

HEALTH CLUSTER BULLETIN BULLETIN NO. 9

(September 2020)



Name of the Country: Iraq

Emergency type: Conflict

Reporting period: 01.9.2020- 30.9.2020

The national Health Cluster Team conducted an orientation session on the cluster coordination mechanism for the sub-national Co-ordinators in Kirkuk (Mdm) and Salah Al Din (IMC) on 1st September. This was done to acquaint the colleagues with the structure and functions of the Health Cluster in relation to the HCT, the ICCG, OCHA, donors, the partner agencies and the national authorities. In addition, specifics of the Iraq Cluster, such as the 4 working groups (MHPSS, Reproductive Health, Physical Rehabilitation and Nutrition), the involvement in the Communication with Communities/Accountability to Affected Populations (CwC/AAP) Working Group, etc. were provided. At the end of the session, the link to the Global Health Cluster certified training material on Cluster Coordination was shared with the two participants.

One of the outputs from the ICCG meeting on 27th August was that relevant clusters prepare a list per camp of key action points that would require senior level intervention, in order to facilitate the set up and running of Quarantine/ Isolation (Q/I) areas in IDP camps. The Health Cluster worked closely with the CCCM, Shelter and other clusters in order to put together/update three documents:

1. Camp Lockdown Overview – a step-by-step procedure on when lockdown should be implemented and the key actions for implementation
2. CCCM guidance on camp-level preparedness and response planning
3. Establishing Q/I areas in camps – a multi-cluster document which was updated as well as summarized into a shorter version to reflect action points by different stakeholders and accountability at the national level

Feedback on the development of these documents, particularly on the preparedness and response planning was sought from the sub-clusters and incorporated.

Humanitarian Response Plan 2020

1.25M Targeted Population **75%** Reached Beneficiaries

23 Partners Reported **10** 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.

148K Total Number of Consultations



34K No. of Cases Received Gynaecological Consultations

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

5K 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

- According to the request of the members of the CwC/AAP working group in the meeting held on 18th August, the Health Cluster developed a one-page document titled "[Messaging on referral of emergency, cold and COVID-19 cases from IDP camps](#)" in order to provide some clarity on the following:

- 1- Ambulances for use in emergency referrals from camps
- 2- Ambulances for use in referrals of COVID-19 patients from camps
- 3- Use of other vehicles to refer cold cases for elective procedures

Feedback from the SAG and IOM, being the major partner providing cold-case referrals, was incorporated into the document, before being disseminated.

As an annex, WHO's [Emergency Care System Framework](#) was used, for visual clarification of the referral system.

- Based on the requirements of DoH Salah Al Din, OXFAM stated their plan to support 2 hospitals, Al Alam General Hospital and Al Dour Surgical Hospital, with PPE and hygiene materials during September.

- In support of the COVID-19 response in Iraq, AMAR ICF supplied the following PPEs to Al Kindi Teaching Hospital in Baghdad, which is one of the main isolation medical centres, on 3rd September:

1. KN95 respirators with and without filters
2. Face Masks
3. Safety medical goggles with 4 filters
4. Disposable Hazmat suits.
5. Medical latex gloves

- In line with International Health Regulations (IHR) and WHO guidance, IOM began the implementation of a project in September which included the following key activities:

1. Development of SOPs for identification, notification, and management of ill travellers
2. Training of PoE personnel on the SOPs
3. Provision of supplies for screening including IEC material for risk communication

Since the funding to implement this project is small and the project duration is expected to last till the end of 2020, the implementation would focus on the below locations:

- Baghdad International Airport and Shalamcheh ground crossing in Federal Iraq
- Erbil International Airport and Ibrahim Al Khalil crossing in KRG

- In addition, IOM also began the below activities in September:

- Developing a training package for screening and triage of COVID cases at PHCC level and developing an SOP for community-based surveillance, targeting health workers in Erbil, Dohuk, Ninewa, Baghdad, Anbar and Kirkuk, while also procuring and distributing PPEs.
- Procured 96 additional lines for the 122 emergency hotline telephone network
- Began the procurement process of equipment and supplies for 2 hospitals recommended by WHO: the extension to Attaya Hospital in Erbil and Lalav Hospital in Dohuk

- In commemoration of World Humanitarian Day on 19th August, and to recognize the #RealLifeHeroes leading the health response to COVID-19 throughout this year, the Global Health Cluster featured some photos from country clusters centered around the nine pillars of the [COVID-19 Operational Planning Guidelines to Support Country Preparedness](#). Iraq was one of the countries featured in this [photo story](#). Another photo story that went online on 24th September in which Iraq was featured can be found [here](#).

