

## HEALTH CLUSTER BULLETIN

### BULLETIN NO. 10

(October 2020)



Name of the Country: Iraq

Emergency type: Conflict

Reporting period: 01.10.2020- 31.10.2020

- Health, Shelter, WASH and CCCM clusters put together a draft Allocation priorities document for the IHF 1st Reserve Allocation of 2020 which is to focus on the establishment and running of Quarantine/Iso-lation (Q/I) areas in priority IDP camps, in the backdrop of expected consolidation/closure of camps according to the Government's decision. This focused on:

1. COVID-19 status in camps and consideration on their vulnerabilities
2. Justification for setting up Q/I areas in camps
3. Status of installation of Q/I areas
4. Running costs of Q/I areas
5. Partners capacity

This was shared with IHF on 1st October in order to be submitted to the HC and the Advisory Board for review and approval, in order to launch the Allocation as soon as possible. Subsequently, the clusters worked with partners on establishing consortia to receive funding from the Reserve Allocation, while also supporting the existing consortia to obtain top up funding under the IHF Cost Extension component.

- On behalf of the Global Health Cluster COVID-19 Task Team, Harvard Humanitarian Initiative conducted a Country Case Study on COVID-19 with the aim to better understand key technical and operational challenges, barriers to maintaining essential health services while treating COVID-19, as well as multi sectoral or inter sectoral programming and coordination challenges being faced at country level in humanitarian or resource limited settings, between 20th – 31st July 2020. Six countries (Burkina Faso, Chad, Cox Bazar Bangladesh, Iraq, NE Nigeria and Yemen) were selected to be part of the study which was via key informant interviews. Key informants included the Cluster Coordinator, WHO technical team, national and international NGOs, MoH focal points and donors. In parallel with this exercise and with the same objectives, Ready Initiative, on behalf of the GHC COVID-19 Task Team, conducted an online survey, open to all cluster countries and targeting Health Cluster Coordination teams and partners to engage in. The survey was also launched in the week of 20th July. The findings were presented and discussed with the Health Cluster Coordination Teams on 29th September and to the COVID-19 Task Team members on 1st October.

### Humanitarian Response Plan 2020

**1.25M** Targeted Population    **85%** Reached Beneficiaries

**24** Partners Reported    **13** INGO    **11** LNGO

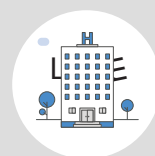
**HCO\* 1:** Avoid preventable morbidity/mortality among 284,505 IDPs out of camps, 324,512 IDPs in camps and 943,948 returnees through provision of essential primary healthcare services, referrals of complicated cases and secondary healthcare services at higher-level facilities.



**177K** Total Number of Consultations

**37K** No. of Cases Received Gynaecological Consultations

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



**6K** No. of MHPSS Individual Sessions Provided

**1K** 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 World Mental Health Day (WMHD) was commemorated on 10th October 2020. The theme for this year's WMHD is Move for mental health: let's invest. The WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) shared 5 GIFs and 1 video developed for use by country offices on social and other online platforms for the occasion, available [here](#). In addition, the WHO/EMRO Regional Director made a video statement, which can be accessed at the below links:

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

In addition, the Iraqi MoH, in coordination with the Iraqi Association of Psychiatrists, invited stakeholders to participate in an online activity in Arabic on 11th October.

