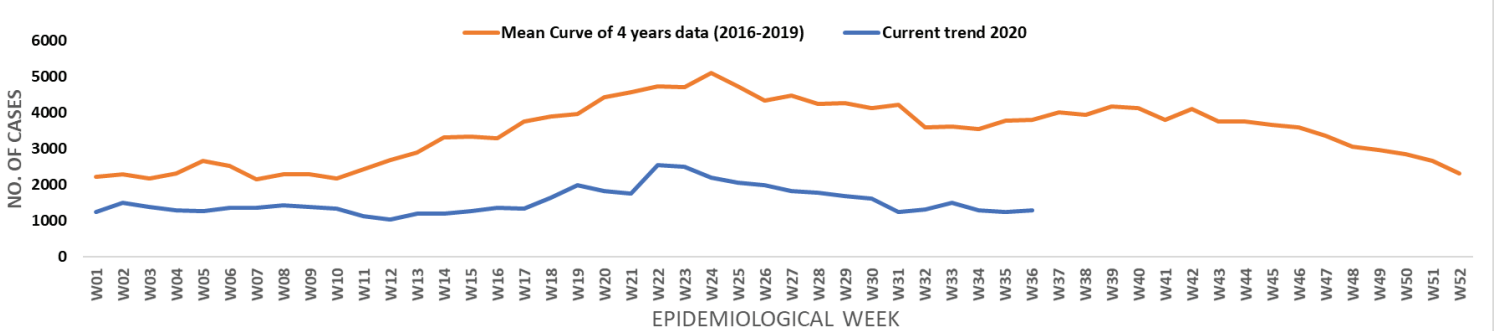


Alerts / Outbreaks - August 2020

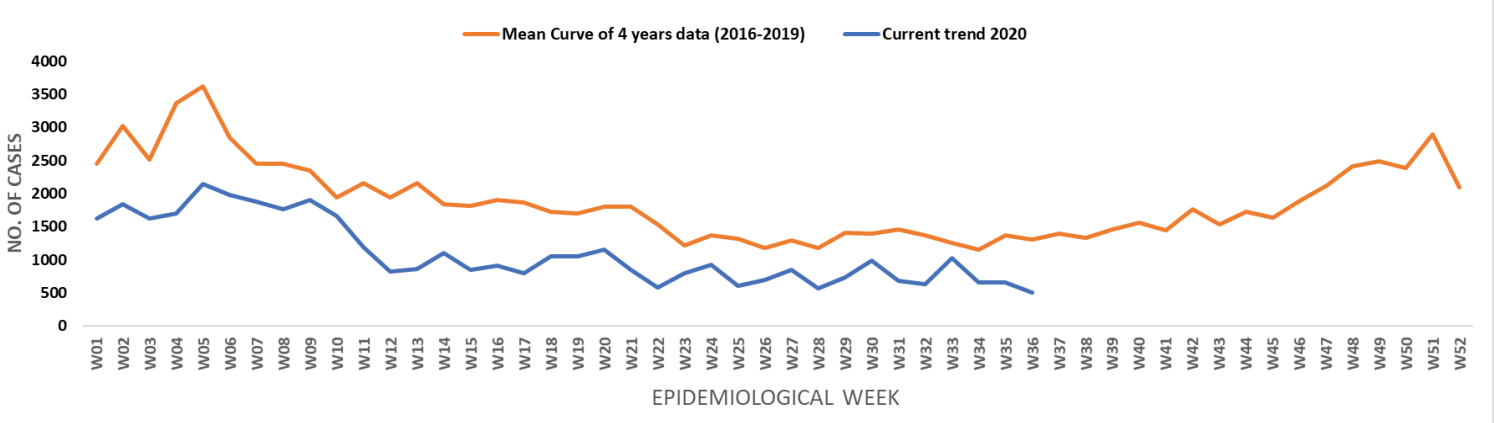
Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	1	1	0	0	0	0
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0
Suspected Measles	1	1	0	0	0	0
Suspected Meningitis	13	13	1	1	0	0
Suspected Diphtheria	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	138	138	0	0	0	0
Suspected Tuberculosis	1	1	0	0	0	0
Suspected Brucellosis	1	1	0	0	0	0
Suspected Anthrax	1	1	0	0	0	0
Total	156	156	1	1	0	0

