



Name of the Country: Iraq

Emergency type: Conflict

Reporting period: 01.5.2020- 31.5.2020

- The Cluster disseminated a survey to the partners being conducted by the Center for Operational Analysis and Research (COAR) on behalf of the European Commission (EU Delegation to Syria), which focused on human resources for health (HRH) in Syria and neighboring countries in order to identify gaps and entry points for the EU to support the strengthening of human resources for the Syrian health system. Partners were requested to fill the survey by 5th May.
- Since Medair is gradually phasing out of the Iraq emergency during this year, they reached out to the Cluster to identify another NGO to cover the position of sub-cluster Co-Lead in Kirkuk Governorate. MdM came forward and, subsequent to discussion with the Cluster and the DoH, an MoU was written and signed by all three parties. MdM officially took over the position of Health sub-cluster Co-Lead in Kirkuk starting on 1st May 2020.
- Mercy Hands developed guidelines for safe workplace practices that set up the minimum standards to be applied at the workplace to reduce risk of contracting COVID-19. This document was shared with the health cluster partners for information and to assist them (should this be required) in developing their own guidelines for safe workplace practices.
- The Global Health, Shelter, Protection, and CCCM clusters hosted a webinar on 1st May on "Approaches to isolation, quarantine and prevention measures such as shielding of vulnerable individuals in a Humanitarian Setting: Practices and considerations in a COVID-19 context". Partners in the country were invited to attend this webinar.
- As in past months since the beginning of the COVID-19 epidemic in Iraq, the WHO Representative and Head of Mission, Dr. Adham Abdel Moneim, gave a number of interviews on Iraqi TV channels during May, focusing on messages of risk communication and preventive methods of infection. Some of the interviews can be seen at the below links:

- [Interview with Al-Hurra Iraq T.V. channel](#)
- [Interview with Al-Iraqia News T.V. channel](#)
- Interview with Rudaw T.V. channel: [Arabic](#) [Kurdish](#)

Humanitarian Response Plan 2020

1.25M Targeted Population **45%** Reached Beneficiaries

28 Partners Reported **17** INGO **11** 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.

190K Total Number of Consultations



19K No. of Cases Received Gynaecological Consultations

3K No. of Children Under 5 In Camps IDPS Children Screened For Malnutrition by MUAC or Anthropometric Measures

5.5K 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.



6.5K No. of Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

- The Basrah security authorities, in coordination with Basrah University and WHO Iraq, conducted a training for health staff in southern governorates (Thi Qar, Missan and Muthanna) on the proper use of the PCR device. An article written about this event can be found [here](#).
- The Health Cluster established the COVID-19 Task Force in order to coordinate the health preparedness and response activities in Iraq at the operational level, as outlined in the “Iraq Country Strategic Preparedness and Response Plan (PRP) Against COVID-19”. The Task Force is to be complementary with other existing coordination structures, aiming to leverage the reach and capacity of relevant Health Cluster partners under the COVID-19 response. As a start, the health partners who reported to the [Health/WASH/CCCM 4Ws Capacity Mapping platform](#) were selected to participate in the Task Force, with the potential to increase the number of partners, as required. The ToRs of this Task Force are available [here](#). The Task Force held its first meeting on 6th May.
- A tool was developed to collect information on the health-related resources (equipment/supplies/services) that have been provided by humanitarian health partners to the MoH in response to the COVID-19 pandemic. The information is to be collected on a health facility level to aid in identifying gaps and needs. The reporting request was shared with partners; those who responded were provided with a username and password to the reporting platform. It is expected that an infographic of the results will be developed and disseminated in June.
- The Global Health Cluster (GHC) conducted a survey with the objective of ensuring to accurately reflect where each country cluster is in terms of preparing and actualizing their COVID-19 response, and the key information available at country level. The GHC is to compile this information into a brief dashboard that will provide links to all the relevant information for each cluster in one location. The Iraq Cluster completed the survey by 7th May.
- The Cluster was instrumental in sharing a survey to WHO NGO partner agencies on occupational health of healthcare providers. This was done in order to gather information on percentage of countries that have national occupational safety and health plans or programs for health workers. The deadline for this survey was 8th May.
- The updated information tools released by WHO regarding violence against women (VAW) and COVID-19 on a global level were shared by the GHC with all country clusters. These are as below:
 - Information brief on [What the Health Sector Can Do to Address VAW in the context of COVID-19](#) is now available in English, French, Russian, Spanish, Portuguese, Arabic, and Chinese.
 - [Questions & Answers](#) webpage regarding VAW during COVID-19, with content available in English and French.
 - Information brief on [Violence Against Women and Girls and Data Collection During COVID-19](#) jointly developed with UN Women (more practical guidance is planned to follow this brief paper).
 - A series of [infographics](#) containing key messages for health workers, health systems, government, survivors, and support persons to respond to VAW in COVID-19 response

The Iraq MHPSS Working Group shared these documents with their partners for information.