- In October, ICRC shared their quarterly update with the Cluster on their donations to the Government under the COVID-19 response, conducted between June and August 2020, which included provision of PPEs and cleaning material to the 17 PHCCs and 1 hospital supported on a monthly basis. This support was extended by coordinating with the MoH on providing two ad hoc donations to 44 COVID-19 allocated facilities (hospitals, isolation centers, laboratories and Emergency Medical Service Units) with PPE, disinfection material and/or oxygenated beds.
- The Joint Needs Analysis Workshop for the Humanitarian Needs Overview (HNO) 2021 was held on 12th October. Cluster coordinators and co-coordinators, cluster IMOs, assessment partners and selected thematic experts participated in the workshop to review and discuss the inter-sectoral data and analysis that is to inform the 2021 HNO. All clusters were required to have their sectoral analysis done in preparation for the workshop to be able to contribute findings to the discussion and make recommendations on the most critical needs to be highlighted in the 2021 HNO. Also, in preparation, two technical level meetings were conducted beforehand: Information Management Working Group (IMWG) meeting on 27th September and Assessment Working Group (AWG) meeting on 5th October for which the Health Cluster provided a presentation on preliminary findings for the HNO 2021.
- [AICS - the Italian Agency for Development Cooperation](#) mentioned their intention to fund INGOs in Iraq through a new program which would have health as one of the sectors of intervention. To provide them with a better insight on priorities, feasibility, etc., the Health Cluster Coordinator had a meeting with them on 6th October.
- A 2-day "Strategic Deep Dive" on Forward Looking Analysis for the 2021 HNO/HRP was held on 18th and 20th October, which was a joint exercise including members of the HCT, donors and the ICCG. The first day focused on discussions on the potential scenarios on how the situation in Iraq is expected to develop in 2021 and whose needs change as a result, thus setting the context for humanitarian operations. On the second day, findings of the Joint Needs Analysis, boundaries of the humanitarian response based on agency and cluster proposals, initial discussion on the Strategic Objectives and prioritization/targeting were the focus of the discussion.
- The Iraq Health Cluster rolled out the Cluster Coordination Performance Monitoring (CCPM) survey for 2020 between 21st October and 2nd November. The CCPM allows partners to assess the performance of the cluster, as a whole, in achieving its core functions, as agreed by the IASC. It is articulated around the core functions and sub-functions of the cluster, and the accountability of the cluster to affected populations. The report is expected to be generated automatically on Prime at the Global Health Cluster level and will be shared with and discussed among the cluster partners in order to:
  - Reach consensus on the performance status
  - Agree on follow-up actions to improve performance, constraints identified, and/or requests for support as needed

- The Health and Shelter Clusters reviewed and modified the guidance note on the [“Establishment and Management of Quarantine and Isolation areas in IDP camps”](#) during October and shared it with partners. While the document is not substantially different from the first draft issued in April 2020, few additions and revisions were made, based on the experience developed over the past five months, as well as the COVID-19 epidemic trend and evolving situation in the country. Below is the compendium of the changes/additions made to the April version:
  1. **Page 4** On the capacity of Q/I areas for the planning and design stages: While in April it was recommended to design Q/I areas for up to 1% of the total camp population, the epidemiological trend has shown that a 5% would be more appropriate.
  2. **Page 4** On environmental disinfection: The Health Cluster has indicated that Virkon, a multipurpose disinfectant, can be obtained from MoH (contact details on page 6)
  3. **Page 6** On NFI: The Shelter Cluster has clarified whether certain items are for single use/individual, or if they can be reused (always prior to proper disinfection).  
MoMD is the authority responsible for ensuring timely and sufficient kerosene for both heating and cooking purposes. Health and CCCM partners shall report any gap to the Health and Shelter Clusters, for further advocacy with MoMD and MoH respectively
  4. **Page 7** On food security: WFP has agreed to distribute Immediate Response Rations (IRR). While Health partners are recommended to provide vitamins C, D and Zinc, particularly to the asymptomatic cases
  5. **Page 9** On Health care of Isolation cases: Patients with mild/moderate symptoms should be kept in the Isolation area until they test negative for SARS CoV-2 virus. If a patient develops symptoms of severe illness and needs respiratory support/hospital care, the individual should be referred immediately to the nearest COVID-19 management hospital using a DoH ambulance.
  6. **Page 9** On Quarantine of persons with travel history: Communities should be made aware of procedures relating to new arrivals/individuals returning to the camp who have traveled within and between governorates. These include carrying a negative laboratory COVID-19 test result from the governorate of origin, which is not older than 48 hours, or getting a test in the destination governorate.
  7. **Pages 14 and 15**, Annex 2: In the sample layouts for Q/I areas few more doors and washing points have been added, in considerations of a stricter respect of IPC protocols.

