

HEALTH CLUSTER BULLETIN BULLETIN NO. 3

(March 2020)



Name of the Country: Iraq

Emergency type: Conflict

Reporting period: 01.3.2020- 31.3.2020

- The Health Cluster facilitated a COVID-19 awareness session on 1st March, targeting partners from Health, WASH, Education and CCCM clusters, the purpose of which was to spread awareness on the basic principles of prevention and protection against infection in the camps supported by partner agencies. Almost 100 project managers attended this session with the aim of cascading the information obtained to their focal persons in the camps. The global WHO awareness material in English and the Arabic and Kurdish translations of the same, that were developed by WHO Iraq Country Office were shared during this workshop. Partners were encouraged to print and distribute these widely.
- In addition, the Cluster took part in the coordination meeting held by the Erbil Joint Crisis Coordination office on 1st March to provide an update on the preparedness/response activities being conducted by the partners in KRG.
- Also on 1st March, WHO Sulaymaniyah sub-office attended a meeting with the UNHCR Representative. Issues related to IDPs, refugees, durable solutions for settling IDPs and the current outbreak of COVID-19 were discussed. WHO presented a brief on the impact of the outbreak, announced the number of cases and WHO's contribution in Iraq, KRG and Sulaymaniyah in particular.
- Following a request from the Ninewah Health sub-cluster on the need to find an urgent solution for access for both personnel and relief supplies in support of the Covid-19 response interventions, Ninewah authorities agreed to put in place exceptional measures to facilitate humanitarian access. Partners who required this support were asked to reach out to OCHA sub-office.
- The Inter-Agency Humanitarian Evaluation mission was scheduled to take place between 8-17 March to evaluate gender response programming and best practices in the country. However, due to the COVID-19 airport closures and restriction of movement, it was conducted online through interviews of key informants from country clusters and Gender focal persons. The evaluation criteria focused on 4 areas:

1- Relevance
2- Coherence

3- Effectiveness
4- Coordination

Humanitarian Response Plan 2020

1.25M Targeted Population **31%** Reached Beneficiaries

27 Partners Reported **16** 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



24K No. of Cases Received Gynaecological Consultations

2.4K No. of Children Under 5 In Camps IDPS Children Screened For Malnutrition by MUAC or Anthropometric Measures



3.6K 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.