- The WHO Academy developed an app to support health workers to easily access all the WHO COVID-19 guidance, tools and learning. The target is all health workers and it is now available in Arabic, Chinese, English, French, Spanish, Russian:
 - Apple app store: <https://apps.apple.com/us/app/who-academy/id1506019873?ls=1>
 - Android: <https://play.google.com/store/apps/details?id=org.who.WHOA>

This was disseminated to the partners by the Cluster.

- In order to integrate reporting for COVID-19 with the existing HRP reporting framework, OCHA conducted an exercise to understand if there are any significant changes in reporting requirements. In keeping with the concept of an Addendum to the HRP, and given that all the clusters in Iraq anticipate COVID-19 reporting to follow the same frequency and administrative level as the current HRP reporting, the option of developing a new COVID-19 reporting form in the existing HRP Activity Info database was considered favourable.

- As a follow-up to the COVID-19 HRP reporting exercise and as agreed during an Information Management Working Group (IMWG) meeting, OCHA conducted a meeting on 12th May, inviting Cluster Coordinators and IMOs to come together to assess and agree upon COVID-19 reporting requirements for new and modified HRP activities.
- The CCCM Cluster convened a meeting on establishing quarantine & isolation areas in camps as a contingency measure for COVID-19, on 13th May. The Health, Shelter, and WASH cluster coordinators participated in the discussion, to present the developed technical guidance and the status of planning so far.
- The final versions of the Allocation Priorities for the First Standard Allocation 2020 of the Iraq Humanitarian Fund (IHF) were developed by the clusters and shared with the Humanitarian Financing Unit (HFU) by 4th May. The Health Cluster is requesting an amount of USD 1.47 million to cover the gap in service-provision to underserved, out-of-camp locations, with support to COVID-19 response activities. As per the HFU timeline, the system would be open to receiving proposals between 17th May to 7th June 2020, after which the Strategic and Technical Reviews of the projects would commence
- WFP developed an online questionnaire to undertake an assessment of the needs of the humanitarian community in Iraq for logistics support. All UN and NGO partners working on humanitarian response during COVID-19 were encouraged to fill out the questionnaire, with a deadline of 18th May. Subsequently, WFP is to consolidate the responses obtained through the survey and decide on the way forward in terms of logistics support.
- WHO's Eastern Mediterranean Regional Office (EMRO) sent out a short survey to the cluster coordinators in the region on the presence of a Cash Working Group in the country and whether there were any queries on Cash and Voucher Assistance (CVA). This survey was completed by Iraq Cluster on 18th May.
- The GHC COVID-19 Task Team was established in May with the aim to effectively support Health Cluster preparedness and response through understanding country level technical, operational and coordination challenges; adaptation and use of COVID-19 guidance for low capacity and humanitarian settings; and to capture good practice and lessons learned. The Task Team is comprised of interested GHC partners, representatives from existing knowledge management initiatives, Health Cluster Coordinators and WHO regions. Iraq nominated the Communicable Disease and EWARN focal person of WHO Iraq office, Dr. Vickneswaran Sabaratnam, to be part of the GHC Task Team. Since he is also the WHO focal person in the Iraq Health Cluster COVID-19 Task Force, a two-way communication and information sharing between the two task teams is envisaged.
- The "Remote counseling by health care providers (suspected or disclosed GBV case)" flow chart that was developed in April, was translated into Arabic during May and shared with health facilities identified by the GBV sub-cluster and WHO.
- During May, the Health and WASH clusters provided technical feedback to the Iraq Cash Working Group on the contents of the one-off cash assistance basket under the COVID-19 response plan, based on comments provided by donors, to be in line with the global guidelines.
- An adult male who was sent out of Hasansham U3 camp on 17th May, tested positive for COVID-19 infection after lab investigation. He was subsequently detained in a prison in Mosul due to some security-related issues. On 26th May, a joint team from MoH/DoH Erbil visited the camp and collected a total of 95 samples (75 from IDPs and 20 from security, health workers and other staff working in Hasansham camp) from the sector where the man was living. The next morning, the test results of the 95 samples were announced as negative. According to the recommendations of DoH, BCF, the Camp Management partner, quarantined the suspected contacts of the person for 6 days after which a second test was conducted, also turning negative. In the interim, food was provided to the quarantined people by BCF.
- The cumulative number of COVID-19 cases in Iraq during March 2020 were **4353** with **112** deaths.