In camps where land/space availability does not allow setting up Q/I areas, as a last resort, DoH is recommending self-quarantine/self-isolation (inside the shelter).
- OCHA requested clusters’ input on proposed boundaries with durable solutions in the 2021 HRP. The purpose of this exercise was to reflect individual cluster inputs to the strategic discussion on which activities, that may also contribute to durable solutions, should be included in the 2021 HRP. The Health Cluster provided this input by the deadline of 18th October.
- UNICEF, WHO, UNESCO and WFP met on 6th October to discuss the possibility of their agencies in Iraq developing a joint position on the issue of schools reopening in the context of the COVID-19 pandemic and offering coordinated support to the Government on in this regard. The Ministries of Education and Health have both drafted guidance for their relevant facilities and personnel, and decisions on schools reopening and the issuing of relevant guidance to public facilities in Iraq are expected.
- The UN Democracy Fund sent an invitation to civil society organizations to apply between 1 November - 1 December 2020, for project funding, covering one or more of the eight thematic areas:
  - Gender equality
  - Community activism
  - Rule of law and human rights
  - Youth engagement
  - Strengthening civil society interaction with Government
  - Media and freedom of information
  - Tools for knowledge
  - Electoral processes

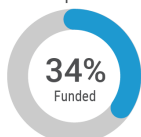
This [call for proposals](#) was disseminated to all partners by the Health Cluster on 15th October.

- The GHC shared with country clusters the recently released policy paper from the Center for Global Development on "[Inclusive Coordination: Building an Area-Based Humanitarian Coordination Model](#)". The paper proposes a re-alignment of the existing coordination architecture (cluster approach) to:
  - Promote greater inclusion of local actors (decision-making & funding)
  - Promote multi-sector & multi-disciplinary coordination closer to the affected population
  - Retain the successful aspects of the cluster approach (technical advice & quality assurance; maintaining best practice & global standards; addressing duplication and gaps with designed technical areas)
  - Delink clusters/Cluster Lead Agencies (CLAs) from core operational and humanitarian program cycle functions
  - Address funding imbalances (CLA monopoly) & increasing funding flow to local actors as per Grand Bargain commitment.
- OCHA shared the 2021 GHO Cluster input template and the HNO cluster narrative template for input from the clusters by 1st and 5th November respectively.
- The Health Cluster supported Field Ready in identifying a focal person (from WHO Iraq) to speak at their online conference planned for mid-November on how to match local procurement/supply to local needs and demands for COVID supplies.
- In the framework of the HNO, Child Protection sub-cluster organized a meeting on 27th October with field partners and coordinators to analyze the situation of child protection in Iraq. Colleagues from other sectors were invited to get insights on key intersectoral issues. The Health Cluster made a presentation highlighting the below points:
  1. Main concerns this year regarding Health and CP, highlighting the groups in the country that are currently of highest concern to Health Cluster
  2. Key ideas on how to link CP and Health work in practical terms
  3. The main Health considerations to include in the humanitarian response plan from a CP perspective