- From the start of the pandemic in Iraq, WHO has played a leading role in the response, supporting the government and the agencies strategically, technically, through information sharing and through provision of supplies to the MoH. These activities were summarized in the [COVID-19 Progress Report \(February to July 2020\)](#) which was published in September.

- With the aim to support PHC personnel in their efforts to maintain essential services and to effectively assist in controlling the pandemic, the WHO Regional Office for the Eastern Mediterranean along with partners, developed and launched on 7th September, a new online training resource on "Primary health care (PHC) practice in the context of COVID-19". It focuses on four main areas:

- Maintaining essential health services
- Preventing COVID-19 through supporting effective public health measures
- Diagnosing COVID-19 cases and ensuring adequate referral
- Managing mild and moderate COVID-19 cases

For further information, please read the [English](#) and [Arabic](#) articles.

- Iraq Health Access Organization (IHAO) and Dary NGOs agreed on the appropriate way forward in sharing the support to reproductive health care services in Baaj Hospital, Ninewah governorate. This support extends to sharing transport cost for patients referred to Telafer and Mosul hospitals, as well as ensuring uninterrupted power supply to Baaj Hospital through sharing the expenses of running a generator full time. The NFR of this meeting was shared with the Health Cluster on 7th September.
- Ground Truth Solutions (GTS) published findings from their second round of surveys on community perceptions of the COVID-19 response, titled "[Iraq: How the most vulnerable contend with COVID-19 – and restrictions to keep them safe \(August 2020\)](#)". The findings were initially shared with the Health and other clusters for a discussion on the findings and any feedback before being posted online.
- The WHO Iraq Head of Mission and Representative, Dr. Adham Ismail, was hosted in a program named "تغطية خاصة - Special Coverage" on Al Iraqia State Television on 7th September. The interview can be watched [here](#).

In addition, below are links to a number of tweets on activities conducted by WHO Iraq Country Office:

- WHO Orientation Session in Baghdad International Airport:
<https://twitter.com/WHOIraq/status/1303662639315288065?s=20>
<https://twitter.com/WHOIraq/status/1303659890892734466?s=20>
- WHO Orientation Session in Al Basra International Airport:
<https://twitter.com/WHOIraq/status/1303294410751442944?s=20>
<https://twitter.com/WHOIraq/status/1303294410751442944?s=20>
- WHO Iraq Orientation Session in Bashmakh Border Point- Suleimaniya:
<https://twitter.com/WHOIraq/status/1302348655664549888?s=20>
<https://twitter.com/WHOIraq/status/1302344012758749184?s=20>
- WHO orientation session to Shalamja Border Point in Basra:
<https://twitter.com/WHOIraq/status/1303672389784555520?s=20>
<https://twitter.com/WHOIraq/status/1303675883761397760?s=20>
- WHO Orientation Sessions in Erbil International Airport and Suleimaniya Airport:
<https://twitter.com/WHOIraq/status/1303685181014933504?s=20>

- An annual ICCG Performance Monitoring Tool, developed jointly by OCHA HQ and the Global Cluster Coordinators Group, was rolled out at the end of 2019. The aim of this exercise is to assess the performance and effectiveness of the ICCG, with a focus on the core elements of the standard ICCG ToR. In addition, the exercise facilitates a collective review by the ICCG of the state of work conducted, to work towards enhancing the collective performance as a group. OCHA Iraq shared the survey link with the ICCG members (cluster coordinators, co-coordinators, NGO representatives and chairs/co-chairs of working groups sitting under the ICCG) with a request to complete the survey by 10th September.

