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Name of the Country: Iraq
Emergency type: Conflict
Reporting period: 01.05.2021- 31.05.2021

COVID-19 pandemic

- **Iraq COVID-19 caseload:** The total number of COVID-19 cases in May 2021 were 136,153 with 910 associated deaths. Both figures are lesser than those of the preceding month (April peaked with 214,275 total cases and 1,142 associated deaths). Meanwhile, the cumulative number of cases since the onset of the pandemic in Iraq on 24th February 2020 are 1,201,352 with 16,375 associated deaths as of the end of May 2021.
- **COVID-19 second wave spike:** Generally flattening 2nd wave is being observed in May 2021, with a slow downward trend of incidence and positivity rates. There was a slight increase in the number of cases during the post-Eid period, which is accounted for social gatherings (despite rigorous messaging by the MoH, RCCE Working Group and other health partners) and reduced testing during the holiday period. The recommendations remain to scale up preparedness and response activities, with efforts to speed up the vaccination campaign including counteracting anti-vaccination rhetoric through trustworthy key messaging, enhancing vaccination preparedness, and implementation of the campaign in IDPs and
- **COVID-19 Taskforce:** The monthly Health Cluster COVID-19 Task Force meeting was held on 20th May 2021. Among other points of discussion, an update on the progress of the COVID-19 Task Force workplan was presented. Under specific pillars, some activities were flagged as "to be conducted" or "unknown" status; in order to update the status of such activities on the workplan monitoring template, partners were requested to revert to the Task Force Chair if they are providing these activities.

Humanitarian Response Plan 2021



HCO*: In 2021, the cluster plans to reach 221,392 IDPs in-camp, 126,125 IDPs out-of-camp and 509,412 returnees with essential Primary and Secondary Healthcare services. The cluster objectives will be to ensure continuation of outpatient consultations; provision of essential medicines; surveillance and rapid response and management of communicable diseases, including COVID-19; supporting referral of complicated cases to public hospitals; community awareness about prevention of communicable and non-communicable diseases; and provision of diagnostic and therapeutic equipment/supplies to public health facilities, which will contribute to the HRP strategic and specific objectives by ensuring uninterrupted essential service-availability to IDPs in and out of camps and vulnerable returnees while strengthening the health system to facilitate service handover to the Government and durable solutions.

181K Total Consultations



55K Cases Received Gynaecological Consultations

3K Children Under 5 in Camps IDPs Screened For Malnutrition by MUAC or Anthropometric Measures



7K MHPSS Individual Sessions Provided

1K Patients attending Secondary /tertiary Hospitals



1K Children 9-59 Months Vaccinated Against Measles (Measles-containing Vaccine) In Crises Affected Areas Through Routine Immunization

*HCO: Health Cluster Objectives



Figure 1: Pillars of Iraq COVI-19 Task Force, 2021

The two functional online registration platforms for COVID-19 Vaccination were discussed (one established by the Federal government in Baghdad and the other established by KRI government). The discussion concluded with the below points:

- Refugees/IDPs residing in KRI are required to register via KRI platform. Returnees going back to their Areas of Origin to register via federal platform.
- Refugees/IDPs must access the nearest vaccination center to avoid accessibility issues related to checkpoints and this must be done through proper registration process.
- Refugees/IDPs can register using agreed upon legal documents across Iraq, which are:
 - Any kind of National ID
 - Any registration document issued by Ministry of Interior
 - UNHCR registration number
 - Ration card number

MSF-France presented a briefing on their ICU support to COVID-19 patients at Al Kendi Hospital in Baghdad, including:

- ICU patient capacity
- Outpatient follow-up
- Mental health support program to in-patients and their families
- Challenges


The Arabic and officially translated English versions of the National Deployment and Vaccination Plan (NDVP) were shared with the Task Force partners after the meeting.