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

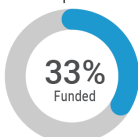
#### General Health

\$58.8M  
Required

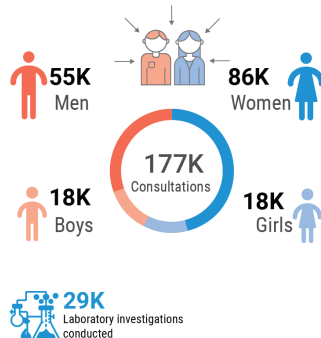


#### Health COVID-19

\$65.3M  
Required



### TREATMENT OF COMMON DISEASES

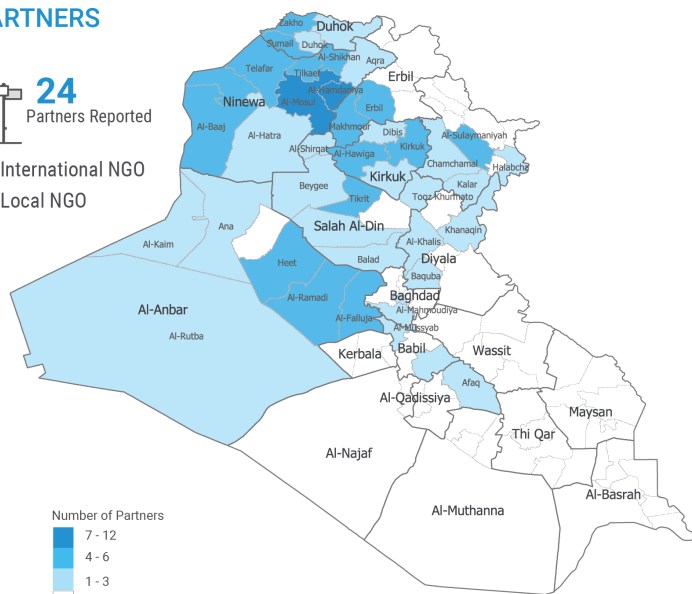


### HEALTH PARTNERS

24  
Partners Reported

13 International NGO

11 Local NGO



### REACHED TARGET



### IMMUNIZATION



3,675

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



1,508

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



1,488

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

### NUTRITION



3,605

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



1,580

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



39

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



199

No. of newborn babies who benefitted from newborn home services

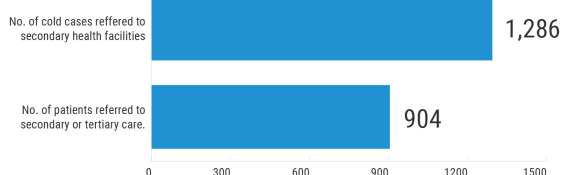
### SUPPORT TO HEALTH FACILITIES

H 19

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

H 151

No. of Health Facilities supported to provide primary health



### EWARN



75

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



18

Camps covered by EWARN services.



172

Alerts that were investigated and responded to within 72 hours.

### PHYSICAL REHAB OF PATIENTS



980

Physical and functional rehabilitation sessions provided.



93

Patients supported with assistive devices



66

Prosthetic devices provided for amputees

### REPRODUCTIVE HEALTH



16,691

Antenatal care consultations



6,510

Postnatal care consultations



1,138

Normal Vaginal Deliveries



141

Cesarean Sections conducted

### MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

No. of MHPSS individual sessions provided

6,420

No. of MHPSS group sessions provided

718

### CAPACITY BUILDING



82,260

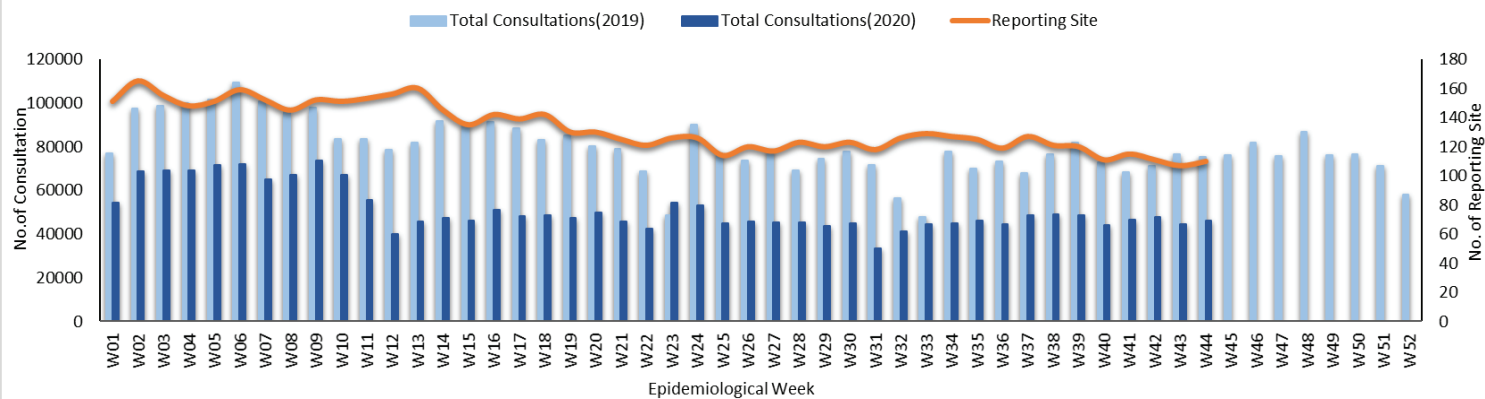
Number of individuals who attended health awareness sessions or were visited by mobile teams

