

## HEALTH CLUSTER BULLETIN

### BULLETIN NO. 2

(Feb 2020)



Name of the Country: Iraq

Emergency type: Conflict

Reporting period: 01.2.2020- 29.2.2020

- The Humanitarian Response Plan (HRP) 2020 was officially launched in February. It can be found at the following link:

<https://bit.ly/2ylazmA>

Under the HRP 2020, the Health Cluster is requesting USD 60.3 million to address the needs of 1.26 million crisis-affected people.

- The Cluster conducted a meeting on 4th February to discuss the results of the National Partners' Capacity Survey, conducted in 2019 targeting national NGOs, local NGOs, national Red Cross/Red Crescent Societies, which focused on current technical expertise, service provision and surge capacity. The purpose of the meeting was to have a conversation around next steps on how to strengthen national partners' capacity. The outcome of this discussion was shared with the Global Health Cluster to feed into the wider discussion on the Grand Bargain and localization.

- In readiness for a potential outbreak of Coronavirus Disease (COVID-19) in Iraq, WHO in collaboration with the Ministry of Health, started preparedness initiatives including screening exercises at the points of entries (PoE), enhanced surveillance, providing necessary technical and logistics support to the Central Public Health Laboratory, building the capacity of the relevant public health staff, etc. Limitations in supplies, particularly Personal Protective Equipment (PPE) and laboratory reagents for testing of samples were identified and attempts to overcome this through international procurement were underway. The below summarizes some of the activities conducted by WHO Iraq:

-Translated the global WHO IEC material on COVID-19 into Arabic and Kurdish, which were then disseminated to different population groups. These IEC materials can be found at

<https://bit.ly/2KwTgal>

- Procured and supplied laboratory reagents to the Central Public Health Laboratory on 9th February.

### Humanitarian Response Plan 2020

**1.25M** Targeted Population    **18%** Reached Beneficiaries

**26** Partners Reported    **17** INGO    **9** 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.

**204K** Total Number of Consultations



**22K** No. of Cases Received Gynaecological Consultations

**5.4K** No. of Children Under 5 In Camps IDPS Children Screened For Malnutrition by Muac or Anthropometric Measures



**4.1K** No. of MHPSS Individual Sessions Provided

**3K** 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.



**1.5K** No. of Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

- Procured and distributed PPEs for laboratories on 12th February. Another consignment for managing 100 cases was in process.
- Conducted ToT on detection verification and response to Severe Acute Respiratory Infections on 10th and 11th February in KRG and on 25th February in Baghdad.

- The DoH Ninewah letter and commitment form, dated 3rd December 2019, instructing their staff not to work with NGO partners, was once again raised with OCHA for advocacy by the Ninewah Health Sub-Cluster, since this was affecting the provision of services as the letter did not differentiate whether the staff is working with the NGO in the camps, in public health facilities or in other facilities totally operated by the NGOs.
- The Health, Education, WASH and CCCM clusters met on 6th February, through the facilitation of OCHA, to discuss service coverage in IDP camps in line with recent reports of reduced/declining service coverage reported in some camps across the country.
- The Health Cluster Coordinator met with the Senior Advisor on Durable Solutions to discuss a draft document on durable solutions that the Cluster was in the process of developing. The aim of this document is to operationalize the durable solutions and humanitarian-development nexus in terms of activities that the Health Cluster partners can carry out during the transition phase, in line with the Humanitarian Response Plan (HRP) 2020.

In order to support the analysis that WHO Regional Office was conducting on the HRPs in the region, the Iraq Health Cluster shared the following documents from 2016 to date:

- Health Severity Scale (including indicators used, calculation methodology and population under each severity level/category)
- End of Year Emergency dashboards