- As agreed in the previous Diyala General Coordination Meeting, the Health Cluster briefed the sub-national ICCG on the preparedness and prevention plans to limit spread of COVID-19 infection during the religious holiday period in Diyala. Partners conducting or planning awareness and preparedness activities, were requested to participate in the meeting on 8th September.
- As per the request of the Iraq ICCG, the Global Information Management, Assessment & Analysis Cell on COVID-19 (GIMAC) has been working on a secondary data analysis for the country, which would inform the first three pillars of the Joint Inter Agency Framework (JIAF) and hence, the inter-sectoral analysis in the Humanitarian Needs Overview (HNO). GIMAC concluded the first stage of the Secondary Data Review and presented their initial top-level findings to the ICCG on 9th September, for feedback and discussion, ahead of the analysis stage.
- In September, MSF Holland finished establishing a 20-bed COVID-19 treatment center in Laylan 1 IDP camp, Kirkuk governorate. The current strategy is to admit and care for moderate to severe patients, who require oxygen only and not higher-level care such as CPAP or ventilation, if or when the support for this is necessary. This strategy is based on IOM's plan to isolate the asymptomatic to mild cases.
- ACTED, as camp management, began the process of establishing an isolation area to complement the already-existing quarantine area in Salamiyah IDP camp, Ninewah governorate. However, PU-I, being the health partner in the camp, were finding difficulties in obtaining fund from their traditional donors to operate the isolation area. Therefore, advocacy on this issue was ongoing from both the partner and the Cluster's side.
- The Global Health Cluster shared the new [Health Cluster Guide, 2nd Edition, 2020](#), with country clusters during September. This updated Health Cluster Guide provides practical advice on how WHO, Health Cluster Coordinators and partners can work together during humanitarian and public health crises to achieve the aims of reducing avoidable mortality, morbidity and disability, and restoring the delivery of and equitable access to preventive and curative health care. It highlights key principles of humanitarian health action and how coordination and joint efforts among health and other sectors can increase the effectiveness and efficiency of health interventions and promote better health outcomes. It draws on IASC and other expert guidance and includes lessons from field experience in acute and protracted crises.
- OCHA Iraq asked clusters to consult with their Lead Agencies and the Global Clusters regarding a transition plan for Iraq in the coming period, during which the clusters would either transition into sectors or be deactivated, according to the specific cluster's plan. Therefore, the Health Cluster drafted a transition plan [document](#) for 2020/2021 which was shared with WHO Country Office, the Working Groups and the Global Health Cluster. Feedback from all was incorporated and the document was then shared with OCHA.
- The Global Health Cluster SAG proposed to conduct a survey among Health Cluster Coordinators to take stock of their satisfaction with and expectations of the support from the GHC.

The aims of this survey were to:

 - Assess the level of Health Cluster Coordinators' (HCCs) satisfaction with the support received from the GHC
 - Gather feedback on HCCs' expectations of the support received from the GHC
 - Inform the strengthening of GHC support to the HCCs, as appropriate

The survey was completed by Iraq before the deadline of 16th September.
- The United Nations began the process of producing a country video to mark 75 years of UN presence and service to the people of Iraq. The UN communications group is spearheading this initiative by identifying selected key achievements by agency. The Health Cluster supported this initiative by providing input which has led to the below major achievements to date:
 - Through coordination with the government and humanitarian agencies specializing in trauma management under the Trauma Working Group established in 2016, WHO and the Health Cluster were able to develop an effective Trauma Referral Pathway, through which mechanism, about 24,000 severely injured individuals' lives were saved.
 - The leadership role that WHO and the Health Cluster have taken in the response activities against the COVID-19 pandemic at all levels, which has kept 99.9% of the population in the 43 formal IDP camps in Iraq free of COVID-19 infection as of mid-September.