13,505

Health awareness sessions conducted

# Early Warning Alert and Response Network (EWARN)

Total Consultation & No. of Reporting Sites in Iraq By Week (01-52),2019 - 44,2020

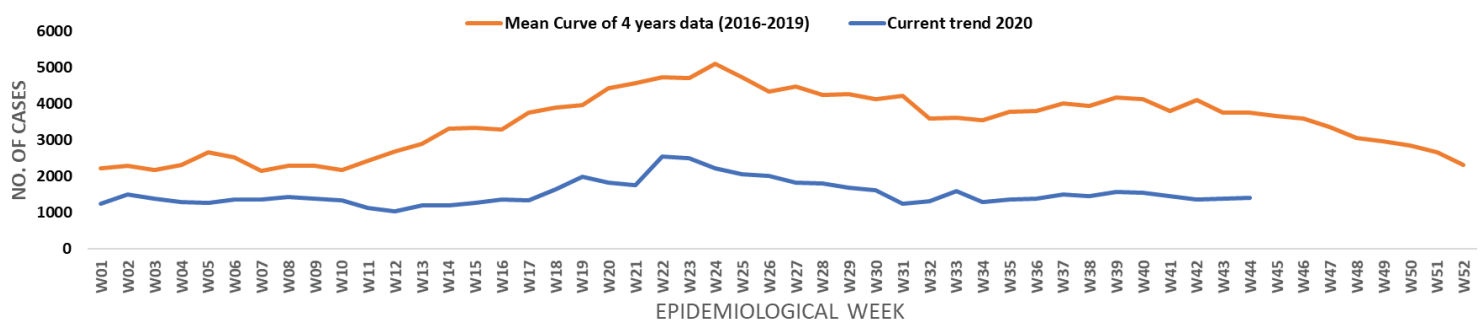


## Alerts / Outbreaks - October 2020

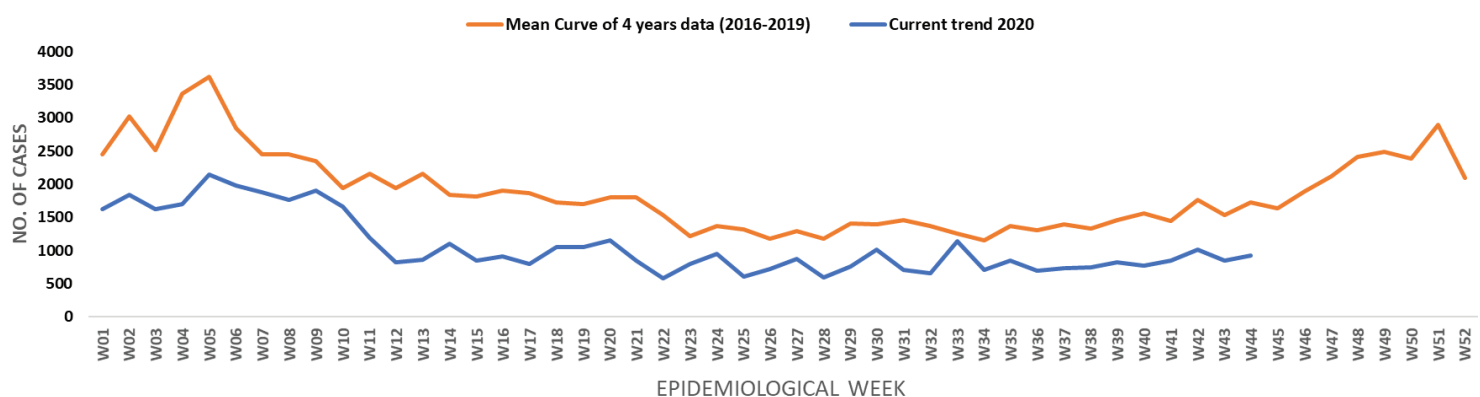
| Disease                            | No. of alerts | No. of cases investigated | No. of clinical outbreaks | No. of cases treated | No. of lab confirmed outbreaks | No. of cases treated |
|------------------------------------|---------------|---------------------------|---------------------------|----------------------|--------------------------------|----------------------|
| 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 leishmaniasis   | 0             | 0                         | 0                         | 0                    | 0                              | 0                    |
| Avian Influenza A                  | 0             | 0                         | 0                         | 0                    | 0                              | 0                    |
| Suspected COVID-19                 | 465           | 465                       | 0                         | 0                    | 21                             | 21                   |
| 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                    |
| <b>Total</b>                       | <b>485</b>    | <b>485</b>                | <b>1</b>                  | <b>1</b>             | <b>21</b>                      | <b>21</b>            |