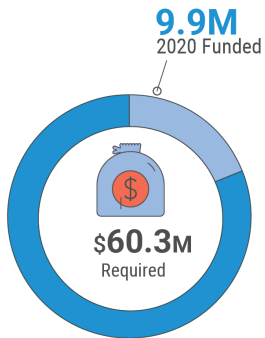


0.7K No. of Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

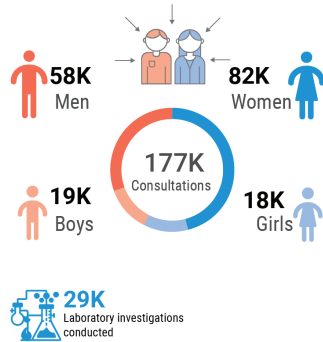
- As a risk communication measure, the WHO Iraq Country Office Representative and the Emergency Team Lead gave several interviews during March on different Iraqi TV and news channels which focused on the precautionary/preventive measures against the spread of COVID- 19 in Iraq. In addition, the Health Cluster started sharing global, regional and country-level daily COVID-19 updates with all partners and stakeholders. These are compiled at the Eastern Mediterranean Regional Office (EMRO) of WHO and shared with the country clusters.
- The Health Cluster Coordinator and WHO technical officers paid a visit to the office of the Governor of Kirkuk on 2nd March to attend a meeting on the COVID-19 status and preparedness/response plans for the governorate. Participation included OCHA and all other humanitarian actors operating in Kirkuk.
- The WHO Emergency Team Lead, Health Cluster Coordinator and MHPSS Technical Officer participated in an online interview on 3rd March with the Human Resources for Health (HRHA) Team Lead from Center for Operational Analysis and Research (COAR), conducting an assessment on Syrian human resources for health for the European Union. In Iraq, the study is looking mainly at existing service delivery by Syrian health care workers and potential training partnerships.
- The Humanitarian Country Team (HCT) decided on 2nd March that a national level COVID-19 Response Cell would be set up, headed by UNAMI and with participation of heads of agencies and OCHA, with a view to reaching programmatic decisions, including those related to HRP implementation. The Response Cell would also ensure proper linkages with the Government-led 55th Committee. In order to inform the work of the Response Cell, OCHA requested the clusters to identify priority activities which are crucial to be carried out during the changed operating environment due to COVID-19, giving particular consideration to limiting risk of exposure/transmission, and restrictions placed on public gatherings/movements.
- The Health Cluster conducted an exercise to map out the hospitals identified by the government for isolation and management of COVID-19 cases in the previously crisis-affected governorates, which was then shared with the Operational Cell, OCHA and the Inter-Cluster Coordination Group (ICCG).
- The CCCM Cluster and ACTED developed a document titled “Key messages on current limitation of movement due to the Corona Virus (COVID-19) for IDP’s and staff in formal IDP camps in Iraq based on Ministry of Health and Environment instructions”, with input from WASH and Health clusters. The objective of this document is to provide some clarity to the displaced population on best practices with regard to potential COVID-19 cases in the camps and can be found here: <https://bit.ly/3duYFf3>
 - Subsequently, a similar document was developed for IDPs living in informal settlements. This can be accessed here: <https://bit.ly/2Y11Ncf>
- In March, the Ministry of Migration and Displacement (MoMD) announced that due to limited funding and pending the approval of the national budget, it is going to suspend its humanitarian assistance to IDPs in informal settlements in Anbar governorate and focus on in-camp IDPs. The Ministry representative asked OCHA to inform UN agencies and NGOs to step in during this critical stage.
- The Health Cluster national officer accompanied UNFPA on a mission to Mosul on 5th March, to visit the potential area of relocation (in the premises of Al Khansa Hospital) of Hammam Al Alil Field Maternity Hospital, and to meet with the DoH of Ninewah.
- On 8th March, the Health Cluster made a presentation to the staff of the French Consulate in Erbil on COVID-19. The topics included background information on the virus, prevention methods, adequate use of masks and other preventive measures and coping with stress during COVID-19 infection.
- In the second meeting on 9th March, a business continuity plan for humanitarian actors in the country, consisting of 23 activities, was endorsed by the Operational Cell. This was translated into Arabic and Kurdish and shared with the Government.
- Facilitated by the United Iraqi Medical Society (UIMS), WHO and the Health Cluster conducted sessions targeting the Civil Aviation Authority and Security staff in Baghdad and Basrah airports (15-16 March) on steps to prevent COVID-19 infection in the aviation sector. A total of 110 staff participated in the sessions.