Disease trend during Jan-Dec 2019 compared to 2020

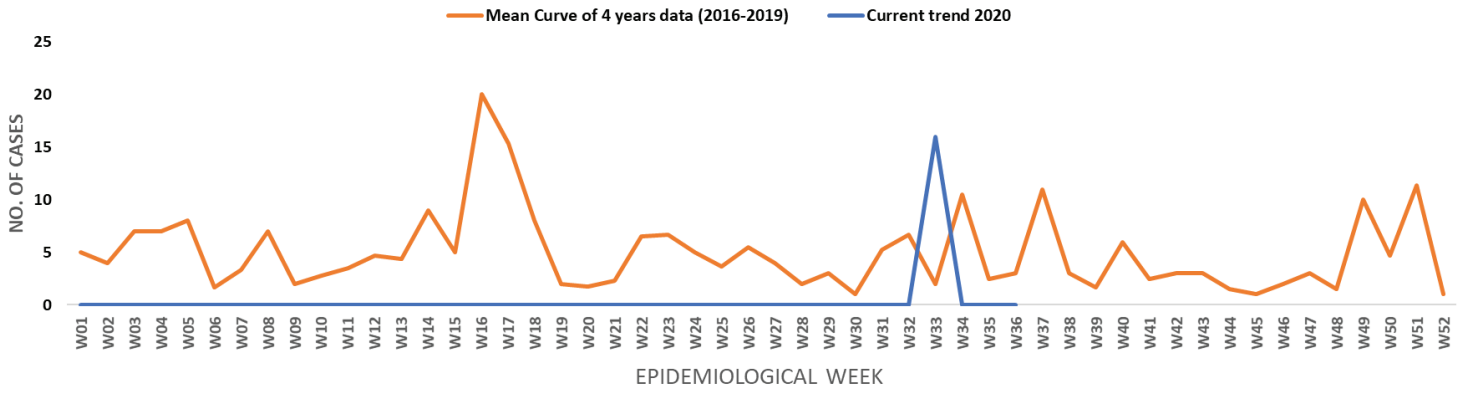
Trend of Acute Diarrhea cases in recent weeks



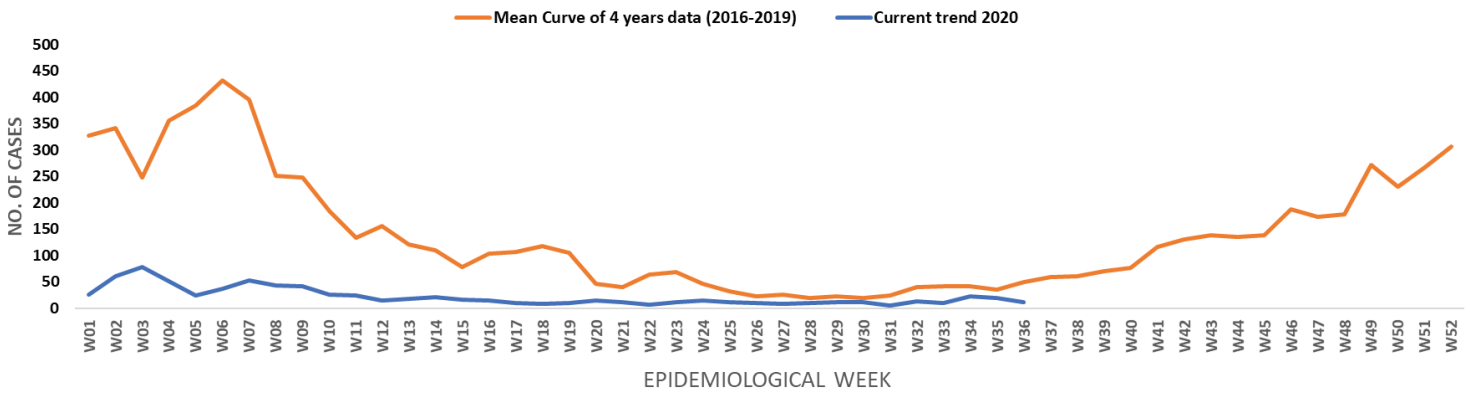
Trend of LRTI cases in recent weeks



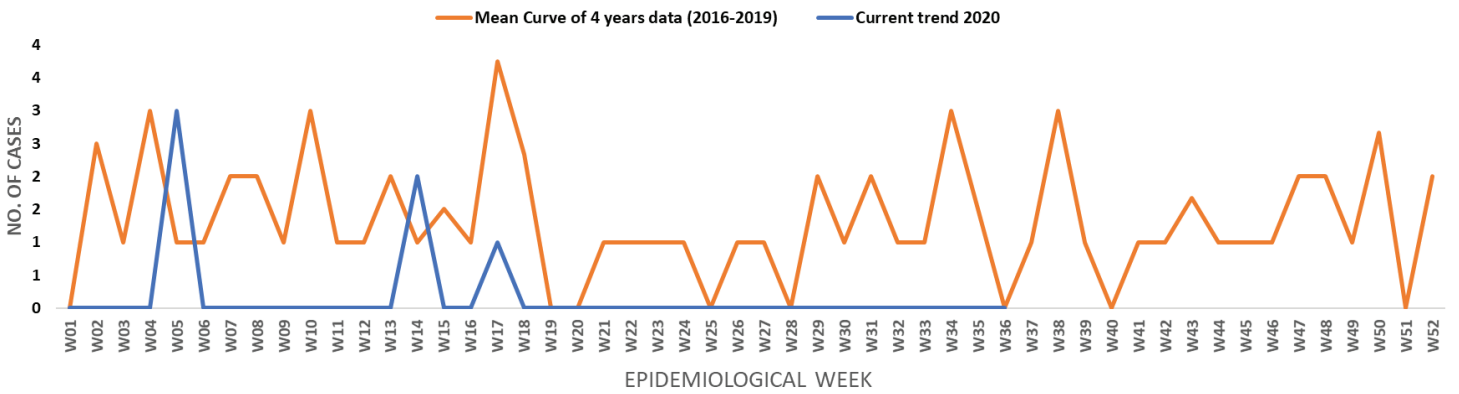
Trend of Suspected Measles cases in recent weeks