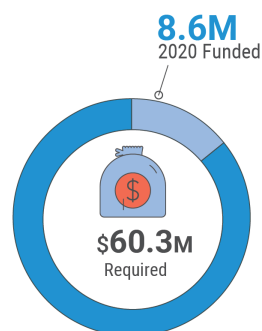
- The IASC MHPSS & Peacebuilding working groups rolled out a survey, targeting MHPSS partners, to support a better understanding and cooperation between experts and practitioners from both fields. The goal of collecting this information was to inform both the working groups in developing practical guidelines with frequently asked questions, key commonalities, context-specific language and practices.
- The Health Cluster Coordinator and WHO Area Coordinator for Ninewah governorate participated in an interview arranged by a research fellow with the Middle East Research Institute (MERI) on 11th February. MERI was working on a project to assess the current status of various initiatives designed to facilitate stabilization and IDP return in Ninewah governorate, in the face of shrinking humanitarian funding. The discussion focused on both notable successes and milestones in current health initiatives in Ninewah, as well as to identify gaps, shortcomings, or "next frontiers" that would justify continued humanitarian spending
- OCHA conducted a workshop to finalize and endorse the ToRs for the Inter-cluster Coordination Group (ICCG) on 13th February. In preparation for this, a sub-national cluster capacity mapping exercise was conducted to identify the presence and capacity of the sub-cluster coordination mechanisms.
- Advocacy by the Cluster, OCHA and the Humanitarian Country Team with the Government regarding obtaining access letters to transport supplies between GoI and KRG continued in order to avert interruption of lifesaving services to affected population. The Humanitarian Coordinator reached an agreement on an interim solution with the Prime Minister's office requiring UN entities in Iraq to identify NGOs with whom they were partners currently or recently, or planned to be engaged with in the future. Information on this was requested by 18th February, so the HC could pursue this issue further with the Government.
- In an effort to revise the Health Cluster IASC core indicator list, the Global Health Cluster Information Management Task Team worked collectively to review these indicators and make suggestions for alteration. A list of 37 indicators was arrived at and, in order to ensure that the needs and opinions of those who collect, process, analyse and use the data from these indicators at country level was captured, a survey was rolled out, with a deadline of 19th February. Iraq health Cluster joined the other clusters in providing feedback through the survey.
- In order to train Cluster partners on the Activity Info reporting to HRP 2020 and incorporate their feedback on the activities, indicators and definitions included for reporting for 2020, the Health Cluster Coordinator and IM team conducted a training workshop in Dohuk on 20th February. The attendees consisted of DoH staff as well as those Health Cluster partners who are active in Dohuk and the surrounding locations of Northern Ninewah, whose operations are conducted from Dohuk.

- As an action point from the workshop held on 13th February, OCHA conducted a follow-up half-day workshop on 26th February, inviting Cluster Coordinators, Co-Coordination and NCCI to participate. The purpose of this workshop was to reach clear decisions on sub-national ICCG functions, roles, responsibilities and the associated best set-up to ensure that the sub-national ICCGs are fit for their purpose, while also clarifying the relations between national and sub-national coordination structures to ensure the most effective and efficient humanitarian coordination systems. The outcome of the workshop were compiled and shared with the HCT.
- The first confirmed case of Coronavirus Disease (COVID-19) was recorded in Iraq on 24th February 2020, in the city of Najaf, Najaf governorate. The individual was a religious student travelling back from Iran. Four more cases, of the same family and with travel history to Iran, were reported in Kirkuk governorate on 25th February and one additional case was confirmed in Baghdad on 27th February. As of 29th February, Iraq had a total of 13 cases with no deaths.

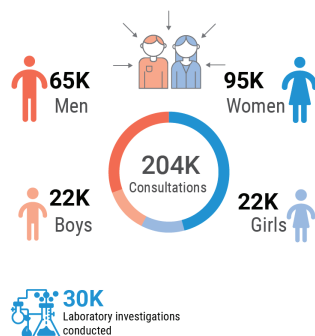
The Iraqi government responded as below:

- Restriction of entry to non-Iraqi travelers (direct or indirect for a previous period of 14-days) coming from China, Iran, South Korea, Thailand, Japan, Italy, and Singapore until further notice.
- Iraqis coming from these countries are to be quarantined at their homes for 14 days (for those of no clinical signs), and at designated hospitals in each governorate (for those with clinical symptoms).
- Advising citizens to avoid gatherings (especially in closed sites) and travel (except in emergency situations).
- Avoid conducting meetings, symposiums, and other events except for emergency conditions.
- Adopting a fast track mechanism to procure medical supplies, test kits, PPEs, thermal scanners, and other needed diagnostic and curative commodities through KIMADIA and distribute it to all possible sites (Ports of Entry, Government buildings, etc.).
- The Health Cluster led a session in the Education Cluster meeting, held on 26th February, on awareness of COVID-19 infection and prevention methods, as well as how Education partners and schools can best prepare and respond to any threat or actual cases of COVID-19 infection. In addition, a COVID-19 awareness session for Health, WASH and Education cluster partners from the field level was planned for 1st March.