- The Health Cluster provided feedback on some IEC cartoon strips and videos intended to raise awareness among children on COVID-19, shared with the Iraq Child Protection Sub-Cluster by the Global Child Protection Sub-Cluster.
- To support Iraq in scaling up its operational readiness and response to the COVID-19 pandemic and prevention of further import and transmission of cases, a high-level WHO technical team, comprising members from EMRO and HQ, undertook a review mission to Iraq between 9th and 13th March 2020. The team held a series of meetings with national health authorities to identify the disease detection dynamics and at-risk populations, in addition to providing guidance on strengthening response and control measures. The mission also reviewed the MoH's overall readiness to deal with a potential increase in case reporting and the priority of establishing an Emergency Operation Centre to speed up action since the disease had been announced as a global pandemic.
- In an effort to curb the spread of COVID-19 infection, the Government of Iraq officially announced a nationwide curfew starting on 17th March. Meanwhile, the KRG government had already put in place a curfew from 14th March covering Dohuk, Erbil and Sulaymaniyah governorates. International flights into and out of the country were also stopped. However, humanitarian access was not prohibited, provided the service providers adhered to the strict measures to prevent the spread of the disease. Nevertheless, several partners continue to face access constraints, both due to COVID movement restrictions and independent of them.
- OCHA conducted an online ad hoc coordination meeting specifically on COVID-19 response and challenges, on 18th March. The meeting focused exclusively on implementation of humanitarian priority activities during COVID-19, to advise the HCT meeting scheduled for the next day. In preparation, clusters were requested to provide feedback mainly, but not limited to, the below points:
 1. Number of people targeted by priority activities who are not currently reachable
 2. Reasons partners are not able to implement priority activities
- The Health Cluster provided technical feedback to the guidance document prepared by the CCCM Cluster titled "CCCM guidance on camp-level preparedness and response planning", which includes:
 1. CCCM key activities at camp level
 2. Camp-level preparedness and response guide
 3. Mass messaging & communication with communities
- The Health, WASH and CCCM clusters set up an awareness system through the bulk sms platform of the Iraq Information Center, to quickly and, in a concise way, spread key messages about the prevention of COVID-19 in camps. Together, the clusters prepared 200-character key messages on COVID-19 prevention, specifically on Health/ WASH related issues, and coordinated on the Data Protection Policies to ensure the confidentiality and proper use of the phone numbers, exclusively for this purpose. It was agreed that the content of these messages would be renewed periodically to pass important information to communities.
- The GBV sub-cluster developed a general guidance note to highlight the impact of the COVID-19 outbreak on GBV interventions and provide recommendations to partners on GBV service-provision. The Health Cluster provided technical feedback to the document regarding points related to health actors and possibilities of cooperation between health and GBV service-providers.
- CCCM Cluster held an online meeting for their partners on 25th March, to present their preparedness planning and provide a brief on what took place in some camps when cases were suspected. The Health and WASH cluster coordinators were invited to provide technical guidance and answer questions the CCCM partners had.
- The first version of the Global Humanitarian Response Plan (GHRP) against COVID-19 was launched on 25th March. An overall requirement of USD 2 billion was requested to combat the spread of COVID-19 infection. However, since many countries were still developing their individual response plans against COVID-19, the updated version of the GHRP is to include these requirements.
- The Humanitarian Coordinator and OCHA, in collaboration with NGO Coordination Committee for Iraq (NCCI), requested clusters to provide a list of NGOs that are engaged in implementation of individual cluster priority activities, both under the regular HRP interventions and the COVID-19 response, that was identified earlier in the month, by 30th March.
- In order to compile all the cluster-specific SOPs, technical guidance documents, etc. OCHA Iraq created a page to serve as a repository for these documents. Clusters were asked to upload their documents to this page: <https://bit.ly/2AEtQpD>
- The cumulative number of COVID-19 cases in Iraq during March 2020 were **666** with **46** deaths.