- During September, a number of meetings were held with the sub-national colleagues, including health partners, shelter/NFI, camp management, WASH, protection and food security, as well as UNHCR and IOM, regarding the feasibility of setting up quarantine/isolation sites in camps mainly in Kirkuk, Salah Al Din and Erbil. Another topic of discussion that was raised several times was the requirement of IDPs to pay for getting COVID tests at public health facilities. However, this last was mostly not the case in MoH-allocated hospitals.
- The [Iraq Health Cluster Monitoring and Interactive Dashboard 2020](#) was launched in September 2020. This dashboard has information on the geographic presence (governorate/district/sub-district) of health partners providing services under HRP and non-HRP, with details on the type of interventions (activities/indicators), type of beneficiaries served, reporting rate, donors, etc. The information for this dashboard is directly obtained from the reporting of partners to the Activity Info platform.
- The Global Health Cluster was invited to participate in the panel of the Global Protection Cluster Forum which spanned several weeks in September. For the session on Strategic partnerships with other clusters to strengthen protection outcomes, which took place on 24th September, it was agreed at the global level to provide a brief overview of the GHC/GPC Joint Operational Framework (still pending finalization) and to present examples/lessons of integrated action by country Health & Protection clusters. Afghanistan, Iraq and Mali were suggested as good options from which to draw some lessons on what has worked and some of the challenges of integration. The Iraq Health Cluster drafted some points on the coordination and cooperation between health and protection in the country and, with feedback from the Iraq Protection Cluster incorporated, shared these with the Global Health Cluster.
- Toward the end of September, the Iraq Humanitarian Fund (IHF) started the process of a second round of funding comprising a Cost Extension component for previously-IHF funded projects and a second Reserve Allocation for 2020, the primary focus of which would be the establishment and operation of Quarantine/ Isolation sites in IDP camps. In order to draft the Allocation Strategy, the clusters were asked to provide geographical prioritization and estimated funding requirements, which would be presented to the Advisory Board for approval.

FUNDING INFORMATION

General Health

\$58.8M
Required

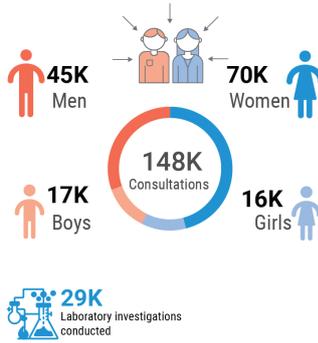


Health COVID-19

\$65.3M
Required



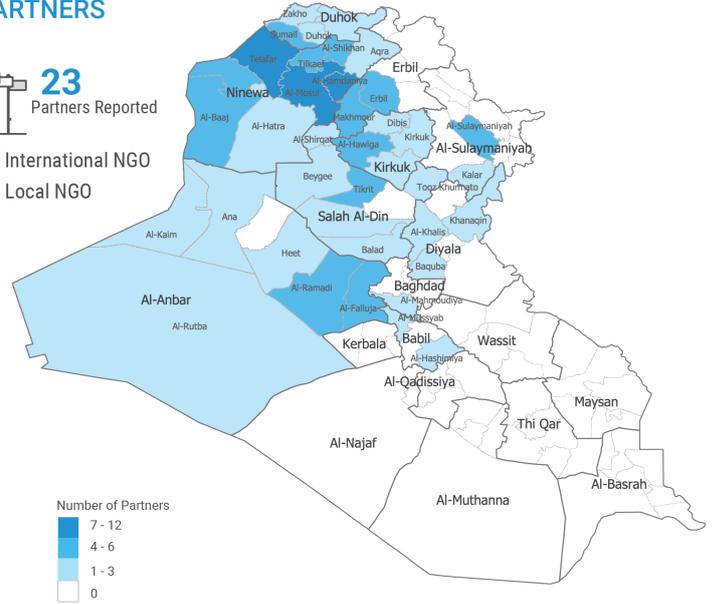
TREATMENT OF COMMON DISEASES



HEALTH PARTNERS

23 Partners Reported

10 International NGO
13 Local NGO



REACHED TARGET



IMMUNIZATION



3,823

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



1,700

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



1,360

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

NUTRITION



4,785

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



1,689

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.



32

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



305

No. of newborn babies who benefitted from newborn home services

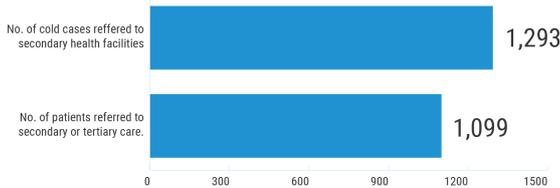
SUPPORT TO HEALTH FACILITIES

H 19

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

H 151

No. of Health Facilities supported to provide primary health



EWARN



88

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



18

Camps covered by EWARN services.



190

Alerts that were investigated and responded to within 72 hours.

PHYSICAL REHAB OF PATIENTS



2,020

Physical and functional rehabilitation sessions provided.