### FUNDING INFORMATION<sup>1</sup>



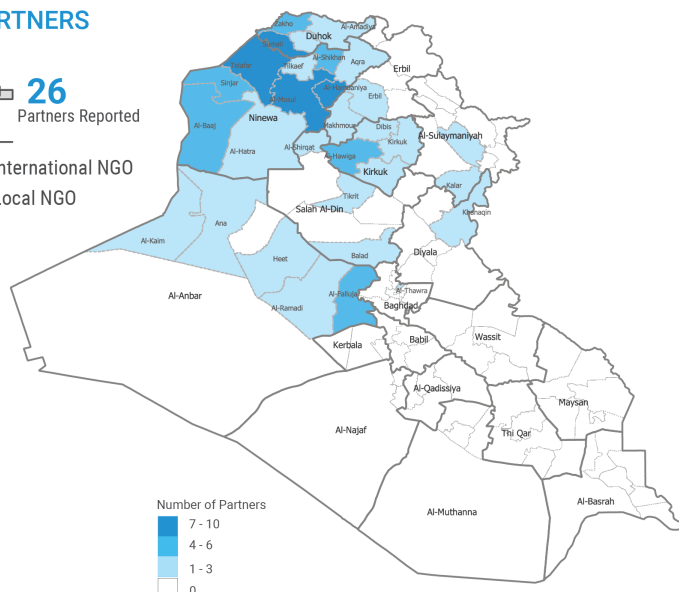
### TREATMENT OF COMMON DISEASES



### HEALTH PARTNERS

**26** Partners Reported

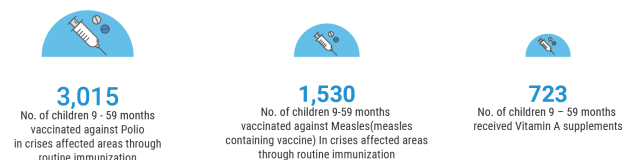
**17** International NGO  
**9** Local NGO