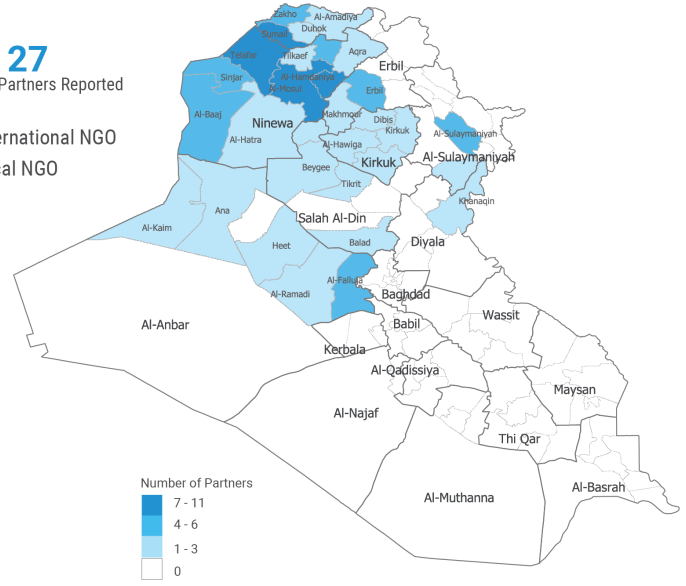
FUNDING INFORMATION¹



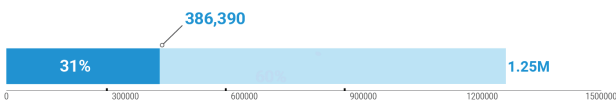
TREATMENT OF COMMON DISEASES



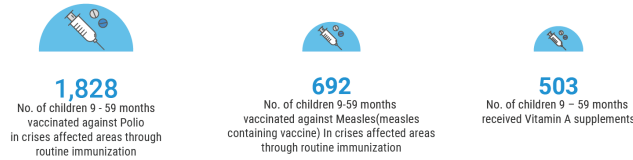
HEALTH PARTNERS



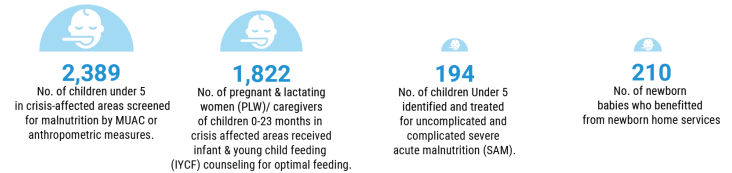
REACHED TARGET



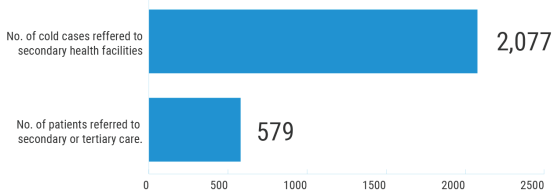
IMMUNIZATION



NUTRITION



SUPPORT TO HEALTH FACILITIES



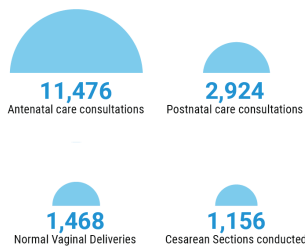
EWARN



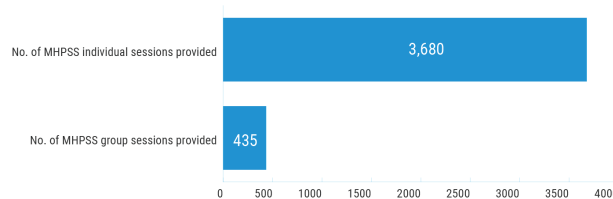
PHYSICAL REHAB OF PATIENTS



REPRODUCTIVE HEALTH



MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES



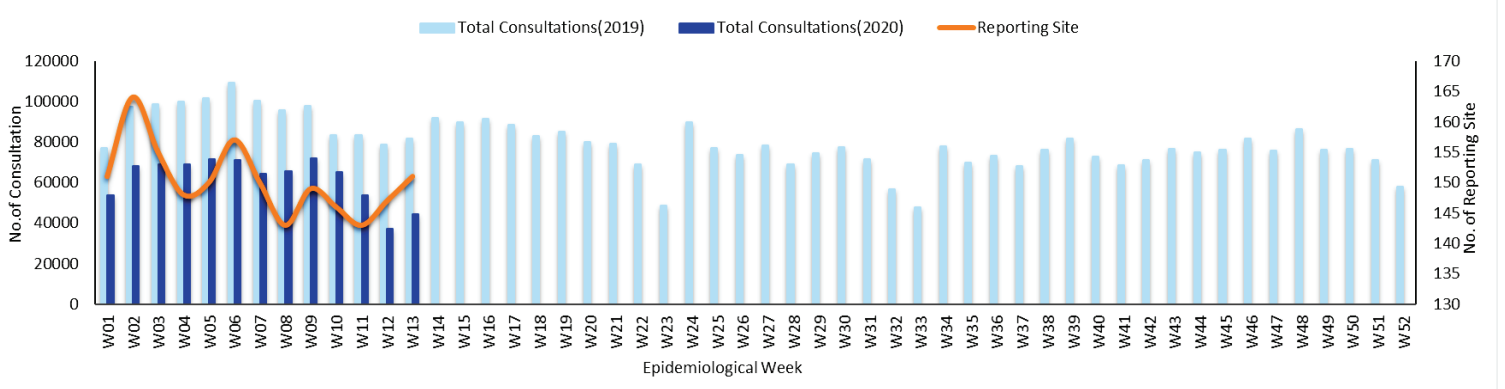
CAPACITY BUILDING



¹ Data source: FTS (financial tracking system)