- **Quarantine/Isolation (Q/I) sites progress update:** The OCHA-funded Quarantine/Isolation (Q/I) area in Ashti IDP camp, Sulaymaniyah governorate, became operational on 1st May 2021 with a capacity of 30 beds (15 female and 15 male). DAMA is the health partner providing services in conjunction with partners from other clusters such as CCCM, WASH, Food and Shelter/NFI. The modality is for the PHCC in Ashti camp to refer asymptomatic/mild cases to the Q/I area after verifying availability of space with DAMA and filling the referral form that was developed by the Sulaymaniyah sub-cluster. Cases in need of ICU/ventilation will be referred to COVID-19 hospitals in Sulaymaniyah governorate. Admission to the Q/I area is voluntary and any suspect/contact/patient refusing to quarantine/isolate in the Q/I would be monitored by the main PHCC serving the camp to ensure that they adequately quarantine/isolate in their tents.

The Q/I area in Sheikhan IDP camp, Duhok governorate, is expected to become operational in June 2021, while the construction of the Q/I in Jeda'a 5 IDP camp, Ninewah governorate, has been put on hold pending confirmation of health partner funding. A joint cluster (CCCM, Health, Shelter-NFI and WASH) appeal was made to the HCT and Heads of Agencies to advocate for resources to run health services in Jeda'a 5 and Debaga IDP camp (Erbil governorate), among other requests.

- COVID-19 Vaccination campaign:** The campaign is being implemented in line with the NDVP; partners are requested to continue their support in all efforts of scaling up the campaign. A total of 371,004 people received first dose and 71,230 people received second dose of COVID-19 vaccine as of 31st May 2021 and no severe Adverse Effects Following Immunization (AEFI) were reported. Widespread key messaging is ongoing to support COVID-19 vaccination uptake by tackling rumors and misinformation circulating in the community; all humanitarian partners operating in Iraq are participating in their respective settings.
- ICRC support to COVID-19 vaccination campaign:** ICRC informed the Cluster about signing an agreement with the MoH to support COVID-19 vaccination centers in Iraq, including:
 - Personal Protective Equipment (PPE)
 - Laptops
 - Safety boxes
 - Incentives for 4 staff for after-hours for each vaccination site (PHCC or hospital)
 - An EPI fridge for each DoH
- COVID vaccination in camps:** The Emirates Red Crescent (ERC) has launched a COVID-19 vaccination campaign (16,000 doses of Sinopharm vaccine) in refugee and IDP camps in the KRG, starting with Debaga and Qushtapa. They stated a capacity to administer 3,000 doses per day in Debaga. ERC agreed with BCF to use the latter's storage area and to prepare the vaccination site. People under the age of 16 or pregnant/lactating women (unless 6 months post-partum) are not part of the target groups at present. As of 23rd May, 2,272 IDPs have been vaccinated in Debaga camp.

In addition, ERC in collaboration with BCF conducted COVID-19 vaccination in the Khazer/Hasansham locality. The IDP camps were also included in the 2-day (28 and 29 May) campaign which targeted IDPs, medical and NGO staff and security personnel in the camps.
- Risk Communication & Community Engagement:** In the national Cluster Coordination meeting held on 24th May 2021, the RCCE Working Group presented the key messaging for COVID-19 vaccination uptake, the RCCE-specific activities being conducted in the ongoing vaccination campaigns and also discussed the survey on the campaign focusing on managing myths and misinformation. Key messages for specific groups (healthcare workers, women, etc.) are currently under development and will be shared with relevant stakeholders in due course.
- Reporting on Supplies and Services support for COVID-19 response in ActivityInfo:**


Health Services and Supplies Mapping COVID-19 Response Iraq (2020-2021)
Page 1

2020
 2021

1-Health Partners

2-Reporting Month

3-Governorate

4-District

5-Sub_District

6-Facility Name

7-Type of Agency

Main Services/Supplies

Hygiene tools and Equipment

Medical devices (excluding oxygen related devices)

Medical Furniture/ Consumables/ Equipment

Oxygen related devices

Personal Protective Equipment (gloves/masks/gowns/etc...)