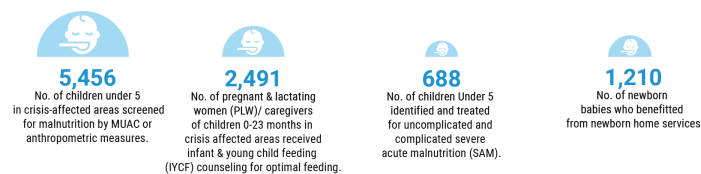
### REACHED TARGET



### IMMUNIZATION



### NUTRITION



### SUPPORT TO HEALTH FACILITIES



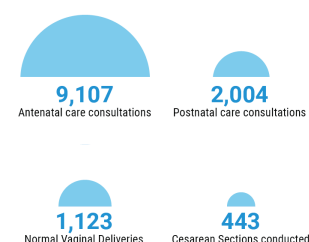
### EWARN



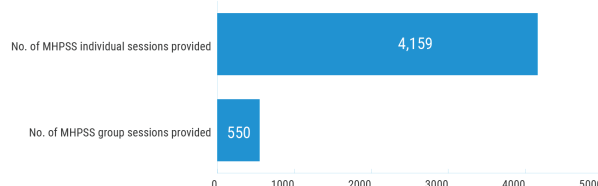
### PHYSICAL REHAB OF PATIENTS



### REPRODUCTIVE HEALTH



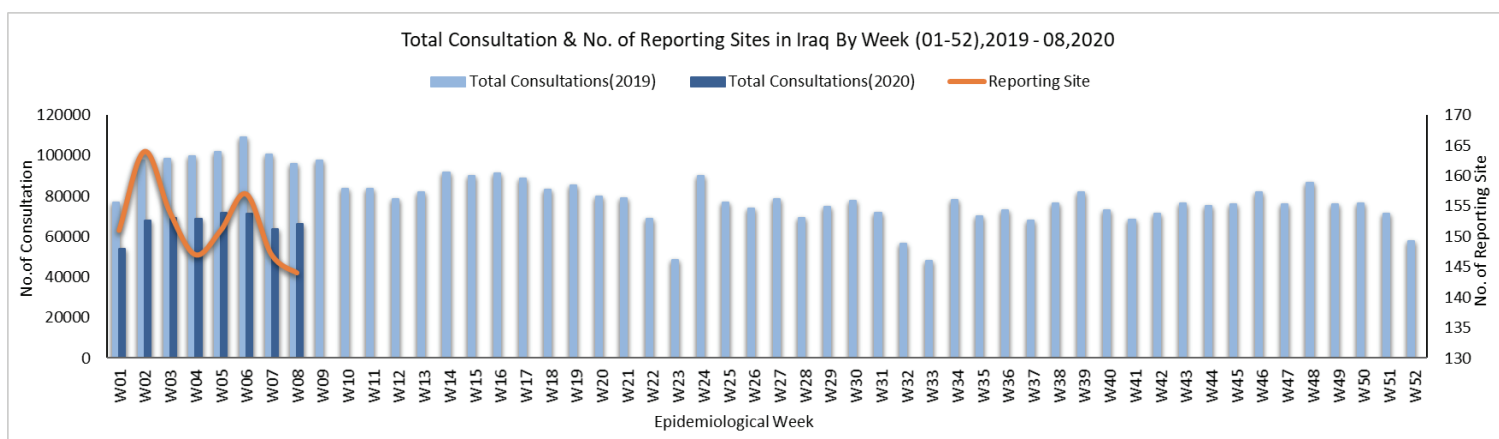
### MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES



### CAPACITY BUILDING



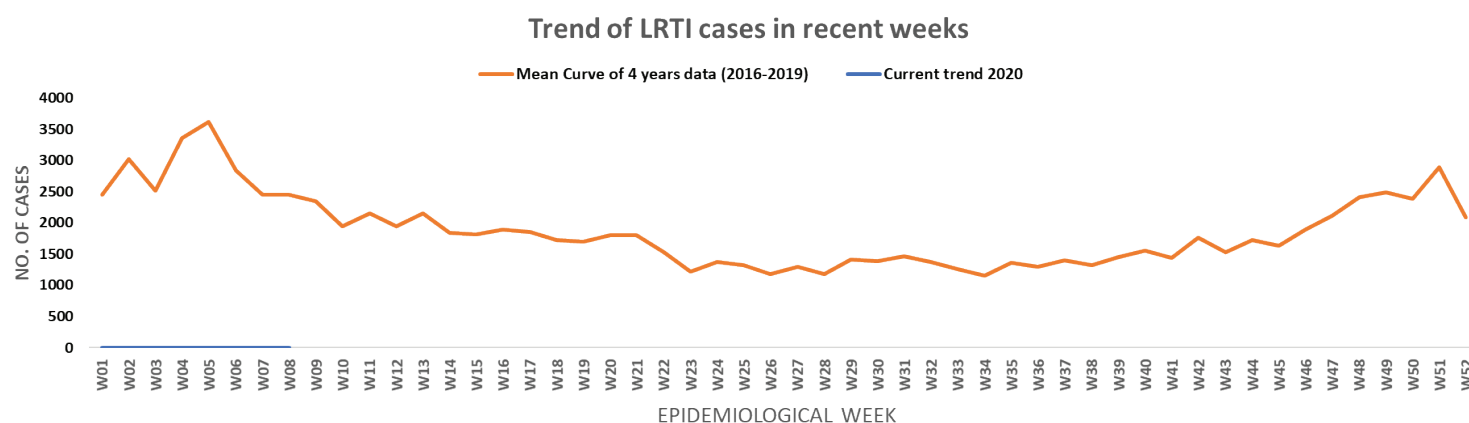
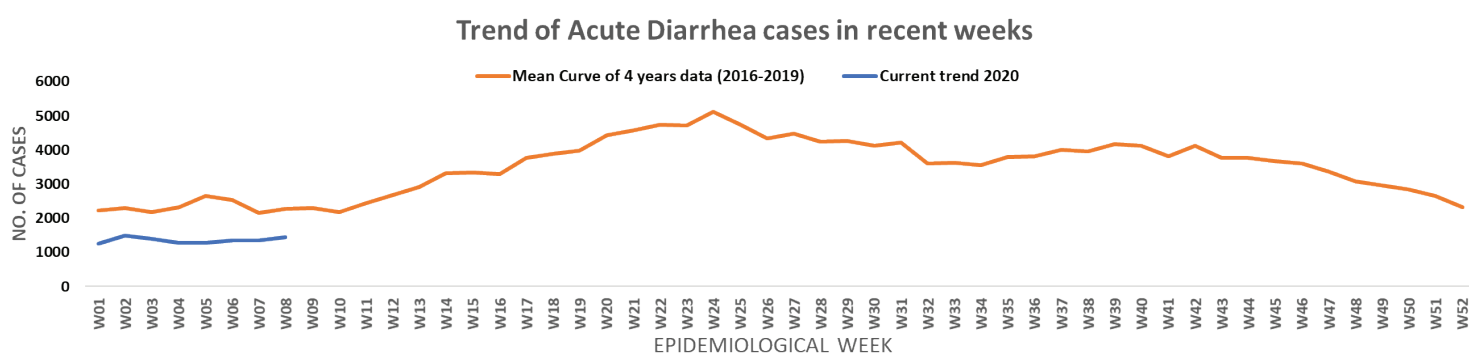
# Early Warning Alert and Response Network (EWARN)