Early Warning Alert and Response Network (EWARN)

Total Consultation & No. of Reporting Sites in Iraq By Week (01-52), 2019 - 13, 2020

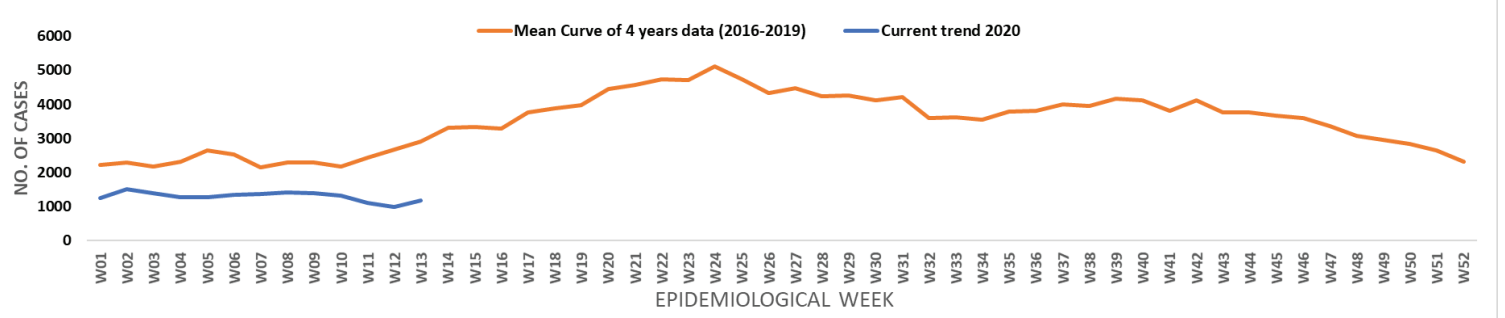


Alerts / Outbreaks - March 2020

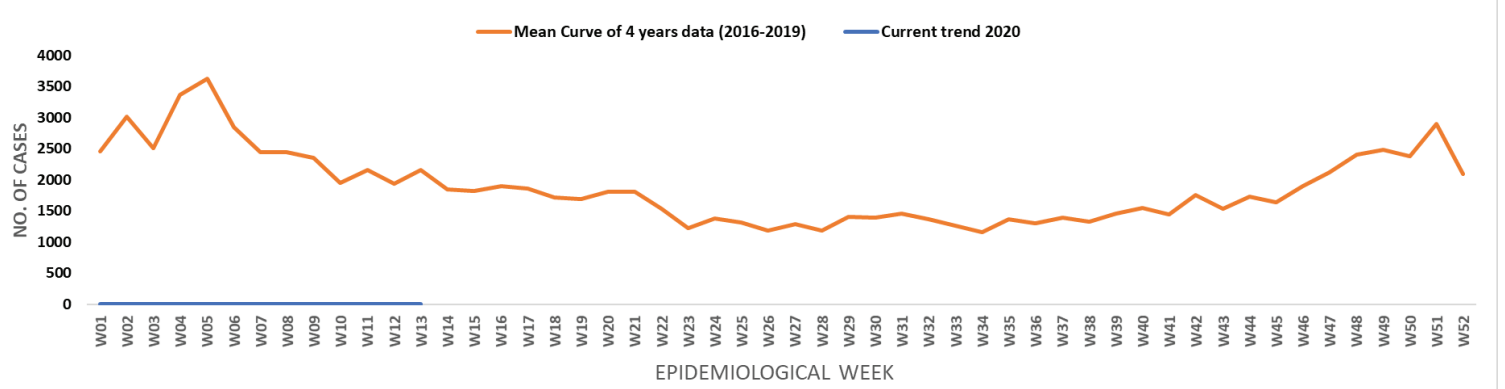
Disease	No. of alerts	No. of cases investigated	No. of clinical outbreaks	No. of cases treated	No. of lab confirmed outbreaks	No. of cases treated
Suspected Cholera	0	0	0	0	0	0
Acute Flaccid Paralysis (AFP)	0	0	0	0	0	0
Suspected Measles	1	1	0	0	0	0
Suspected Meningitis	4	4	0	0	0	0
Suspected Diphtheria	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	2	2	0	0	0	0
Suspected Anthrax	1	1	0	0	0	0
Total	8	8	0	0	0	0