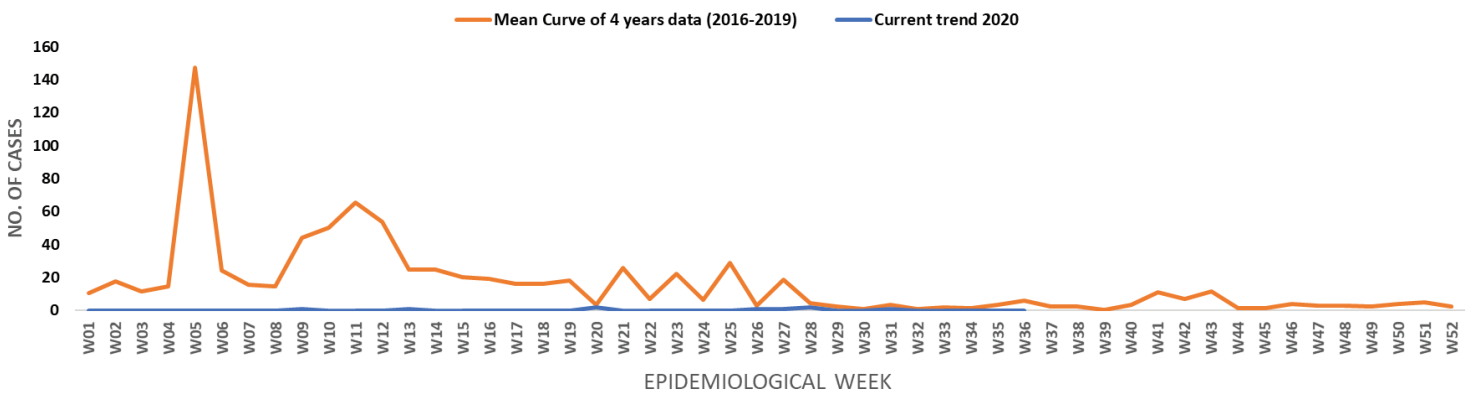
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



Health Cluster

Because private clinics were being asked to close by the government, public hospitals were inadvertently becoming overcrowded with patients. Partners were asked by the Cluster to document incidents of patient overcrowding and lack of social distancing in public hospitals, including names and locations of such facilities so the Health Cluster can raise an evidence-based request to the MoH.

Project closures - 2020: Since the Cluster was only 14% funded as of mid-August, donors and partners with available resources are requested to kindly reach out to the Cluster on the closure of health facilities for further detailed information to fund/support these particular locations, so service-provision in the IDP camps continue uninterrupted.

Funding un-allocated to any cluster – HRP 2020 (Reporting to FTS System): A traffic light exercise will be conducted to update the partners funding status – Cluster Team will revert to partners with this shortly. Partners to reach out to their headquarters to report on the FTS.

Reproductive Health

- Partners are procuring PPEs for federal MoH and KRG MoH frontline healthcare workers delivering both COVID-19 and non-COVID-19 related Sexual & Reproductive Health services.
- Orientation session was conducted on National Guide on Management of Pregnancy and during COVID-19, targeting frontline healthcare workers, including midwives and nurses (60 staff were trained)
- Awareness on COVID-19 and risk management communication at camp level is ongoing.

MHPSS

- IOM, on behalf of the MHPSS capacity building and human resources management committee, conducted a survey to better understand the status of applying WHO Problem Management Plus Guide (PM+).

Nutrition

- COVID-19 affected the distribution of supply from Erbil warehouses to Ninewah camps.
- Health promotion sessions/activities are badly affected as the teams have to conduct them for each person/family separately, rather than in group sessions. Hence, the number of beneficiaries has reduced.
- The curfew affected the movement of staff and the distribution of their salaries.

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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