120

Patients supported with assistive devices



40

Prosthetic devices provided for amputees

REPRODUCTIVE HEALTH



13,359

Antenatal care consultations



4,742

Postnatal care consultations



1,331

Normal Vaginal Deliveries



155

Cesarean Sections conducted

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

No. of MHPSS individual sessions provided: 4,688

No. of MHPSS group sessions provided: 398

CAPACITY BUILDING

62,475

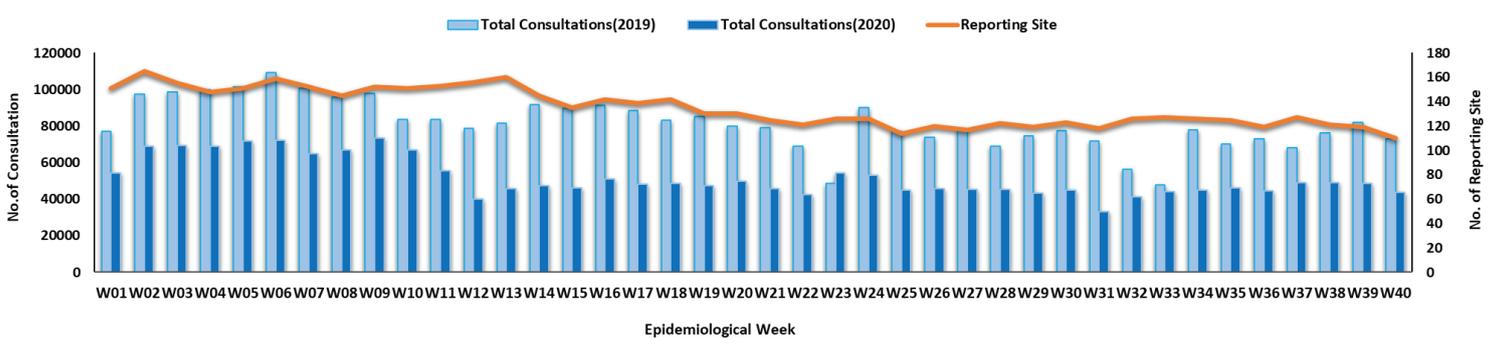
Number of individuals who attended health awareness sessions or were visited by mobile teams

9,265

Health awareness sessions conducted

Early Warning Alert and Response Network (EWARN)