Disease trend during Jan-Dec 2019

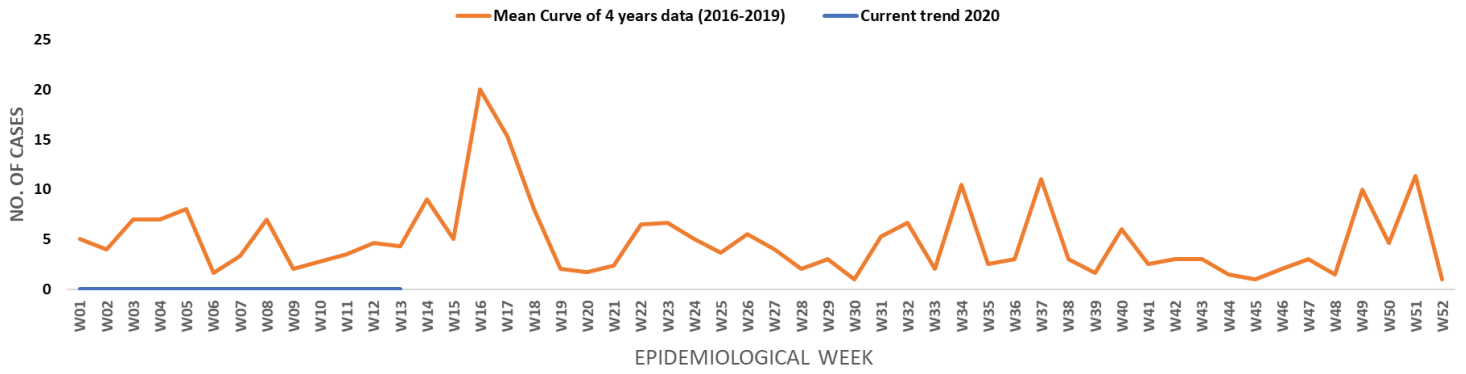
Trend of Acute Diarrhea cases in recent weeks



