During 2019, post-conflict Iraq witnessed an increased number of people returning to their Areas of Origin (AoO), although not always voluntary, safe and dignified. This was mainly due to the plan of the Government of Iraq (GoI) to close down all the existing IDP camps by the middle of 2020. However, the main obstacles in the path of IDPs returning to their AoO are destroyed homes, loss of livelihoods, ethnic tensions, perceived affiliations and expected collective punishment.

It is estimated that, overall, around 4.1 million people will continue to need some form of humanitarian assistance in 2020, almost half of whom (1.77 million) have acute humanitarian needs. 1.5 million people remain displaced, of whom 288,46 thousand have been identified to be in need of assistance within IDP camps, while a sizeable number of them have been in protracted displacement for more than three years¹.

On the other hand, of the 4.09 million people who have returned to their AoO, despite the lack (in many locations) of basic services, 1.04 million individuals remain in acute need of assistance. Also, there has been a movement of IDPs between camps, particularly if they were forced to leave camps due to consolidation/closure, while not having the ability to return to their homes.

Over the years, the lack of government remuneration coupled with the conflict situation, has resulted in a brain-drain of specialized health professionals from the country, in search of livelihoods. As an example, a recent statistic of the Iraqi Ministry of Health (MoH) shows that there are only 138 psychiatrists and 60 social workers nation-wide, in a country with a population of more than 38 million individuals².

The inadequate hygiene conditions in the South of the country³ pose a potential risk for water-borne communicable diseases, while the national disease surveillance and response mechanism is not up to the mark in terms of early warning and provision of timely response to alerts and potential outbreaks. Support needs to continue in strengthening the Early Warning, Alert and Response Network (EWARN) and the gradual integration of this system into the national surveillance system.

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1. Iraq: 2020 Humanitarian Needs Overview
2. The New York Times Magazine:
3. Iraq: Water crisis in Basrah:
The continuous, although declining, border crossing of Syrian refugees\(^4\) into the North of the country is adding to the strain on an already overburdened health system, which is barely coping with the current IDP and refugee caseload. This, coupled with the political unrest in the Central-Southern regions of the country that started in October 2019, could push Iraq into another acute crisis, in which humanitarian actors would need to step up emergency relief activities in terms of trauma management, essential primary health care services, provision of medication and emergency kits and communicable disease surveillance and rapid response.

While it is true that stabilization partners are conducting infrastructure rehabilitation, provision of equipment to health facilities and subsequently, will train health workers on the adequate use of these equipment, this is a long-term process that is expected to continue for a few years, depending on such factors as the availability of funding, the GoI’s readiness to facilitate the implementation of these projects, etc. Therefore, in the interim, there is a need for short-term support to health facilities through humanitarian funding, while developing the capacity of the government and national institutions to ensure sustainable service provision upon handover/integration of services, with health system strengthening being the long-term goal\(^5\).

During 2019, the Iraq Health Cluster consisted of 38 partners reporting to Activitiyinfo. {22 International non-government organizations (NGOs), 12 local NGOs} and 4 UN.

During 2019, Cluster partners were present in 47 IDP camps and 63 returnee locations outside camps covering interventions including the treatment of common diseases, reproductive health, nutrition, vaccination, mental health and psychosocial support, physical rehabilitation of patients and capacity building of health workers, while also disseminating health related information to beneficiaries.

The Health funding requirement under the Humanitarian Response Plan (HRP) 2019 was US$ 60.9 million which was 96.8% funded by the end of the year.

Nearly 1.6 million affected individuals received essential Primary Health Care (PHC) services including reproductive health, vaccination, nutritional services and detection/prevention of communicable diseases, while a steady supply of essential medicines, emergency kits and supplies were sustained throughout the operation.