FUNDING INFORMATION¹ TREATMENT OF COMMON DISEASES

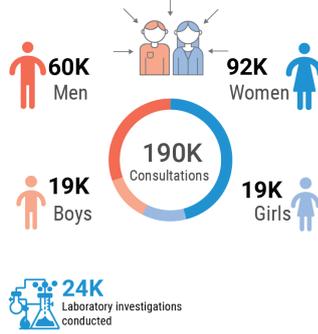
General Health

\$58.8M Required



Health COVID-19

\$65.3M Required

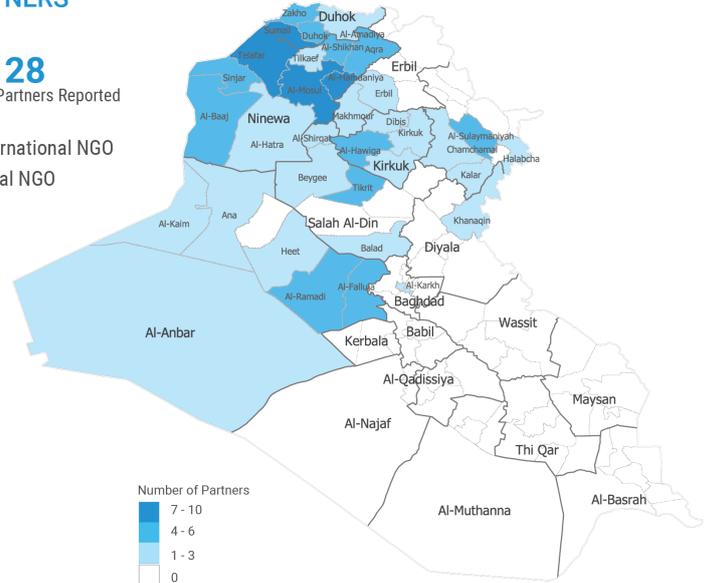


HEALTH PARTNERS

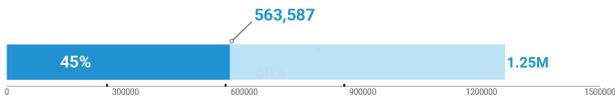
28 Partners Reported

17 International NGO

11 Local NGO



REACHED TARGET



IMMUNIZATION



10,883

No. of children 9 - 59 months vaccinated against Polio in crises affected areas through routine immunization



6,441

No. of children 9-59 months vaccinated against Measles (measles containing vaccine) in crises affected areas through routine immunization



4,882

No. of children 9 - 59 months received Vitamin A supplements

NUTRITION



2,986

No. of children under 5 in crisis-affected areas screened for malnutrition by MUAC or anthropometric measures.



1,886

No. of pregnant & lactating women (PLW/I) caregivers of children 0-23 months in crisis affected areas received infant & young child feeding (IYCF) counseling for optimal feeding.



53

No. of children Under 5 identified and treated for complicated and severe acute malnutrition (SAM).



280

No. of newborn babies who benefitted from newborn home services

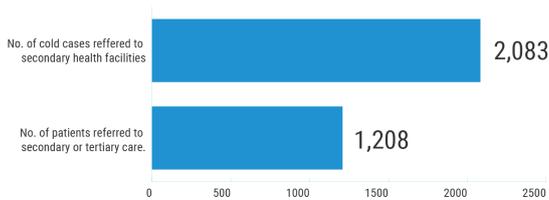
SUPPORT TO HEALTH FACILITIES

12

No. of hospitals supported to provide secondary health care services.

133

No. of Health Facilities supported to provide primary health



EWARN



87

Health facilities (PHCCs/MMCs) reported to EWARN system.



18

Camps covered by EWARN services.



5

Alerts that were investigated and responded to within 72 hours.