Items/Equipment List

No. of Adjustable light spot

No. of Bedside cabinet

No. of Centrifuge machine

No. of Compression hand sprayer

No. of defibrillator

No. of Digital thermometer

No. of Ear thermometer

No. of ECG machine

No. of ECG Paper

No. of Electromechanical medical device

No. of face shields

No. of Garbage Bags

No. of gloves

No. of Glucometer VivaChek strip

No. of goggles


No. of gowns

No. of head positioners

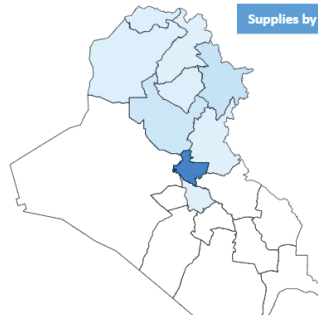
Total Supplies Distributed

1,006,966

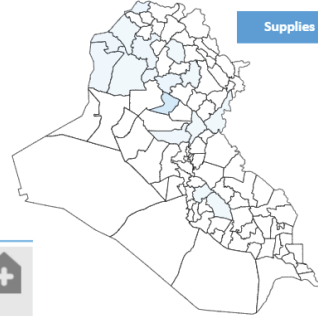
Health Partners response



Supplies by Governorate



Supplies by District



5
 Partners

10
 Governorates

19
 Districts

26
 Sub districts

33
 Items/Equipment

33
 Health Facilities

- **COVID preparedness/response health facility checklist updated:** The updated version of the Health Facility (PHCC) Readiness [checklist](#) for COVID-19 preparedness/response capacity was shared with partners. Partners have been requested to conduct assessments using this tool in their respective PHCCs to identify key urgent gaps for timely intervention, as well as provide feedback from the field on the use of the tool and any recommended edits.
- **IPC guidance for COVID-19 vaccination:** The Iraq Health Cluster has developed a document on the Infection Prevention and Control (IPC) measures that need to be in place in health facilities administering COVID-19 vaccination. This has been shared with the partners. An Arabic translation is in the process of being developed.

General Health

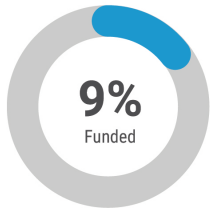
- **Clusters' meeting with USAID:** The Health Cluster Coordinator, along with cluster coordinators of Protection, CCCM, Food Security and WASH took part in a meeting at the US Consulate in Erbil on 4th May 2021, to meet focal persons of BHA and PRM. Among the issues discussed, continued donor support to the humanitarian needs in the country (essential PHC service-continuity in existing IDP camps and areas of return/secondary displacement); support to physical rehabilitation of patients, particularly since this area of intervention has been underfunded over the past few months; resources for mental health services; and support to continue awareness campaigns on COVID-19 prevention measures, vaccination uptake and potential support to the vaccination campaign itself (based on the needs of the MoH and the capacities of partners) were raised.
- **Technical input to global guidance document:** Based on a request from the Global Health Cluster COVID-19 Task Team, the Iraq Health Cluster Team provided technical input to a guidance being drafted titled Brief on Risk Communication and Community Engagement for Covid-19 Vaccines: Considerations for Marginalized Populations. This input was sent on 5th May 2021.
- **SAMS Foundations' Emergency Response to Ibn Al Khatib COVID-19 Hospital Fire accident:** A fire accident, which caused 82 fatalities and left 110 people injured in Southern Baghdad's Ibn Al Khatib COVID-19 Hospital, occurred on 24th April 2021. In response to this incident, SAMS Foundation provided the necessary inpatient equipment for use in the hospital's relocated units and Ibn Zuh's Field Hospital, which included:
 - 100 oxygen cylinders
 - 4 monitors
 - 3 CPAP/BiPAP
 - 1 Defibrillator
 - 2 ECG machines
 - 20 oxygen flowmeters
 - 10 syringe infusion pumps
 - 10 high pressure regulators
 - 10 low pressure regulators
 - 20 pulse oximeters
 - 10 electronic blood cuffs
 - 20 stethoscopes

They also organized virtual trainings to take place for the coming 2 months to be facilitated by specialists from SAMS, to enhance skills of Ibn Al Khatib medical staff on management of COVID-19 cases.

