HEALTH CLUSTER BULLETIN
BULLETIN NO. 7
(July 2020)

Name of the Country: Iraq
Emergency type: Conflict
Reporting period: 01.7.2020- 31.7.2020

- A Skype meeting was conducted on 2nd July to discuss the establishment of an isolation unit in Laylan 1 IDP camp, Kirkuk Governorate. This was regarding MSF planning to establish an isolation unit in the camp to manage severe cases of COVID-19. Focal persons from Health, CCCM, OCHA, WASH and Food Security clusters, among others, attended the meeting.

- As per the recommendation of the Inter-Cluster Coordination Group (ICCG) in the meeting held on 2nd July, WHO Iraq, through the Health Cluster, shared the awareness material developed and used in the #صحتك_مهمة or "Your health is important" awareness campaign with the Communication with Communities/Acceptability to Affected Populations (CwC/AAP) Working Group, so that CwC/AAP are able to provide messaging to their partners, particularly in the previously crisis-affected governorates. This awareness campaign was a social mobilization and community engagement activity where 250 male/female youth (from communities in targeted areas in Baghdad) were mobilized alongside mobile booths, screens and 2 Mobile Medical Clinics, to distribute prevention messages through different ways like flyers, direct mobile teams explanation or big mobile screens and radio messages, etc.

- WHO created an official account for the Iraq Country Office on Facebook in July. This can be accessed at: https://www.facebook.com/WHOinIraq/

- The Health Cluster Coordinator had an online meeting on 6th July with a focal person from Management Systems International (MSI) who are conducting a health needs assessment, looking at religious and ethnic minorities (REM) populations in Iraq, Jordan, Lebanon, Egypt and Syria. The purpose of this assessment is to learn more about the current health challenges of the REM populations and overall strengths and weaknesses of primary health systems, as well as opportunities for USAID programming to support REM populations.

**Humanitarian Response Plan 2020**

1.25M Targeted Population
57% Reached Beneficiaries

24 Partners Reported
14 INGO 10 NGO

**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.**

178K Total Number of Consultations
32K No. of Cases Received Gynaecological Consultations
4K No. of Children Under 5 in IDP Camps Screened for Malnutrition by MUAC or Anthropometric Measures
7K 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.**

5K No. of Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

*HCO: Health Cluster Objectives
Additionally, the Cluster compiled the equipment and supplies needs from different governorates, while simultaneously updating the health supplies/service mapping (to reflect the period February – June 2020), the purpose of which is to identify the supplies or services provided by partners to the MoH/DoH under the COVID-19 response. This information is to be updated on a monthly basis from now onward.

WHO and the Cluster had a number of meetings with IOM Iraq to discuss potential support by IOM toward the procurement of equipment for hospitals identified as COVID-management facilities, based on the list of needs of the DoH compiled by the Cluster. Facilities were identified and the process was taken forward. In addition, IOM shared their plan for Point of Entry (PoE) activities with WHO/Health Cluster, upon receiving approval from the MoH, the aim of which is to conduct the following key activities, in line with the International Health Regulations:

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

The target locations for the initial project were:
- Baghdad International Airport and Salamcheh ground crossing in Federal Iraq
- Erbil International Airport and Ibrahim Al Khalil crossing in KRG

UNICEF conducted a 4-day (2nd to 5th July) online training for Health Care Providers in PHCCs setting on Infection Prevention and Control (IPC). 117 health care providers from all DoHs attended the training.

During July, WHO Iraq completed the procurement of 358 Oxygen Concentrators. Along with Personal Protective Equipment (PPEs) and diagnostic kits, the process of distribution of these Concentrators to the Ministries of Health in Baghdad and KRG was begun.
The 3rd round of data collection for the “Protection Monitoring in response to COVID-19” assessment (concluded in June 2020) found, among other issues:

- Limited access to healthcare among IDPs and returnees – which has been aggravated by the COVID-19 pandemic
- Barriers to healthcare access – mainly being cost and the lack of civil documentation proving that a person is an IDP

In order to clarify the position of the MoH on this, the Health Cluster was able to obtain official documentation from the MoH in Baghdad that all IDPs in camps would be provided services free of charge, while those residing out of camps would have to pay a consultation fee of USD 1-2, similar to any other Iraqi citizen.

The Iraq Shelter/NFI Cluster produced a set of documents titled “Construction Site Safety Protocol in COVID-19 contexts”, which were shared with WHO/Health Cluster for technical feedback. These documents were then shared with OCHA and the ICCG for comments. These documents are available in English, Arabic and Kurdish.