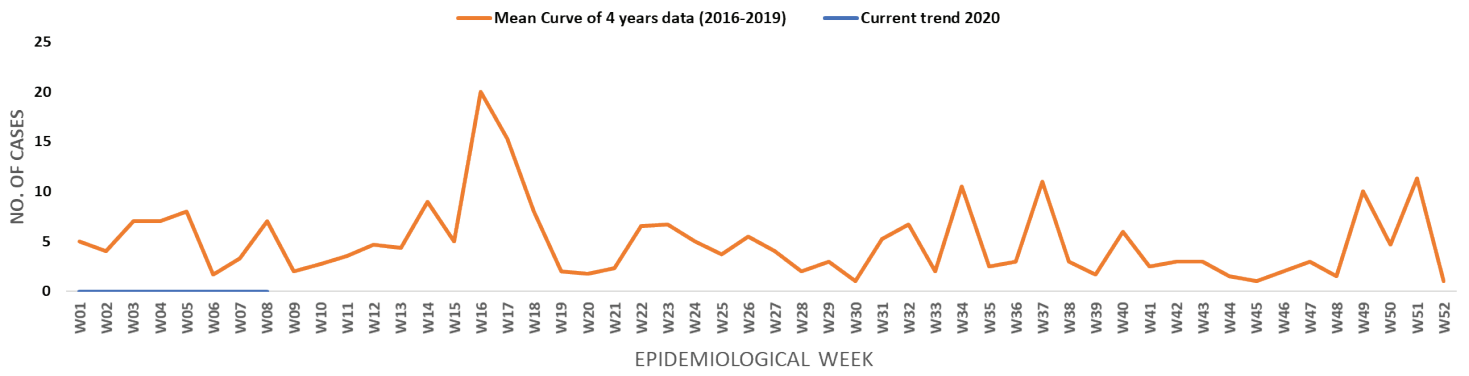
## Alerts / Outbreaks - 2020

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	0	0	0	0	0	0
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0
Suspected Measles	1	1	0	0	0	0
Suspected Meningitis	3	3	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 leishmaniasis	0	0	0	0	0	0
Avian Influenza A	0	0	0	0	0	0
Suspected COVID-19	0	0	0	0	0	0
Suspected Anthrax	1	1	0	0	0	0
<b>Total</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