Total Consultation & No. of Reporting Sites in Iraq By Week 01,2019 - 40,2020

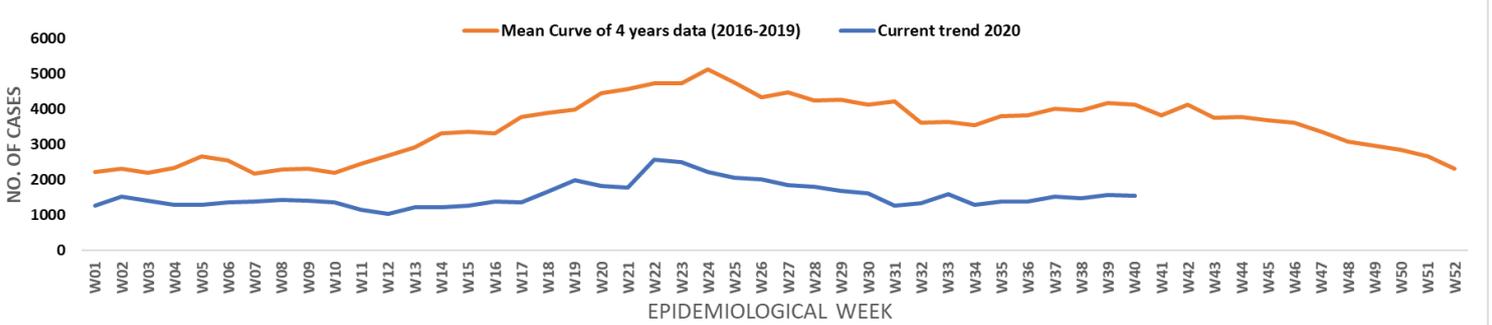


Alerts / Outbreaks - September 2020

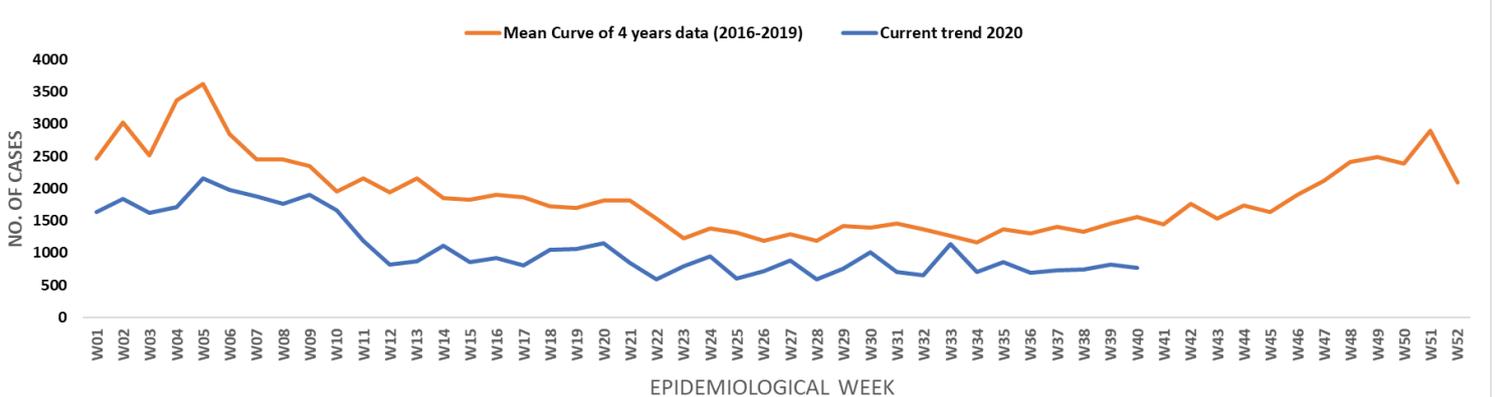
Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	1	1	0	0	0	0
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0
Suspected Measles	1	1	0	0	0	0
Suspected Meningitis	14	14	1	1	0	0
Suspected Diphtheria	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	327	327	0	0	17	17
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	347	347	1	1	17	17

Disease trend during Jan-Dec 2019 compared to 2020

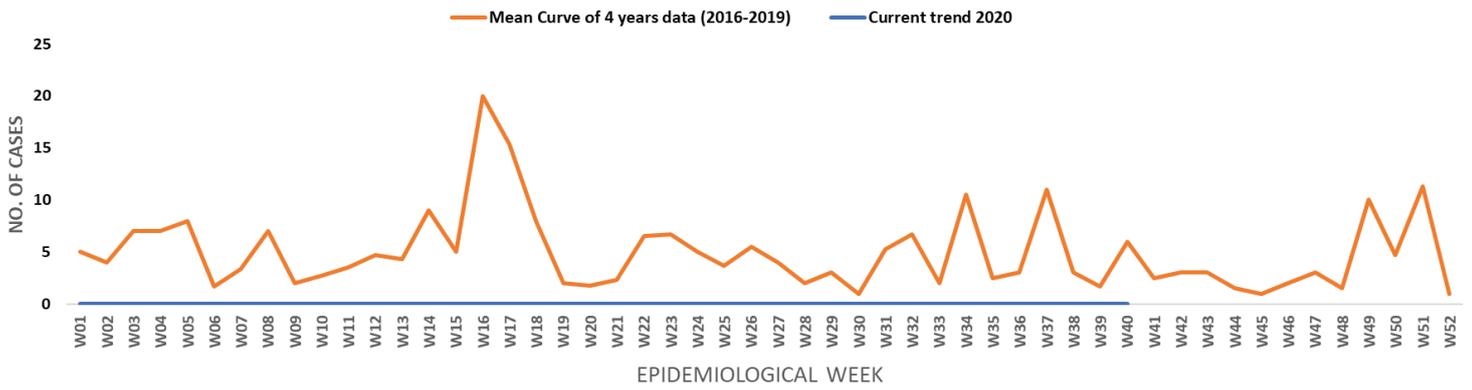
Trend of Acute Diarrhea cases in recent weeks