The Global Health Cluster COVID-19 Task Team began working on developing key messages/tools on:
- Case management
- Ethics framework for low resource settings
- Prioritisation of essential health services

In this regard, they shared a request with partners to share tools which they had already developed and were using. Additionally, partners were invited to be part of a peer group to help develop and provide technical input into the three products.

In the endeavour to fight the COVID-19 pandemic, the Kirkuk Handmade Carpet Factory adapted its looms and began to produce 1,500 masks and 2,000 protection suits per week. Most of these are sent to the MoH in Baghdad, but some are also sold to the local market in Kirkuk.

MoH Baghdad sent quantities of Virkon (a multi-purpose disinfectant) to KRG for the purpose of disinfecting the Primary Health Care Centers (PHCCs) in all IDP camps located in the region. The MoH Coordination Office were the responsible body to supply and deliver the Virkon to the PHCCs in all the IDP camps. Partners were requested, through the Cluster, to assist in this disinfection process in doses based on the number of IDPs per camp on a 7-day basis.

The COVID-19 Addendum to the Iraq Humanitarian Response Plan (HRP) 2020 was finalized and published during July. The plan is requesting USD 65.4 million to address the needs of 1.77 million vulnerable and affected individuals. The Iraq Health Cluster is targeting a population of 514,051 individuals, including:
- 277,103 in-camp IDPs
- 102,435 out-of-camp IDPs
- 134,513 returnees

The document can be found here and feeds into the overall Global Humanitarian Response Plan (GHRP).

The third update of the GHRP for COVID-19 was released on 17th July 2020, targeting 63 countries with a total funding requirement of USD10.3 billion. The global financial requirement for health interventions is USD2.86 billion, of which USD1.7 billion is under the Humanitarian Response Plans (HRPs). The document can be accessed here.

Seven Iraqi cartoonists are taking part in a joint social media campaign by the human rights office of the United Nations Assistance Mission in Iraq (UNAMI) and the Al Amal Association, a local NGO. The aim of the cartoon series is to dispel rumours about the virus, and to commend the courage and resilience of healthcare workers. WHO Iraq provided assistance to this initiative. Further details can be found here.
With the festival of Eid Al Adha falling in the month of July and the possible relaxation of the curfew by the government, it was considered a suitable time to develop and disseminate a document providing guidance to organizations providing humanitarian assistance, as well as to the general communities, on the minimum protective measures to be practiced in order to prevent further spread of COVID-19 infection. In this regard, the Health Cluster developed the “Key messages on COVID-19 post-curfew and post-lockdown prevention and containment measures for humanitarian aid workers and communities” document, which was subsequently translated into Arabic.

The document was published online on 22nd July and is divided into 2 sections:

- Guidance for humanitarian aid workers
  - Service-delivery should remain at a remote modality
  - Where remote interventions are not possible, the measures to be put in place
  - Quarantine of new arrivals in a separate location in camps
  - Risk communication and information dissemination to IDPs in camps and informal settlements
- Guidance for general public in non-humanitarian settings
  - Limiting outgoing activities – and precautionary measures to take when outdoors
  - Self-quarantine and self-isolation

UNICEF and OCHA, partnering with the DFID Single Business Case Disability Inclusion Task Team, developed an inter-agency training to provide insight on actionable approaches to ensuring disability inclusion in the 2021 Humanitarian Programme Cycle (HPC) to further build on progress made for the 2020 HPC.

The training focused on the following objectives:

- Familiarization with existing resources and guidance
- Sharing insights about good practices and evidence from the 2020 disability inclusion within HNOs/HRPs review, quality evaluation, and the lessons learned.
- Focus on action-oriented practical advice on significant topics that have emerged after the 2020 HPC, including the COVID-19 crisis.
- Addressing recurrent questions on data quality and ‘how’ to collect or ‘where’ to find data on persons with disabilities, how to take disability concerns into consideration within the joint inter-sectoral analysis, and how to effectively integrate into planning using a ‘two-track’ approach.

The Iraq Health Cluster Team attended this training on 21st and 22nd July.

As part of the priority activities of the Global Health Cluster COVID-19 Task Team, an online survey and country case studies with Health Clusters were initiated in July, with the below objectives:

1. To determine technical and operational challenges that Health Clusters and partners are facing in delivering COVID-19 response and maintaining essential services, including inter sectoral programs
2. To capture good practices, innovations or adaptations that have addressed challenges
3. To identify mechanisms to support evolving needs as the crisis unfolds in various stages

**Online survey**

Supported by the Ready Initiative, this was open to all countries with active Health Clusters and partners to engage in and was conducted in the week of 20th July.