PHYSICAL REHAB OF PATIENTS



1,537

Physical and functional rehabilitation sessions provided.



8

Patients supported with assistive devices



20

Prosthetic devices provided for amputees

REPRODUCTIVE HEALTH



Antenatal care consultations



Postnatal care consultations



Normal Vaginal Deliveries



Cesarean Sections conducted

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

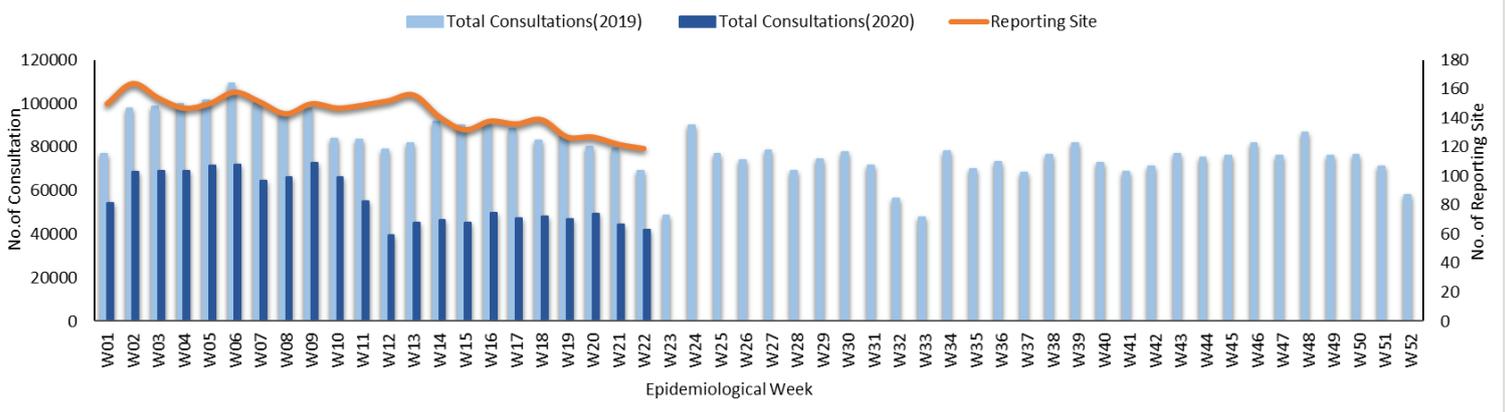


CAPACITY BUILDING



Early Warning Alert and Response Network (EWARN)

Total Consultation & No. of Reporting Sites in Iraq By Week (01-52),2019 - 22,2020