\(^4\) Displacement movements from Syria: http://iraqdtm.iom.int/SyriaTracking.aspx
\(^5\) The Humanitarian-Development Nexus: https://www.who.int/health-cluster/about/structure/new-way-working.pdf
During 2019, the Cluster continued to advocate for the health needs of the affected population, as well as for humanitarian funding with the donors since, although in a post-conflict situation, the protracted crisis and inability of the Directorates of Health (DoH) to adequately manage the crisis warranted humanitarian assistance. With the generous support of our donors, Cluster partners were able to provide lifesaving Primary Health Care (PHC) services, referrals of complicated cases and secondary healthcare services to affected people in the 11 target governorates.

Close coordination continued with government stakeholders: Ministry of Health (MoH) and the DoHs of the different governorates; and other humanitarian clusters (Protection and the GBV sub-cluster, Camp Coordination and Camp Management (CCCM), Water Sanitation and Hygiene (WASH), Food Security and Logistics) in addition to being active in the Inter-Cluster Coordination Mechanism.

The Cluster continued to support the following four working groups in terms of information management and mapping, coordination and facilitation of meetings, addressing gaps and issues and advocacy:

- Reproductive Health
- Nutrition
- Physical Rehabilitation (of patients)
- Mental Health and Psychosocial Services (MHPSS)

Initially activated in April 2017, the Strategic Advisory Group (SAG) underwent re-elections during 2019 in accordance with the ToRs. In line with the changing scenario, the SAG members continued to provide technical and strategic guidance to ensure that the Cluster strategy and activities fall in line with those of the relevant programs such as the Recovery and Resilience Program (RRP), mainly under components 4, 5 and 6; UN Habitat’s national capacity building in planning and management of urbanization programs; UNDP’s Funding Facility for Immediate Stabilization (FFIS); and the United Nations Sustainable Development Cooperation Framework (UNSDCF). This was in addition to being instrumental in the strategic and technical reviews of partners’ projects submitted under two of the four allocations of the Iraq Humanitarian Fund (IHF) in 2019 (First and Second Standard Allocations). A total of seven health projects were funded under 2019 IHF allocations with a total amount of USD 9,730,273 targeting 1,566,965 individuals including 338,520 Men, 490,692 Women, 371,226 Boys and 366,527 Girls.
In addition to a Health Cluster Coordinator (WHO), the national-level cluster coordination team consisted of a national officer and a Co-Coordinator (IMC) until the end of October. Due to lack of funds, this position was abolished and the Cluster Coordinator and the national officer from WHO continued on. In addition, an information management officer (WHO), a sub-national Cluster Coordinator (Medair) and WHO Area Coordinators for Dohuk, Ninewah, Erbil, Kirkuk, Sulaymaniyah, Anbar and Salah Al-Din comprise the coordination team. On a monthly basis, one national (Baghdad/Erbil) and seven sub-national (Erbil, Dohuk, Sulaymaniyah, Ninewah, Kirkuk, Anbar and Salah al-Din) cluster meetings were convened during 2019, except in the last 2 months of the year, when, due to security concerns in Baghdad resulting from the uprising, the national cluster meeting was held only in Erbil. Overall, during the year, 19 meetings were conducted at the national level and 30 at the sub-national level.

The Cluster consisted of 38 partners (22 INGOs, 12 LNGOs and 4 UN agencies). Of these, 24 were Humanitarian Response Plan (HRP) 2019 partners and the rest had non-HRP projects. This was in addition to the MoH and the DoHs at governorate level, with whom close coordination was held.

Monthly meetings were also held by the four working groups both at national and sub-national levels. The outcomes and any issues that could not be resolved were raised to the National Cluster for guidance and support.