## Disease trend during Jan-Dec 2019 compared to 2020

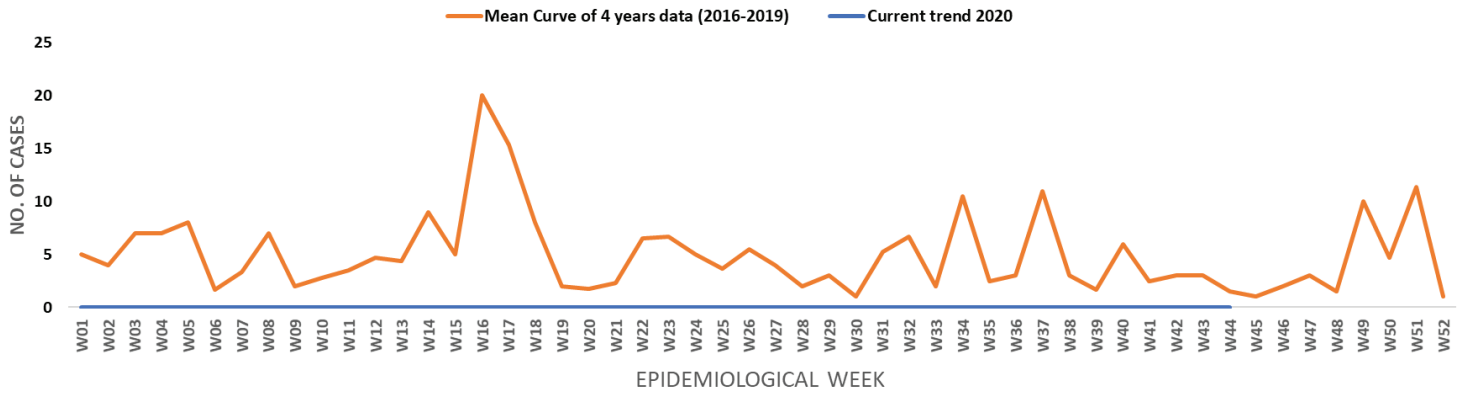
Trend of Acute Diarrhea cases in recent weeks