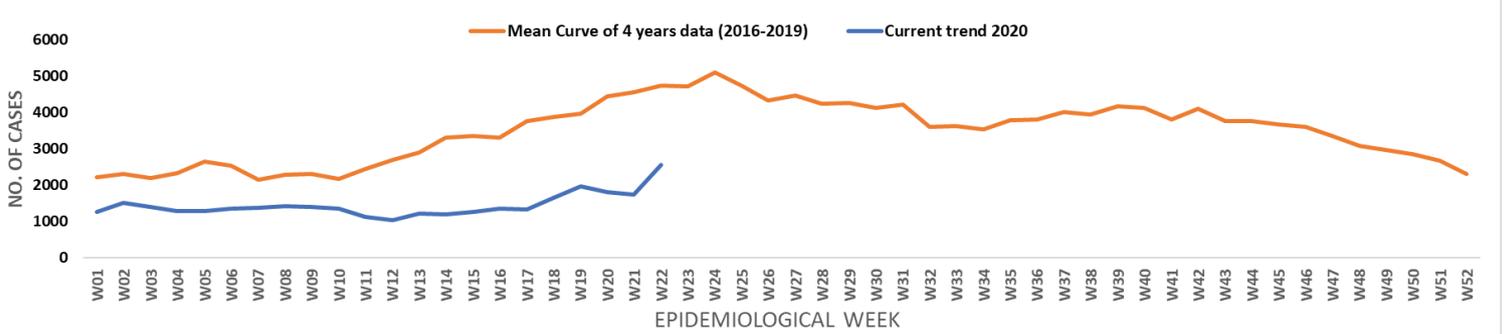


Alerts / Outbreaks - May 2020

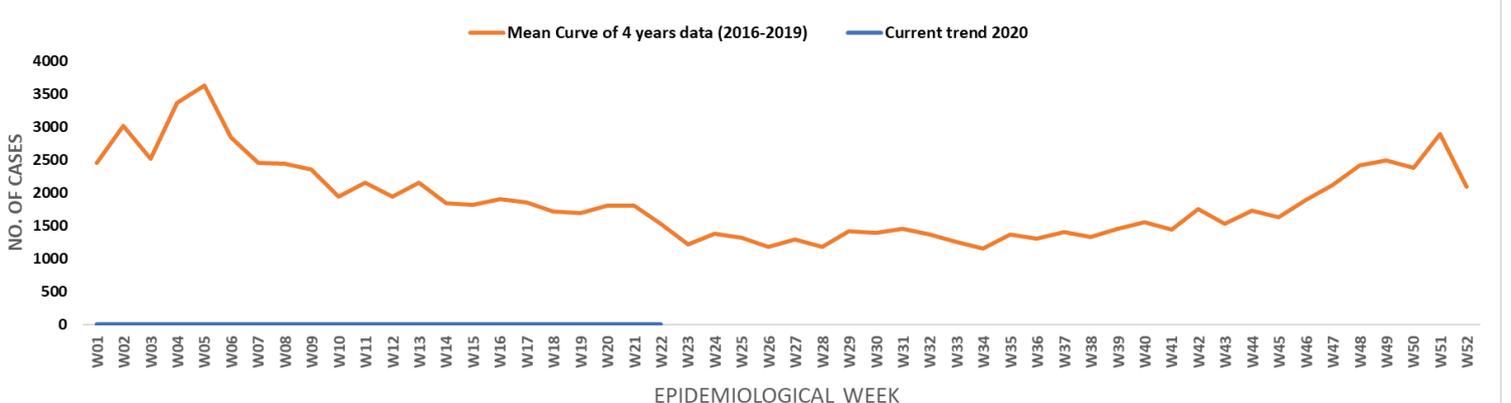
Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	1	1	0	0	0	0
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0
Suspected Measles	1	1	0	0	0	0
Suspected Meningitis	9	9	1	1	0	0
Suspected Diphtheria	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	11	11	0	0	0	0
Suspected Anthrax	1	1	0	0	0	0
Total	23	23	1	1	0	0

Disease trend during Jan-Dec 2019 compared to 2020

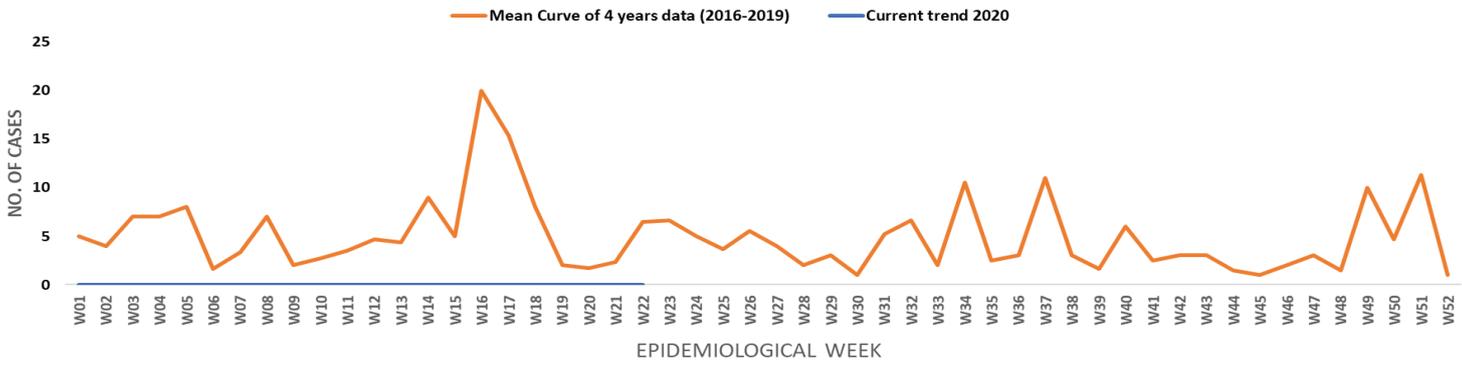
Trend of Acute Diarrhea cases in recent weeks