**Country case studies**

This was initiated in 5 cluster countries, including Iraq, conducted by the Harvard Humanitarian Initiative on behalf the GHC COVID-19 Task Team. A remote interview was conducted with the Iraq Health Cluster Coordinator, WHO focal point, a few International and National NGOs, a donor and an MoH focal point, between 20 – 31 July. The report of the findings is expected in August, to be shared with all partners.
In order to track the confirmed COVID-19 cases in camps, as well as the status of setting up quarantine/isolation sites per camp, CCCM Cluster began collecting and compiling relevant information from the Camp Management partners in the field and sharing it with the Health Cluster and OCHA/ICCG. A plan to incorporate this information into a single platform was being discussed between the Health and CCCM clusters.

Strengthening the health response to gender-based violence in emergencies, an ongoing project for the past 3 years, has allowed WHO to support staff, trainings, action plans, technical guidance and advocacy across ten countries in three regions. In Iraq, WHO has been able to increase the coverage of vital GBV services and improve the quality of service provision, a significant progress. A lessons learned documentation was planned for March 2020, which was interrupted due to the COVID-19 pandemic. This activity was rescheduled, mostly virtually with minimal field visits, for the period 15th July to 31st August.

WHO continued organizing online trainings for frontline health care providers on GBV during Covid-19, including how to prevent and address social stigma associated with COVID-19. So far, 30 frontline workers have been trained.

WHO continues to support three psychiatric units at three DoH hospitals in Sinjar and Telaifar, in cooperation with Cordaid and Dary NGOs. In addition, WHO is supporting multidisciplinary MHPSS centers in west Mosul and three IDP camps in Erbil. These centers provide integrated GBV services.

Iraq Health Access Organization (IHAO) managed to start up Reproductive Health services, under UNFPA support, in the villages where Yazidis have returned that fall within Baaj district, Ninewah governorate. Additionally, they coordinated with the local authorities to establish a hotline for emergency support that will assist in transporting patients who require urgent medical care to Sinjar Hospital where IHAO was also supporting a 24/7 functional Delivery Room.

The Iraq ICCG had sent a field request to the Global Information Management, Assessment and Analysis Cell (GIMAC) to support with secondary data analysis, as well as on PiN and severity methodology for the HNO 2021. GIMAC agreed to support the secondary data analysis which would start from 1st August onwards. A meeting was arranged on 29th July to include OCHA, the ICCG and GIMAC colleagues to discuss the way forward and to address any queries clusters may have.

Due to infection with COVID-19, health workers providing services in Khazir M1 IDP camp supported by International Medical Corps (IMC) were asked by the DoH of Erbil to stop reporting to work, which created a gap in the service-provision during the morning session. The Health Cluster coordinated with the MoH Coordination Office to have DoH Ninewah staff cover the mornings during the period the infected health workers were asked to remain in isolation.

The total number of COVID-19 cases in Iraq during July 2020 were 75,656 with 2,798 deaths.
HEALTH CLUSTER EMERGENCY RESPONSE

Monthly Dashboard (July 2020)

FUNDING INFORMATION

General Health
Required $58.8M
17% Funded

Health COVID-19
Required $65.3M
28% Funded

TREATMENT OF COMMON DISEASES

56K Men
86K Women
178K Consultations
41K Laboratory investigations conducted

18K Boys
18K Girls

REACHED TARGET

714,810
1.25M
57%

IMMUNIZATION

8,041 No. of children under 12 months vaccinated against Polio in areas affected areas through routine immunization

4,572 No. of children 6-23 months vaccinated against Menengococcal disease

3,913 No. of children 6-23 months received Vitamin A supplements

NUTRITION

4,234 No. of children under 5 in affected areas screened for malnutrition by IMAM or anthropometric measures

1,983 No. of pregnant & lactating women (PLW) identified in affected areas

50 No. of children under 1 identified and treated for uncomplicated and complicated severe acute malnutrition (SAM)

303 No. of newborn babies who benefited from newborn home services

SUPPORT TO HEALTH FACILITIES

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

151 No. of Health Facilities supported to provide primary health

PHYSICAL REHAB OF PATIENTS

2,784 Physical and functional rehabilitation sessions provided

64 Patients assisted with assistive devices

15 Prosthetic devices provided for amputees

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

No. of IMAFP individual sessions provided

6,528

No. of IMAFP group sessions provided

259

CAPACITY BUILDING

64,932 No. of individuals who attended health awareness sessions or were visited by mobile teams

6,345 Health awareness sessions conducted

Production Date: 31 August 2020
Product Name: IRQ_HEALTH CLUSTER_DASH_JULY_2020.010208
Data source: FTS (financial tracking system)

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# Early Warning Alert and Response Network (EWARN)