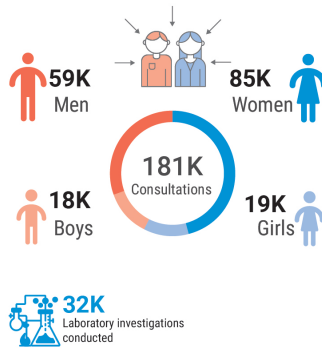
FUNDING INFORMATION

General Health

\$75.8M
Required



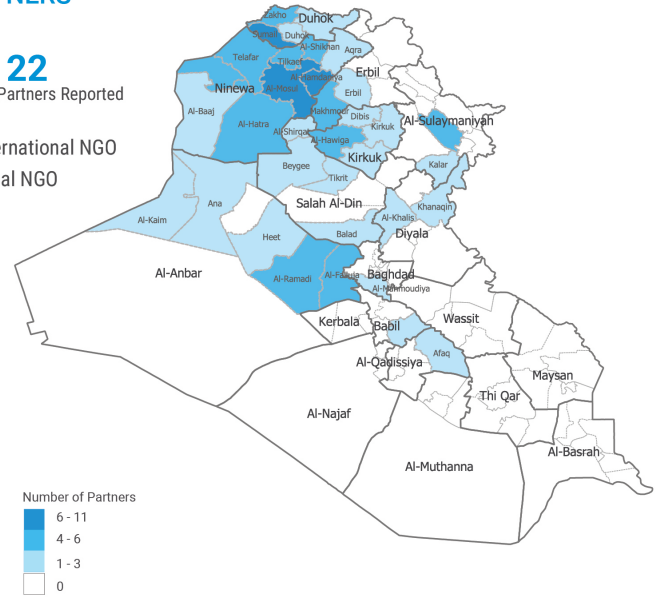
TREATMENT OF COMMON DISEASES



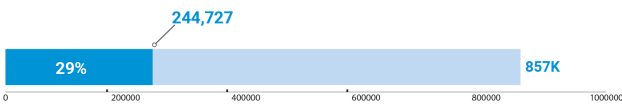
HEALTH PARTNERS

22 Partners Reported

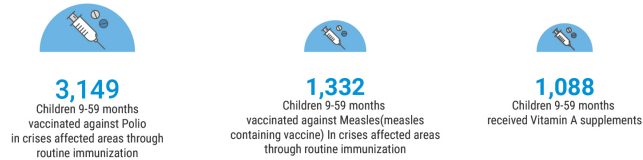
11 International NGO
11 Local NGO



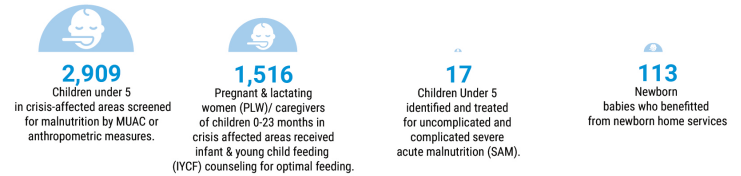
REACHED TARGET



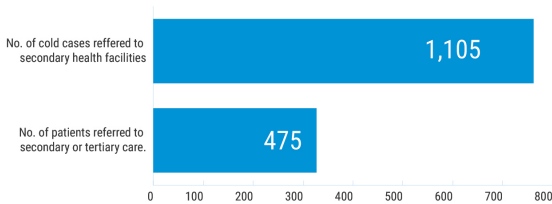
IMMUNIZATION



NUTRITION



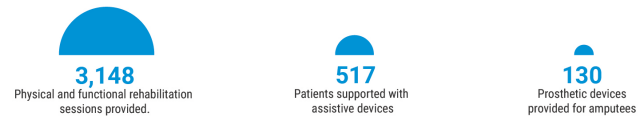
SUPPORT TO HEALTH FACILITIES



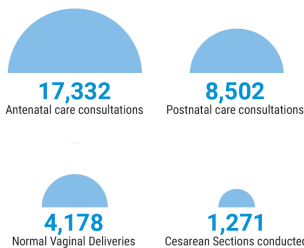
EWARN



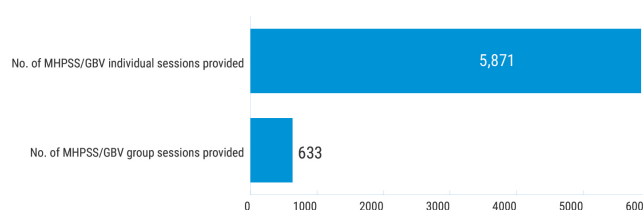
PHYSICAL REHAB OF PATIENTS



REPRODUCTIVE HEALTH



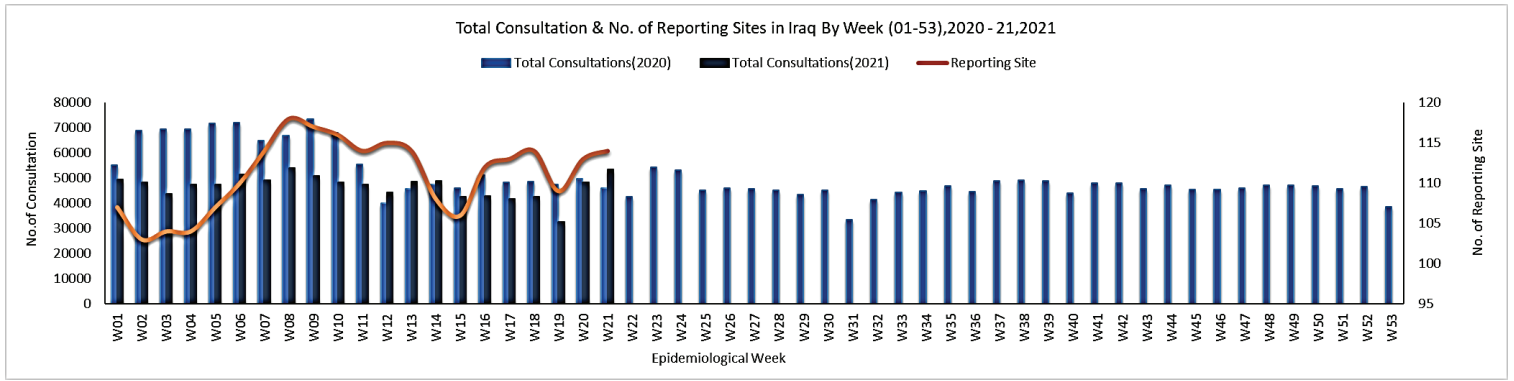
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES