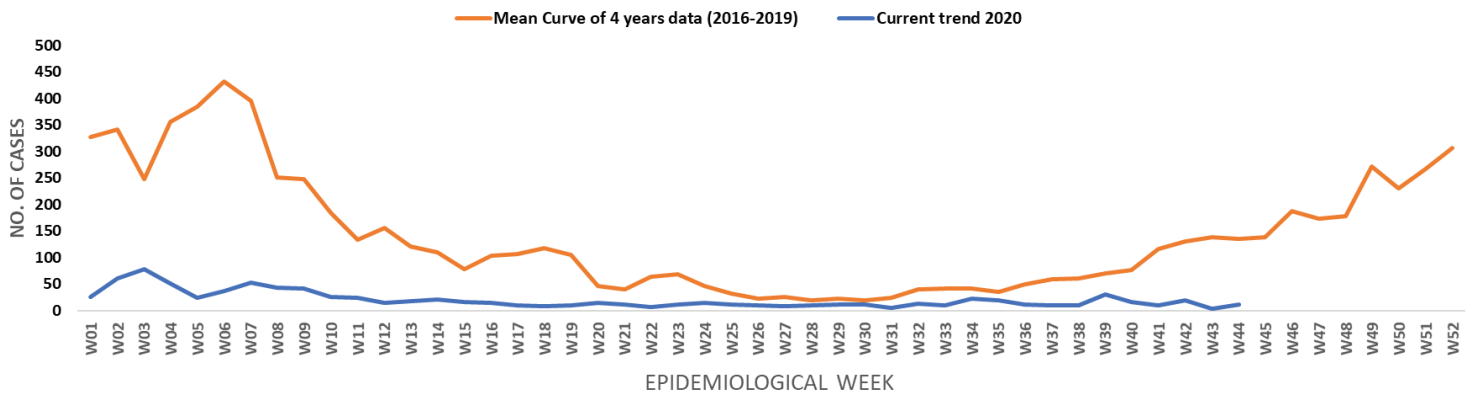
Trend of LRTI cases in recent weeks



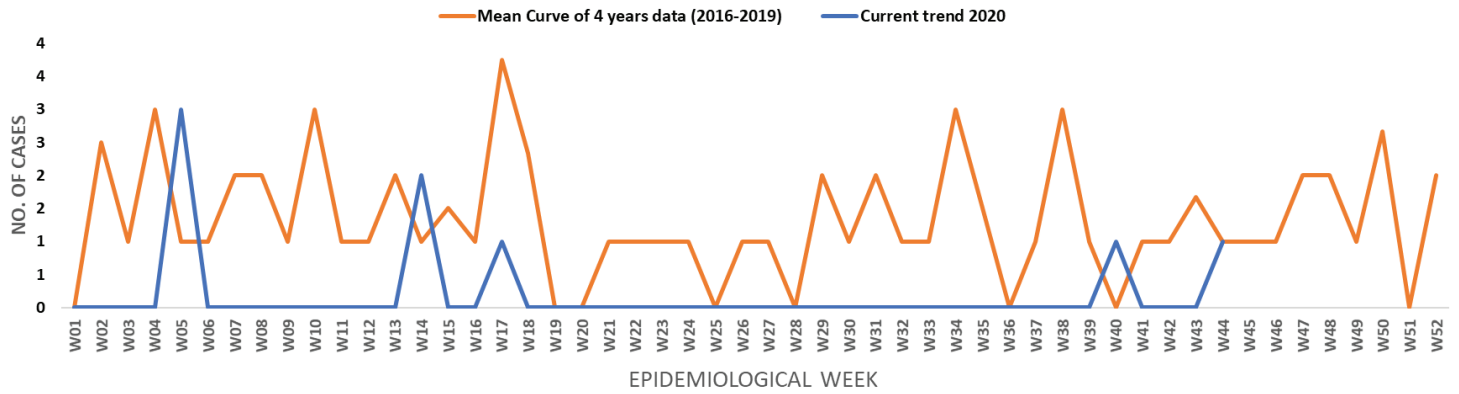
### Trend of Suspected Measles cases in recent weeks



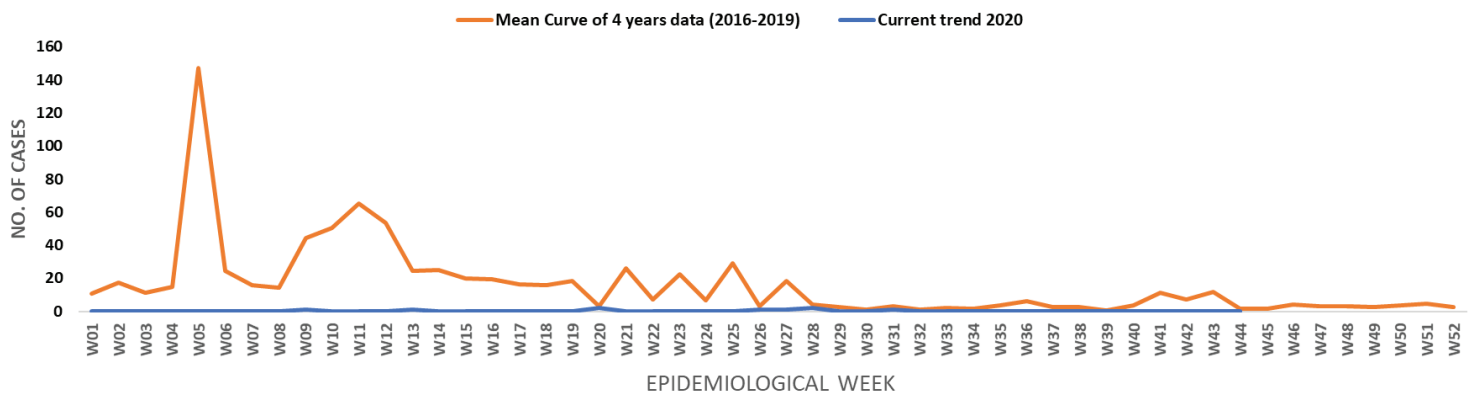
### Trend of Suspected Leishmaniasis cases in recent weeks