## Alerts / Outbreaks - July 2020

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<th>Disease</th>
<th>No. of alerts</th>
<th>No. of cases investigated</th>
<th>No. of clinical outbreaks</th>
<th>No. of cases treated</th>
<th>No. of lab confirmed outbreaks</th>
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<td><strong>4</strong></td>
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## Disease trend during Jan-Dec 2019 compared to 2020

### Trend of Acute Diarrhea cases in recent weeks

- **Mean Curve of 4 years data (2016-2019)**
- **Current trend 2020**

### Trend of LRTI cases in recent weeks

- **Mean Curve of 4 years data (2016-2019)**
- **Current trend 2020**
The Ninewah Governor’s office issued a letter to the Directorate of Health (DoH) asking humanitarian partners not to recruit regular DoH staff in agencies. The full contact details of those staff already working with health partners was also required by the Governor’s office.

The Cluster Team attended a briefing and working session on 3 September on the Humanitarian Needs Overview (HNO) 2020, People in Need (PiN) and severity. The aim of the meeting was to finalize the 2020 HNO inter-sectoral model.

The Cluster along with Camp Management coordinated the provision of services in Basateen IDP camp, Salah Al-Din, for the population that had arrived from Ninewa, as this population group were restricted from movement out of the camp to access healthcare through clinics in the host community. IOM was able to dispatch a mobile team at short notice, as soon as security approvals were obtained.

Upon partners having completed uploading projects to the Grant Management System for the 2nd Standard Allocation 2019 of the Iraq Humanitarian Fund, the Cluster held a Strategic Review Team (SRT) meeting on 2nd September and a Technical Review Team meeting on 5th September to vet the projects strategically and on a technical basis respectively.

The Health Cluster met with the UNICEF regional child protection specialist responsible for GBV and PSEA on 9 September to explore GBV mainstreaming in the humanitarian response and opportunities for the future, between the UNICEF team and cluster coordinators.

- The “Availability, Accessibility, Acceptability, Quality (AAAQ)” framework was discussed as well as the downloadable Clinical Management of Rape (CMR) mobile application to provide guidance on the key steps of CMR treatment in a user-friendly manner, which UNICEF had piloted in Lebanon.

DAMA NGO developed and shared with the Cluster a Quality Control Assessment tool, using the iAuditor online platform,
Health Cluster

1. UNFPA stated that they have registered 3,020 pregnant women in 9 refugee camps. As a preventive measure, UNFPA is planning to start a campaign on the COVID-19 mitigation measures and the proper use of PPEs among pregnant women, starting in quarter 3 of 2020. UNHCR mentioned that there is shortage of PPEs in RH units in all refugee camps.

   - UNFPA to follow up with their implementing partners in the refugee camps on the PPE requirements.

2. The National Committee for Safety and Security issued an instruction to close all private clinics. This has inadvertently created congestion of patients in the outpatient departments in public hospitals, since these departments are now being kept open in the afternoons, as per instructions from the MoH. WHO stated that, as per the last meeting with MoH-KRG, if an infected health worker or patient is identified within any hospital (public or private) that is not allocated to treat COVID-19 cases by the Government, it will be closed immediately for disinfection. Meanwhile, there is a high risk of infection in private clinics due to the small space allocated for patient waiting.

   - Partners to document such incidents of overcrowding and lack of social distancing with the names and locations of the health facilities so the Health Cluster can raise an evidence based request to the MoH.

Reproductive Health

- Personal Protective Equipment has been provided by RH actors to MoH and DoH in order to ensure continued RH services are provided in safe environment.
- Online training for health care providers in Infection Prevention and managing pregnancy during COVID-19 was supported by UNFPA (laptops, WebEx access)
- Integrating COVID response within Sexual/Reproductive Health (SRH) e.g., Family Planning (FP) awareness on COVID is ongoing in the IDPs and refugee camps
- UNFPA continues to advocate for and provide family planning commodities to ensure service continuity.

MHPSS

- MHPSS Capacity building and human resources management committee is conducting a survey to better understand the current status of applying WHO Problem Management Plus Guide (PM+) by several organizations who are already using it / have plans to use it.
- MHPSS actors continued the online capacity building activities for the health care providers and other frontline staff on different MHPSS topics.
- MHPSS actors continued distributing COVID-19 related awareness raising materials in Arabic and Kurdish.

Nutrition

- Nutrition services are ongoing in all camps.
- All staff have the required PPE equipment to ensure their safety during work.
- UNICEF ensured the availability of nutrition supplements in all camps.
- 1,752 mothers of children 0-23 months received IYCF counselling.
- Health teams provided home visits for 263 newborns (in camps) to check for danger signs and support the breast feeding practice, hygiene and well being of the lactating mother

Links for cluster dashboards and infographics on www.humanitarianresponse.info


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