CAPACITY BUILDING



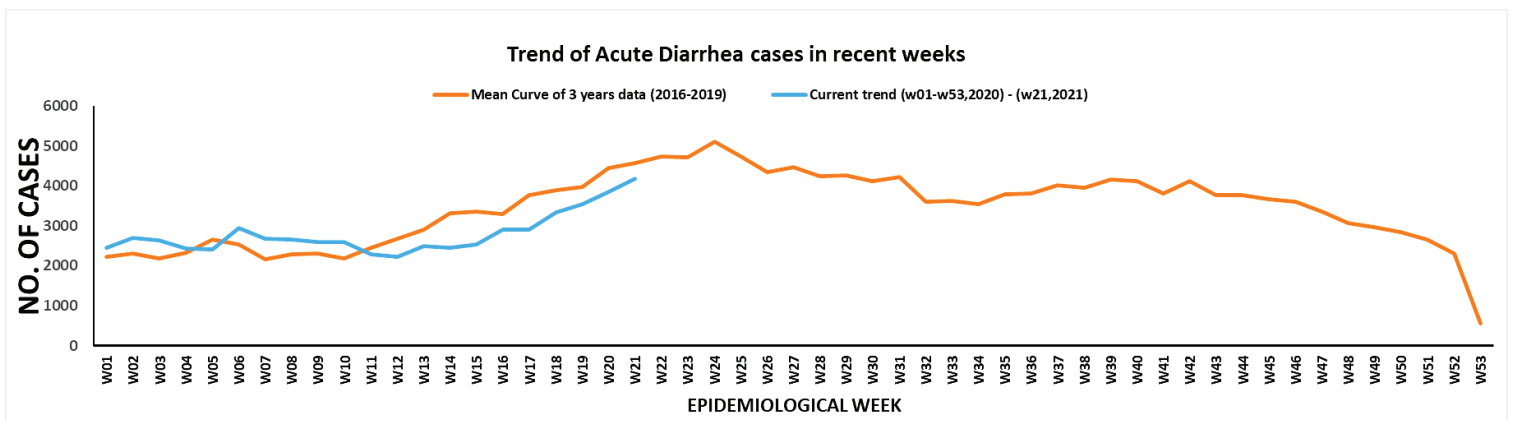
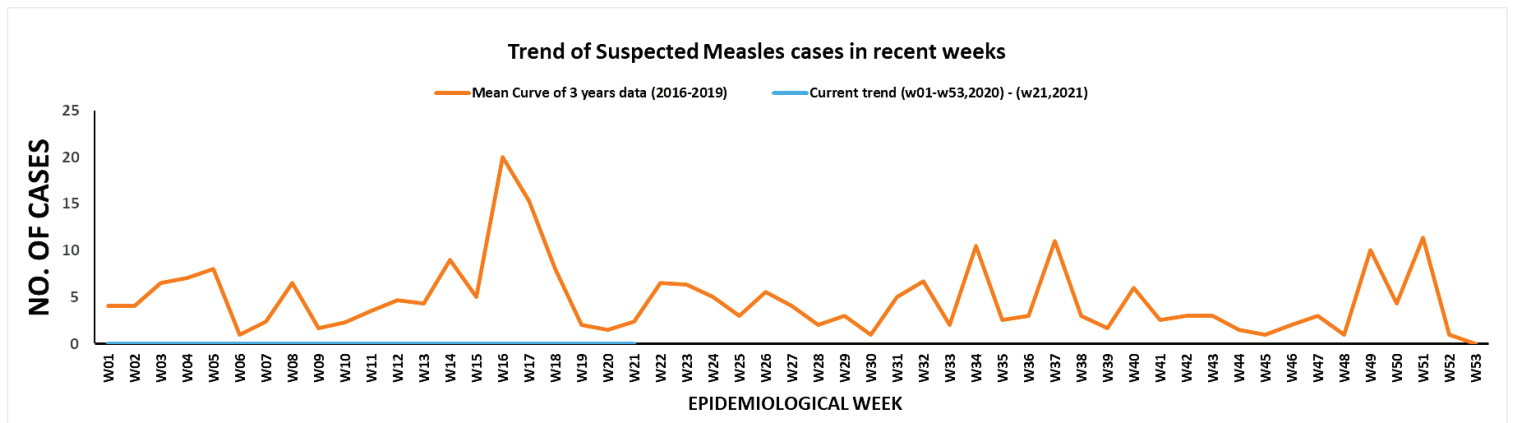
Early Warning Alert and Response Network (EWARN)