The Cluster Coordination Performance Monitoring (CCPM) survey for 2018 was rolled out in March 2019. The number of participants was 34 including (16 International NGOs, 9 Local NGOs, 5 UN agencies, 2 National Authorities and 2 donors). The overall scoring for this assessment is greater than 72% indicating the performance status as “good”. The result of the CCPM can be found at the following link.
<table>
<thead>
<tr>
<th>Supporting service delivery</th>
<th>79.38%</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Are you satisfied with the frequency of cluster meetings?</td>
<td>89.40%</td>
<td>Good</td>
</tr>
<tr>
<td>1.1.2 How frequently has your organization participated in cluster meetings? Only answer this question if the following conditions were satisfied: 'Often' or 'Always' at question '5 [q112]' (How frequently has your organization participated in cluster meetings?)</td>
<td>89.06%</td>
<td>Good</td>
</tr>
<tr>
<td>1.1.3 Could your organization participate fully in cluster meetings? (For example, did it have sufficient capacity to ensure meaningful participation?)</td>
<td>87.88%</td>
<td>Good</td>
</tr>
<tr>
<td>1.1.4 Did the staff who represented your organization at cluster meetings have decision-making authority?</td>
<td>86.73%</td>
<td>Good</td>
</tr>
<tr>
<td>1.1.5 Have cluster meetings been able to identify and discuss needs, gaps and response priorities?</td>
<td>81.06%</td>
<td>Good</td>
</tr>
<tr>
<td>1.1.6 Has the cluster taken strategic decisions about the direction of the humanitarian response?</td>
<td>74.24%</td>
<td>Good</td>
</tr>
<tr>
<td>1.2.1 Has your cluster regularly mapped what partners are doing and where they are working (via 3W and similar mechanisms)? Has your organization contributed?</td>
<td>68.18%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>1.2.2 Has your organization contributed to analyses by the cluster of gaps and overlaps (capacity and complementarity), derived from this mapping?) Please choose the appropriate response to each item:</td>
<td>62.87%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>1.2.3 Has your organization taken decisions based on the cluster’s analysis of gaps and overlaps (capacity and complementarity), derived from this mapping?) Please choose the appropriate response to each item:</td>
<td>74.99%</td>
<td>Good</td>
</tr>
<tr>
<td>Informed strategic decisions of the Humanitarian Coordinator and Humanitarian Country Team</td>
<td>69.28%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>2.1.1 Has your organization used sectoral needs assessment tools and guidelines?</td>
<td>84.08%</td>
<td>Good</td>
</tr>
<tr>
<td>2.1.2 Has your organization been involved in coordinated sectoral needs assessments?</td>
<td>68.18%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>2.1.3 Has your organization shared reports of its surveys and assessments with the cluster?</td>
<td>50.75%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>2.2.1 Has your organization done situation analyses together with cluster partners?</td>
<td>53.13%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>2.2.2 Have these analyses identified risks, needs, gaps, the capacity to respond, and constraints?</td>
<td>87.50%</td>
<td>Good</td>
</tr>
<tr>
<td>2.2.3 Have these analyses considered cross-cutting issues? Only answer this question if your organization did situation analyses together with cluster partners</td>
<td>87.50%</td>
<td>Good</td>
</tr>
<tr>
<td>2.3.1 Have these analyses supported response planning and prioritization? Only answer this question if your organization did situation analyses together with cluster partners</td>
<td>75.00%</td>
<td>Good</td>
</tr>
<tr>
<td>Planning and strategy development</td>
<td>70.11%</td>
<td>Good</td>
</tr>
<tr>
<td>3.1.1 Has your organization helped to develop a cluster strategic plan?</td>
<td>53.91%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>3.1.2 Has the cluster strategic plan guided the response of your organization in planning and strategy development?</td>
<td>70.83%</td>
<td>Good</td>
</tr>
<tr>
<td>3.2.1 Have cluster partners agreed on technical standards and guidance and have your organization applied them?<strong>Technical standards and guidelines may be issued either by specific technical working groups or emerge from cluster discussions.</strong></td>