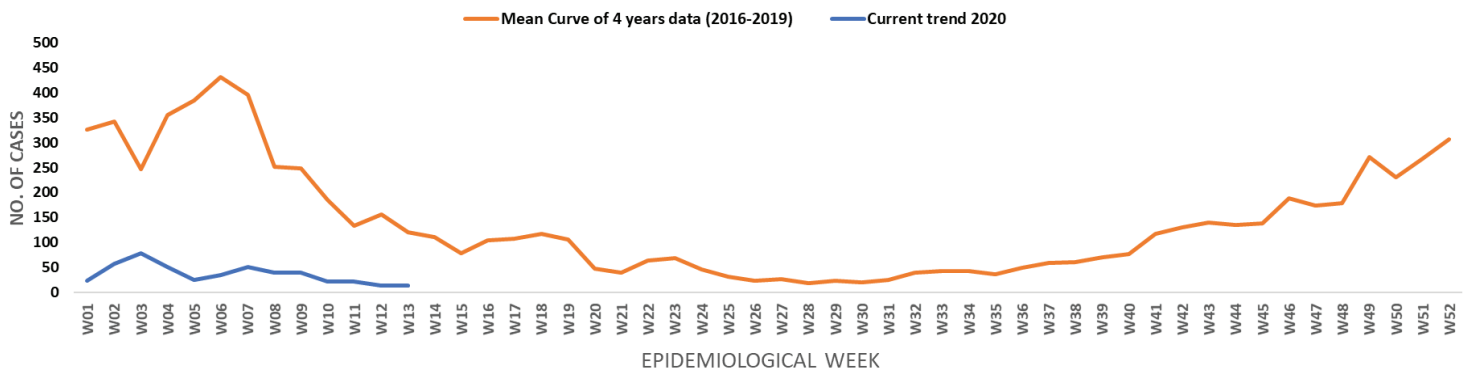
Trend of LRTI cases in recent weeks



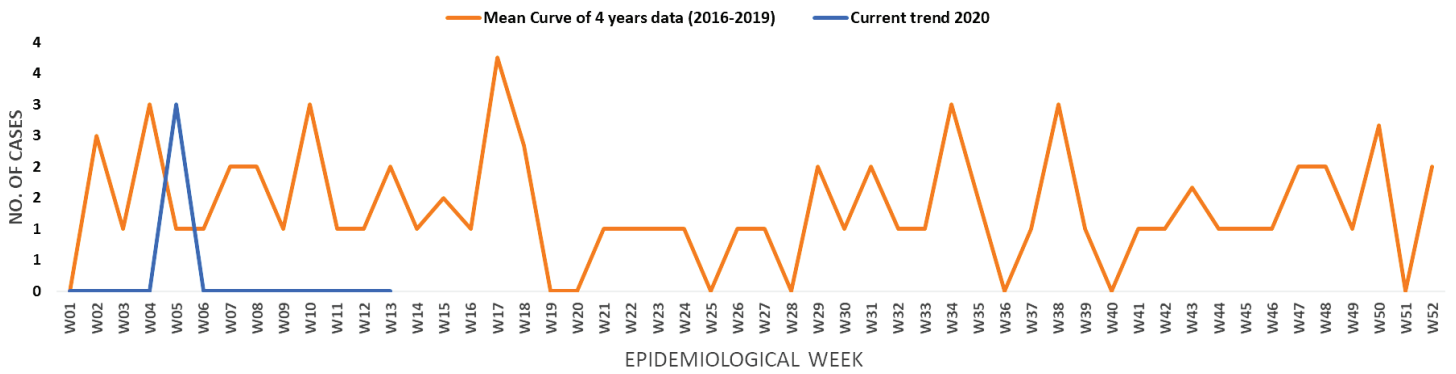
Trend of Suspected Measles cases in recent weeks



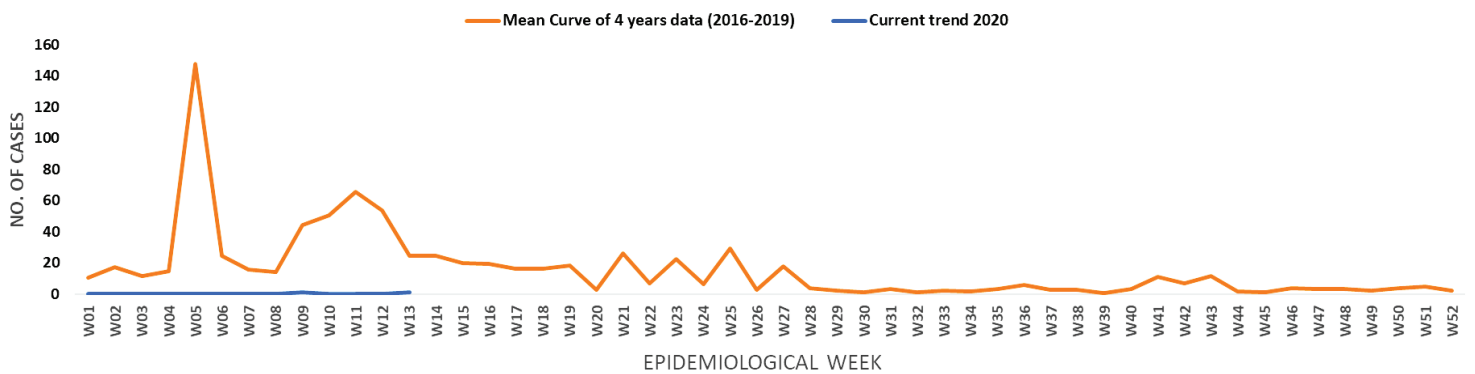
Trend of Suspected Leishmaniasis cases in recent weeks