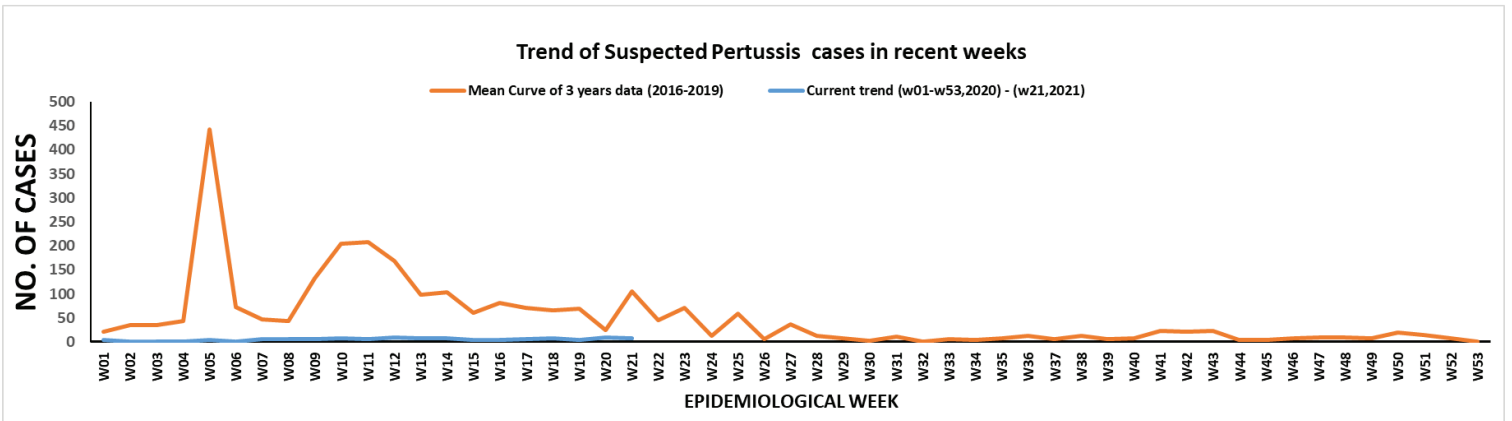
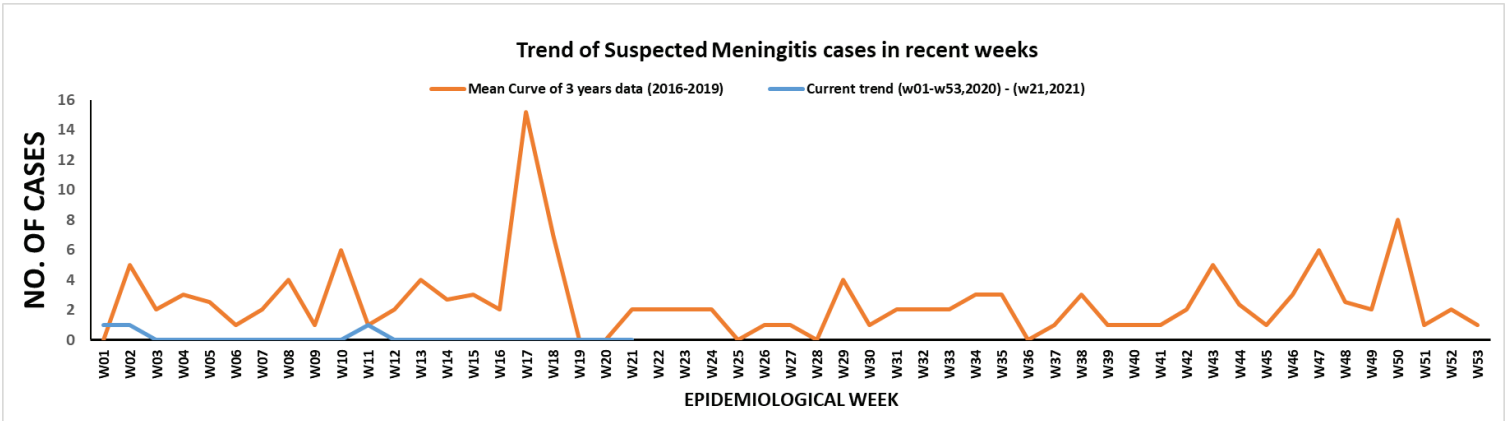