### Trend of Suspected Meningitis cases in recent weeks



### Trend of Suspected Pertussis cases in recent weeks



## Health Cluster

1. (Standing action point) Overcrowding in health facilities, whether they are supported by partners or a public health facility.
  - Partners to share with Health Cluster any evidence-based information/records of overcrowding incidents so the Health Cluster can raise with the Ministry of Health (MoH).
2. The Iraq Health Cluster drafted the Transition Plan and, incorporating feedback from WHO and Global Health Cluster, shared this document with OCHA. It can be found on the [link](#) here. However, the costing is still in progress and will be based on the HRP 2021.
3. Any organizations having case studies on cash transfers that identify challenges and good practices are requested to share it with the Health Cluster. Health Cluster is following up with UNHCR since they mentioned in the last meeting that they have some such studies based on experiences in other countries
4. The Health Cluster requested Cash Working Group (CWG) to conduct a survey in the 43 formal camps (as per CCCM) and identify those IDPs whose financial situation would warrant support with transport cost for referrals to secondary health facilities.
  - CWG mentioned that resources would need to be sought to conduct such an exercise and they are looking into it
5. Health Cluster to follow up with EWARNS to identify potential ways in which COVID-19 data from IDP camps can be reflected in the EWARNS/WHO dashboard. To map camp-based cases of COVID-19 through EWARNS has been challenging so far. Therefore, WHO/EWARNS is continuing to train partners in an attempt to identify and rectify issues with reporting. Currently, UNHCR data (IDP/Refugee camps) is being used to populate pg. 21 of the [dashboard](#).
6. Partners are encouraged to continue reporting regularly to the Activity Info platform so that their response is completely captured on the Health Cluster monitoring and interactive [dashboard 2020](#). Any partner facing issues with reporting is requested to reach the Health Cluster Information Management Unit for support.
7. Health Cluster to obtain the guidance from MoH on the criteria for releasing COVID-19 patients from isolation and share with partners
8. The MoH letter giving special approval to Kirkuk DoH, allowing health partners to pay incentives for staff to be obtained and shared with partners.
9. UNICEF to provide information on vaccination coverage to the Cluster, which is to be shared with the partners.

## MHPSS

- In addition to the online capacity building activities for the health care providers, the MHPSS actors in KRI started to provide face-to-face capacity building trainings for small groups (less than 10 persons).
- MHPSS sub-working group in Salah Al Din governorate has been activated
  - The first meeting is to be on 22nd October 2020 to facilitate the coordination mechanism between DoH in Salah Al Din and different organizations who are providing MHPSS services in the governorate.

## Nutrition

- Partners are still facing difficulties in distributing lifesaving supplies between the governorates due to difficulties in obtaining the required security clearances.
- Health promotion services remained challenging due to COVID-19, as the health promotion teams have to conduct sessions for each person rather through group sessions, which decreased the number of people reached.

## Reproductive Health

- Partners are supporting 53 RH clinics including 6 delivery rooms and hospitals and RH clinics in all IDP camps, including those in Dohuk, Sulaymaniyah and Erbil since 1st October.
- Disability project is initiated in West Mosul (Shabkhoon) to support the disabled, focusing on SRH services. The activity includes both awareness and service provision

### RH COVID-19 response:

- UNFPA is soon to procure PPEs locally for a total cost of USD 400 thousand which is to be donated to MoH.
- Awareness campaign on COVID-19 already reached more than 31,500 persons in refugee and IDP camps and now will extend to all camps and non-camp population and will continue to the end of the year.
- UNFPA has supported the Isolation wards in tertiary hospitals in Soran and Halabja districts, Sulaymaniyah governorate. Service has started from 1st October.

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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