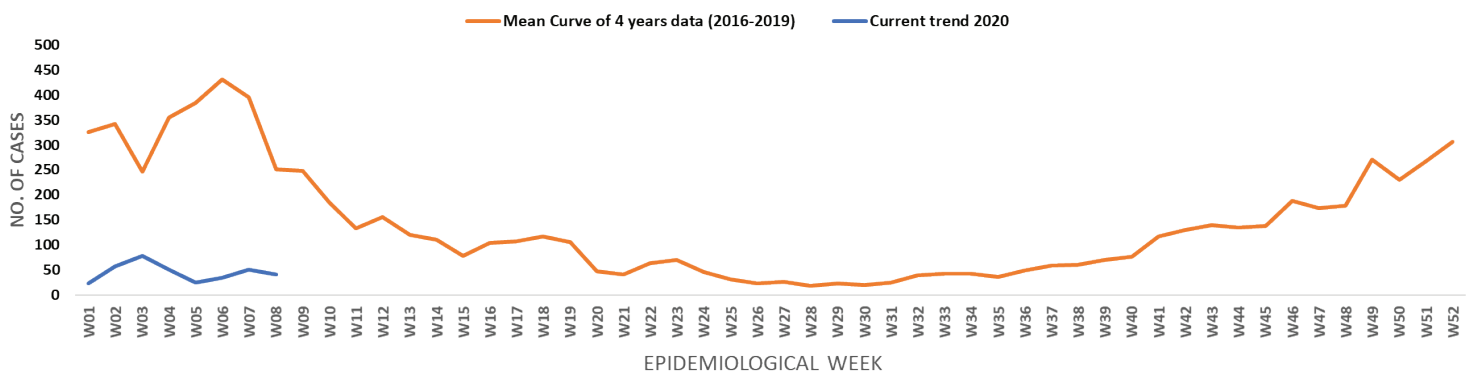
## Disease trend during Jan-Dec 2019



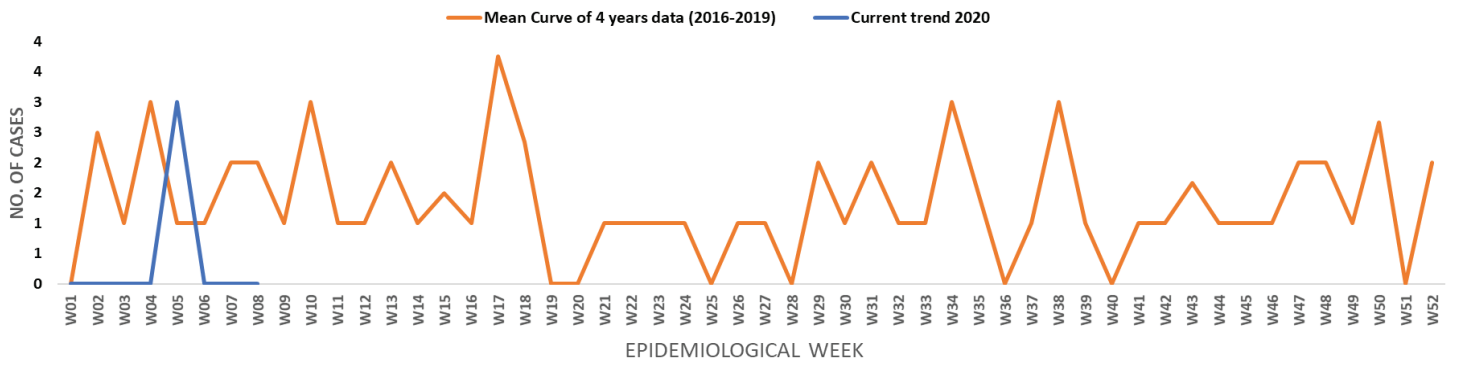
### Trend of Suspected Measles cases in recent weeks