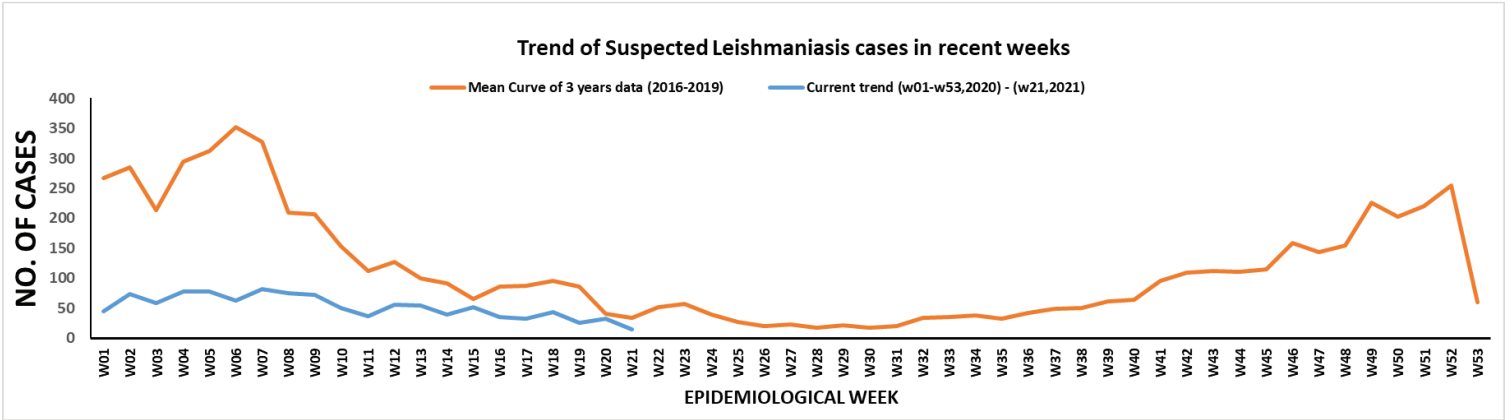
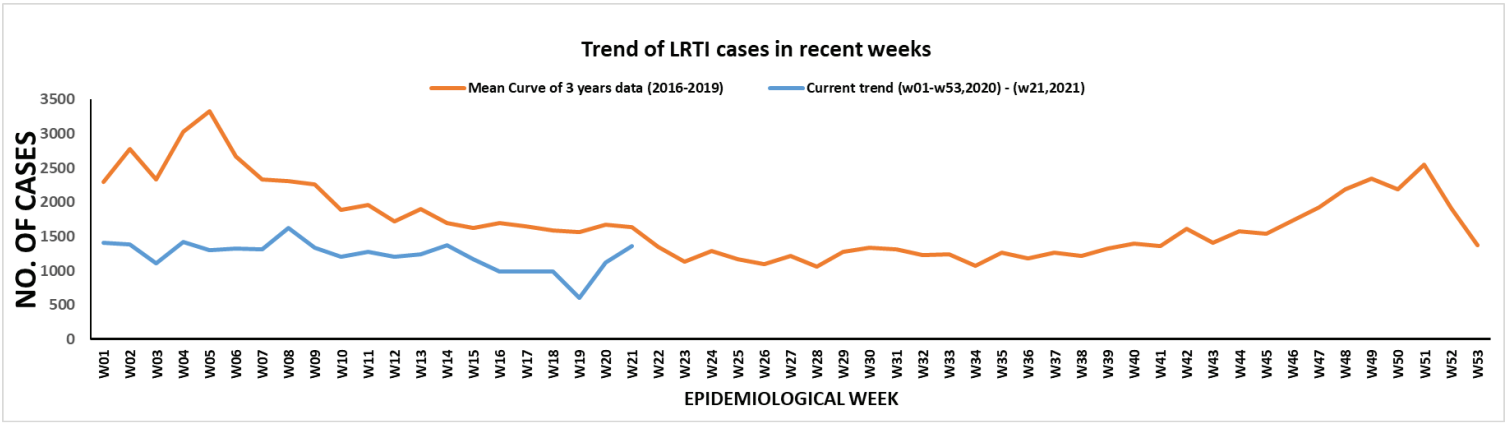