Trend of Suspected Meningitis cases in recent weeks



Trend of Suspected Pertussis cases in recent weeks



Health Cluster

1. Due to the COVID-19 emergency, the Health Cluster Coordination Performance Monitoring for 2019, scheduled to be conducted in early 2020, has been put on hold until further notice.
2. A joint (Health/WASH/CCCM) 4Ws template has been developed to map the available partner capacity to respond to COVID-19, which includes such information as geographical presence, lead time to mobilize resources, duration of planned implementation, etc. This template is open to both HRP and non-HRP partners to provide feedback.
 - Any new partners (apart from those who had already received the 4Ws template) who have the resources to respond to the COVID-19 pandemic were requested to share their email addresses with the Cluster so they can be provided with the link to upload information on the 4Ws template.
3. WHO to share a summary of the report of the high-level mission that visited Iraq in the beginning of March to evaluate the capacity of the country to respond to COVID-19
4. UNICEF to get in touch with UNHCR for coordinating between the health promoters, CwC and MHPSS workers.
5. UNICEF to coordinate with UNHCR regarding the PPEs the latter is procuring for the primary health care centers in refugee camps
6. UNDP is currently preparing to establish 20 isolation rooms and management beds in each of (Anbar, Ninewa, Salahaldin, Diyala, Najaf, Karbala, Basrah and Duhok) which will include the provision of medical furniture, medical equipment and PPEs for the health staff responsible for managing COVID-19 cases. In addition, as requested by the Central Public Health Laboratory (CPHL) and MoH-KRG, Real Time Polymerase Chain Reaction (rtPCR) devices will be provided to Anbar, Ninewa and Erbil.
7. Medair will be suspending their programs in Iraq this year. This includes PHCCs in Kirkuk, Mosul (Ninewah), Dahuk, Salah Al Din and Sinjar (Ninewah). Medair is currently prepared to do handover.
 - Any partner interested to take over any of the locations currently supported by Medair is requested to reach out to the Health Cluster or directly to Medair, keeping the Cluster in the loop.
 - The Cluster is in the process of negotiating with a potential partner to replace Medair in two IDP camps in Dohuk.

MHPSS

1. National MHPSS Technical Working Group meetings will continue to be held using the online meeting modality. The next meeting for both Baghdad and Erbil partners to be on 7th April 2020
 - MHPSS Technical sub-working groups have currently suspended their meetings
2. WHO is planning to organize online trainings for the frontline health care providers on the IASC Interim Guidance Note on MHPSS Aspects of Covid-19 and on how to prevent and address social stigma associated with COVID-19.
3. A coordination meeting with the Protection Cluster was held on 25th March to enhance the provision of PSS services related to the COVID-19 outbreak by mobilizing protection cluster partners and disseminating MHPSS technical resources.
4. WHO is working on updating the online 4Ws to enable service referrals from/to MHPSS actors during the COVID-19 crisis.

Nutrition

1. Nutrition services are ongoing in the IDPs/Refugees camps. However, due to the curfew, some staff were not able to reach the sites of operation, while those from the same area are present every day.
2. Stocks of nutrition supplements are available at DoH Duhok, Ninewah, Erbil and Kirkuk. The stocks are enough for the next 3 months.
3. UNICEF has a stock of Nutrition Supplements in the pipeline that can cover the needs for another 6 months.

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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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