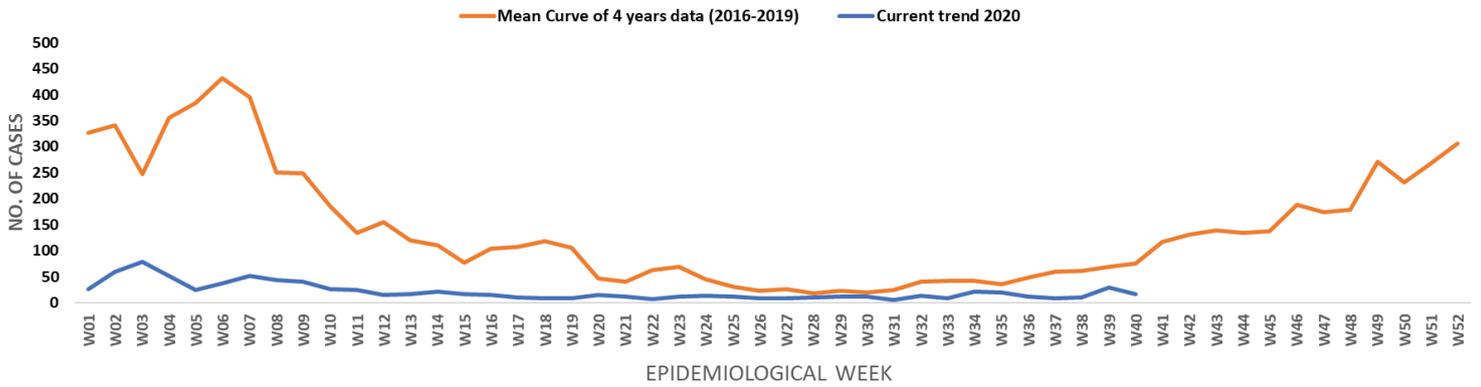
Trend of LRTI cases in recent weeks



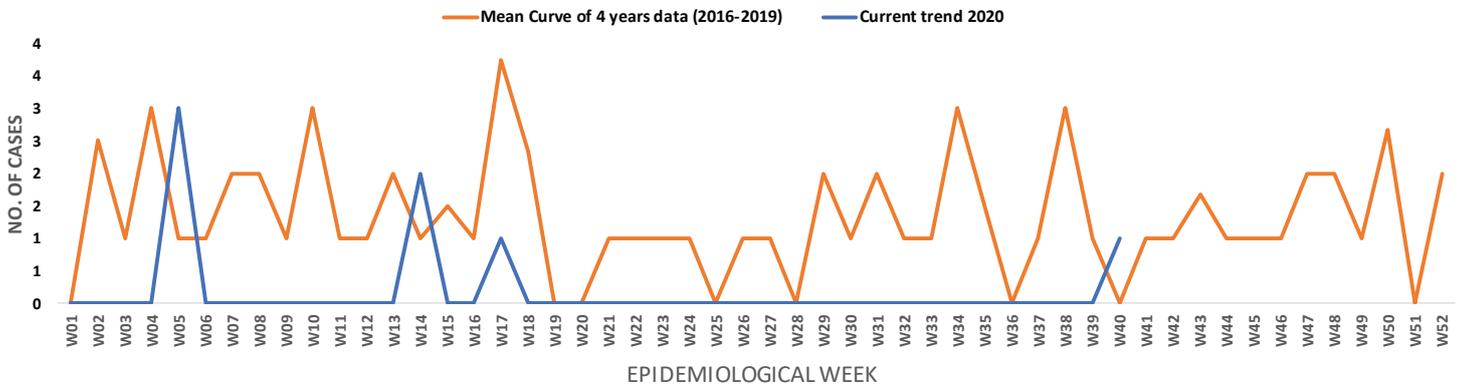
Trend of Suspected Measles cases in recent weeks