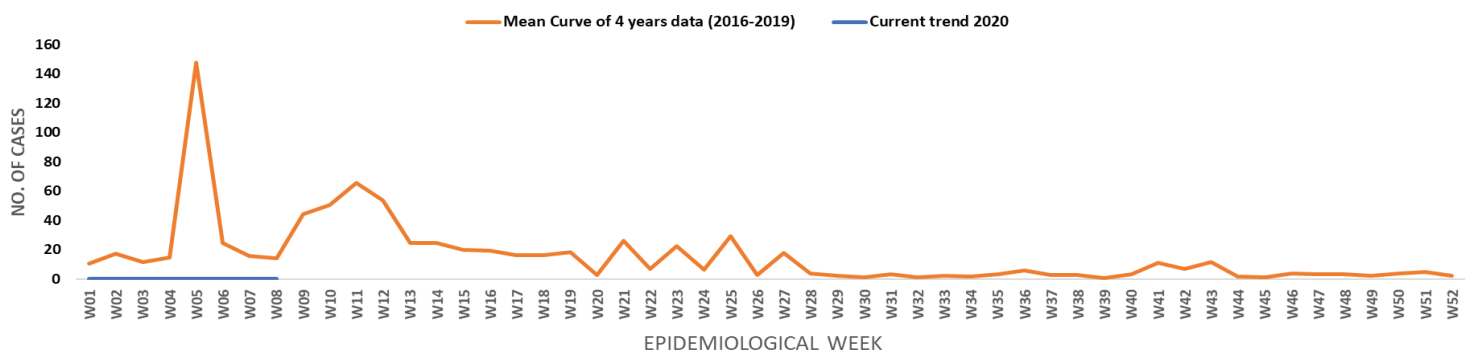
### Trend of Suspected Leishmaniasis cases in recent weeks



### Trend of Suspected Meningitis cases in recent weeks



### Trend of Suspected Pertussis cases in recent weeks





## Health Cluster

- **Humanitarian access:** As per OCHA's update on access, the Prime Minister's Office and the National Operations Centre (NOC) proposed establishing the following two-pronged mechanism for issuance of access letters to NGOs:

1. UN implementing partners to obtain access letters through the RC/HC office .
2. Non-UN partners to obtain access letters through the Directorate for NGOs (DNGO)
  - The Health Cluster to provide further clarification on the steps required for obtaining access letters and also if further attestations are needed apart from the RC/HC approvals, based on guidance obtained from OCHA and the Access Working Group

- **Cluster Coordination Performance Monitoring (CCPM) 2019:** The Cluster Coordinator announced to the participants that the CCPM assessment would tentatively be rolled out in April 2020. The Health Cluster plans to conduct an orientation workshop for partners to be able to fill the survey, once the tool has been finalized and the timeline is agreed upon.

- **Arbat IDP camp, Sulaymaniyah governorate:** The Health Cluster to discuss with the MoH in Baghdad regarding deployment of health staff to Arbat camp, since it is already over-staffed.

## Physical rehabilitation

Partners continue to face challenges as below:

- In Ninewah, shortage of appropriate infrastructure and equipment, lack of data and absence of a comprehensive information system on assistive technology and an inadequate referral system hamper the development of appropriate solutions to improve access to assistive products.
- There is lack of coordination with different departments and inadequate services for all disabilities
- Access issues, inadequate standard assistive devices, lack of trained specialists and rehabilitation professionals are other major challenges

## MHPSS

- Baghdad based national MHPSS TWG meeting resumes this month
  - To be held on Thursday 27th February at Rasheed Hotel
- Erbil meeting will be held on Tuesday the 25th at Royal Ainkawa Hotel
- Partners requested to update their information on the MHPSS online 4W database. This to be shared with global MHPSS TWG to be reflected in IASC monthly newsletter

## Nutrition

- Samaritan's Purse is now working on a self-funded project with the community in Hamdaniya district, on community nutrition and mother to mother focus group, training of community mothers to provide nutrition counselling and promotion to mothers.
- DARY update:
  - Currently running 2 nutrition units in Anbar in Ameriyat Al Fallujah (AAF) and Habbaniyah Tourist City (HTC) IDP camps with support from UNICEF, providing growth screening, promotion and newborn home visit.
  - For Ninewah a proposal has been submitted to UNICEF to support nutrition services in Salamiya 1 & 2, Himmam Al Alil 1 & 2 and Jada'a 1 & 2 IDP camps.

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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