Alerts / Outbreaks - May 2021

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	2	2	0	0	0	0
Suspected Diphtheria	1	1	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	308	308	0	0	78	78
Suspected tuberculosis	0	0	0	0	0	0
Suspected brucellosis	0	0	0	0	0	0
Typhoid fever	0	0	0	0	0	0
Suspected Anthrax	0	0	0	0	0	0
Total	312	312	0	0	78	78

Disease trend during 2016 - 2020 compared to 2021





Health Cluster

- To follow up with CCCM on the progress of Q/I sites in the camps
- To provide input for multi-cluster Situation and Needs Monitoring being organized by OCHA
- To organize FTS training for Health Cluster partners both in English and Arabic sessions
- Follow up on reviewing FTS allocations and support allocation of funding to projects
- Devise a strategy, in collaboration with NPC and CWG, on “how to coordinate the operationalization of CVA for Health services”

MHPSS Update

- Partners are exploring opportunities to provide Psychological First Aid (PFA) services to people affected during the fire accident in Ibn Al-Khatib hospital in Baghdad
- Final draft of the guideline on MHPSS Minimum Human Resource standards for recruitment has been translated and shared with partners.
- Assessment on mhGAP implementation has been finalized and will be shared with the MHPSS Technical Working Group partners for feedback

Reproductive Health WG

- During the reproductive health working group meetings an issue was raised regarding a shortage of medications and fuel in some locations.
 - The RH WG to discuss this and other issues with Ministry of Health to find solutions
 - The RH WG requested interested health partners to regularly attend their monthly meetings to ensure all issues were raised and addressed.

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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