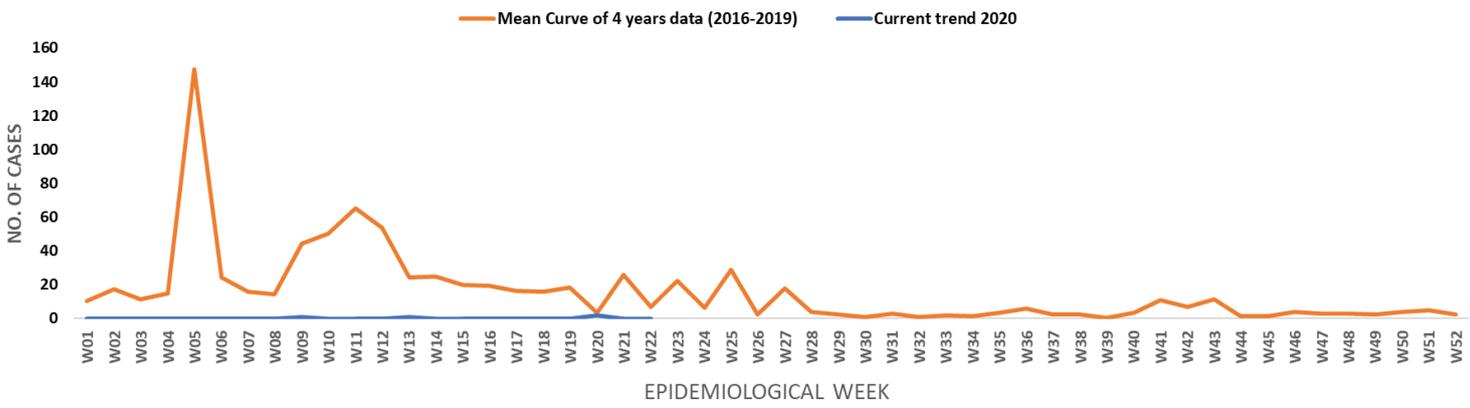
Trend of LRTI cases in recent weeks



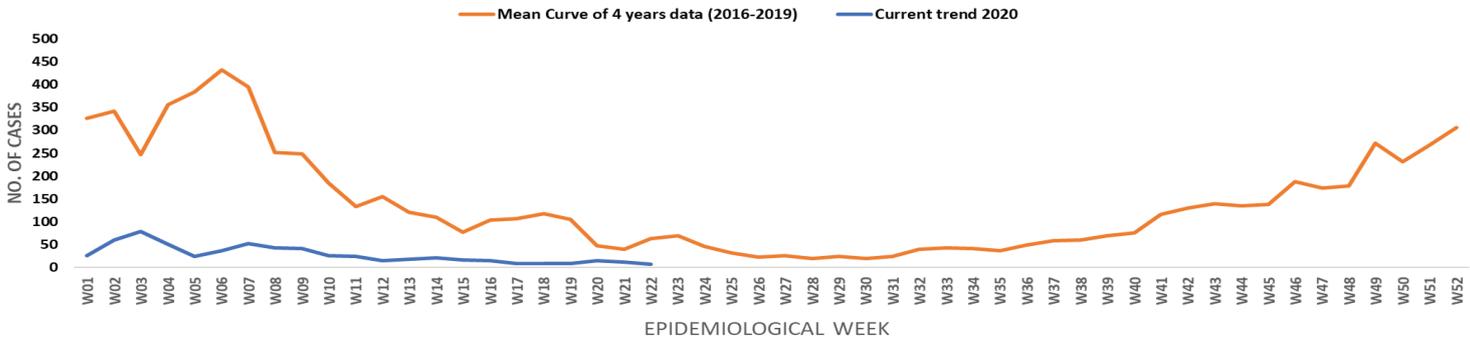
Trend of Suspected Measles cases in recent weeks