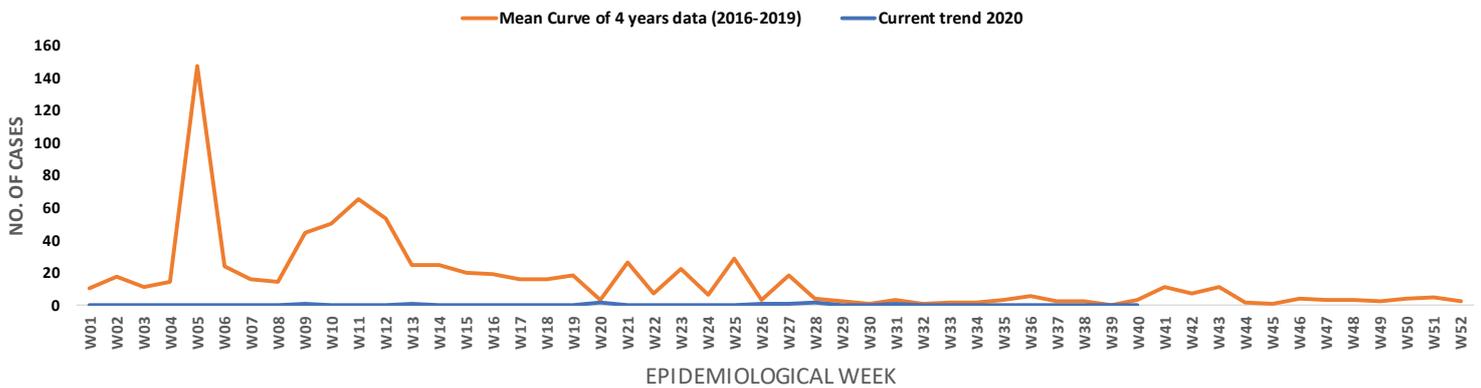
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



Health Cluster

1. The Infection Prevention and Control (IPC) training for the health workers (managers) identified by the partners was conducted on 26th August 2020 as a Training of Trainers (ToT)
 - It was conducted in Erbil with the attendance of sixteen participants
 - The partners are currently in the process of providing their cascade training plan to the EWARN focal person, Dr Vickneswaran Sabaratnam.
 - The aim is to have an overall of six hundred health workers in partner-supported locations trained on IPC and case management.
2. UNFPA to follow up with their implementing partners in refugee camps on the PPEs requirements
 - It has been followed up by UNFPA
3. The Health Cluster to follow up with EWARN to identify potential ways in which COVID-19 data from camp can be reflected in the EWARN/WHO dashboard.
 - As per the discussion in the last Inter-Cluster Coordination (ICCG) meeting, Health Cluster was requested to come up with practical solutions on how to make sure that EWARN is capturing the in-camp COVID-19 cases.
 - A discussion on enhancement of EWARN reporting of COVID cases in camps was conducted in the Cluster Coordination meeting in September with the Health Cluster and EWARN focal persons reiterating the importance of regular reporting by partners
4. On-going action point: If partners notice a public health facility (including those that are supported by the partners themselves) where there is overcrowding/lack of physical distancing or shortage of staff, they are requested to inform the Health Cluster of this so that the Cluster can then advocate with the Ministry of Health (MoH) using evidence-based information.
5. The Health Cluster requested Cash Working Group to conduct a survey in the 43 formal camps (as per CCCM) and identify those IDPs who would be in need of transport. This list could then be shared with Camp Management and the Health partner in the camps so that a plan may be developed to support such individuals/families with cash support for transport. Any organizations having case studies/SOPs on cash transfers that identify challenges and good practices, were requested to share it with the Health Cluster.

Reproductive Health

The RH Working Group presented the Client Satisfaction Survey (CSS), which aims to examine the quality of RH services supported by UNFPA in the targeted areas, as well as to determine the extent to which services are being provided to beneficiaries (coverage)

- Most women who took part in the survey are satisfied with the care offered
- There is need to educate both the population of women served and the health workers on patient's rights
- There is a high demand for lab investigation, ultrasound service, enough supplement
- Ensuring availability of contraceptive is very crucial

MHPSS

- WHO conducted an online training on how to use the online MHPSS 4Ws.
- The MHPSS Suicide Committee, in cooperation with MoH, held a workshop on 10th September to redraft the National Prevention of Suicide Strategy.

Nutrition

- Nutrition services are being provided for children in all camps and UNICEF is procuring another shipment of PPE for Health Care Workers in camps to cover the need till the end of 2020.
- UNICEF ensured the availability of nutrition supplements at camps for U5 children.
- COVID-19 movement restrictions have badly affected the transfer of supplies from Erbil to Ninewa camps.
- Health promotion activities continue to be affected by COVID-19 and to be conducted on person-to-person level instead of group session/s, which has dramatically affected the number of people to be reached.

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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