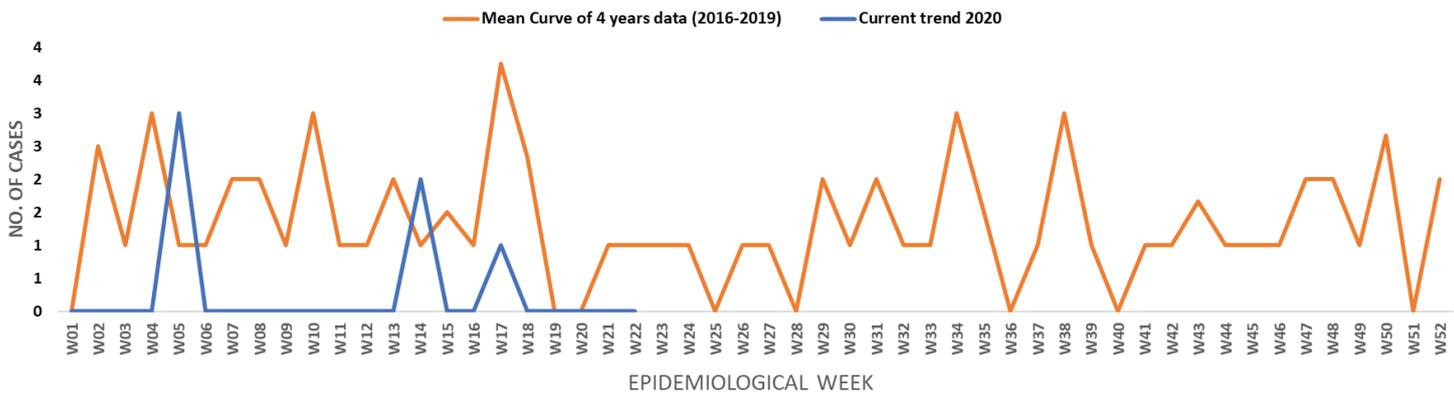
Trend of Suspected Pertussis cases in recent weeks



Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Health Cluster

- The Health Cluster to send out an invitation to the partners who had reported to the joint COVID-19 Capacity Mapping 4W template to update the information for May 2020.
- On sharing of the WHO report on the high-level Country Support Mission to Iraq:
 - The overall report is the property of the Ministry of Health and it is not possible to share without their express approval.
 - However, for the information of the partners, a brief of the findings can be found in meeting presentation [linked here](#)
- Partners are kindly requested to share access issues with the AWG and OCHA sub-offices in the governorates, so these constraints may be communicated and advocated for with the national authorities.
- COVID-19 Inventory of stocks/services template: The Humanitarian health stock inventory mapping tool has been developed. This tool was shared during the COVID-19 Task Force meeting for participant agencies to test the form and provide feedback. This has been incorporated and an invitation will be shared with relevant partners to fill in information, at location level, on the service/supplies provided to the government of Iraq under the COVID-19 response.

Reproductive Health

- UNFPA support continued during COVID-19 pandemic through provision of RH information and services via supporting 61 SD (RH clinic, BEMOC, and maternities) in IDP, refugee, returnee and host community.
- Provision of PPE (Personnel Protection Equipment) to protect health workers, particularly midwives, nurses, obstetricians, as well as support to MoH through local procurement.
- Support awareness raising interventions about COVID-19.
- Support Ministry of Health and partners to strengthen, implement and integrate gender and SRH into COVID-19 preparedness and response and maintain ongoing RH services. (RH WG)
- Advocacy ongoing to ensure that women's and girls' choices and rights to sexual and reproductive health is respected regardless of their COVID-19 status, including access to contraception (UNFPA in coordination with MOH to transport Family Planning commodities from Erbil to Bagdad)
- Planning to organize training on management of Covid-19 during pregnancy.
- Scale up family planning services provision targeting low prevalence areas (finalization of family planning strategy).

MHPSS

- Consolidated key messages on GBV prevention and MHPSS were prepared jointly by the National MHPSS TWG and GBV sub-cluster to be used in the dissemination campaigns on social media, through sms, TV and radio channels.
- Awareness-raising materials in Arabic and Kurdish were printed and distributed
- The National MHPSS TWG holds regular online meetings and coordinates with other relevant clusters.
- Online trainings on the IASC Interim Guidance Note on MHPSS Aspects of COVID-19 for the frontline health care providers and other frontline staff have started focusing on:
 - How to prevent and address social stigma associated with COVID-19
 - Stress management
 - How to respond to women with GBV problems
 - Remote Psychological First Aid (PFA)

Nutrition

- The health teams screened 7,272 U5 children for growth and identified 53 cases of SAM and 179 cases of MAM and referred them for management accordingly.
- UNICEF ensured availability of nutrition supplements at camps for U5 children.
- 1,945 mothers of children 0-23 months benefitted from IYCF counselling.
- Health teams provided home visits for 268 newborns (in camps) to check for danger signs and support breastfeeding practices, hygiene and well-being of lactating mothers.
- All relevant Nutrition guidelines in the context of COVID-19 shared with MoH/KRI.

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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