<td>75.00%</td>
<td>Good</td>
</tr>
<tr>
<td>3.3.1 Have cluster partners participated in prioritizing proposals under the strategic plan?</td>
<td>71.77%</td>
<td>Good</td>
</tr>
<tr>
<td>3.3.2 Were proposals prioritized against the strategic plan in a manner that was fair to all partners?</td>
<td>79.04%</td>
<td>Good</td>
</tr>
<tr>
<td>3.3.3 How often has the cluster coordinator reported on the cluster’s funding strategy and results?</td>
<td>85.48%</td>
<td>Good</td>
</tr>
<tr>
<td>Advocacy</td>
<td>57.82%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>4.1.1 Have issues requiring advocacy been identified and discussed together with cluster partners?</td>
<td>64.85%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>4.2.1 Has your organization participated in cluster advocacy activities?</td>
<td>50.79%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>Monitoring and reporting on implementation of the cluster strategy and results</td>
<td>74.47%</td>
<td>Good</td>
</tr>
<tr>
<td>5.1.1 Have cluster bulletins or updates highlighted risks, gaps and changing needs?</td>
<td>78.91%</td>
<td>Good</td>
</tr>
<tr>
<td>5.1.2 Has your organization used programme monitoring and reporting formats?</td>
<td>73.39%</td>
<td>Good</td>
</tr>
<tr>
<td>5.1.3 Has your cluster taken account of the distinct needs, contributions, and capacities of women, girls, men, and boys in its strategy and results? Please choose the appropriate response to each item:</td>
<td>71.10%</td>
<td>Good</td>
</tr>
<tr>
<td>Preparedness for recurrent disasters (whenever feasible and relevant)</td>
<td>52.01%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>6.1.1 Has your organization helped to develop or update preparedness plans (including multisectoral ones) that address hazards and risks?</td>
<td>71.10%</td>
<td>Good</td>
</tr>
<tr>
<td>6.1.2 Has your organization committed staff or resources that can be mobilized when preparedness plans are activated?</td>
<td>56.45%</td>
<td>Satisfactory, needs minor improvements</td>
</tr>
<tr>
<td>Accountability to affected populations</td>
<td>71.37%</td>
<td>Good</td>
</tr>
<tr>
<td>7.1.1 Have cluster partners agreed on mechanisms (procedures, tools or methods) that can be used to inform the selection of needs, gaps, and constraints?</td>
<td>70.97%</td>
<td>Good</td>
</tr>
<tr>
<td>7.1.2 Have cluster partners agreed on mechanisms (procedures, tools or methods) that can be used to inform the selection of needs, gaps, and constraints?</td>
<td>71.77%</td>
<td>Good</td>
</tr>
<tr>
<td>Other Information</td>
<td>100.00%</td>
<td>Good</td>
</tr>
<tr>
<td>8.1.1 Please enter below other information you think are important to reflect the work of the cluster</td>
<td>100.00%</td>
<td>Good</td>
</tr>
</tbody>
</table>
The Reproductive Health (RH) Working Group, led by UNFPA, continued to coordinate and support the activities of the 22 partners (including international and local NGOs as well as the DoH) providing RH services in affected governorates and supporting service-delivery in and out of IDP camps as well as to returnees.

During 2019, 43 health facilities were supported by the partners of the Working Group. 114,334 women were reached with RH advocacy and awareness raising interventions, while the total number of people reached with various RH services was 436,459 individuals.

UNFPA and partners provided 326,340 gynecological and family planning outpatient consultations and supported 43,823 deliveries, both normal and Caesarian Sections. 10,798 health workers and midwives were trained on RH-related topics including Minimum Initial Service Package (MISP), Emergency Obstetric and Neonatal Care (EmONC), Family Planning and Antenatal Care.

To support uninterrupted service-delivery, UNFPA procured and distributed 716 RH kits to partners during the year.
The Nutrition Working Group continued to be instrumental in coordinating the efforts of all partners (NGOs, Government and UN agencies) together to provide nutrition services to all IDPs and refugees residing in camps. Some of the accomplishments of the partners are as below:

- UNICEF through DAMA supported the provision of nutrition services in Jada’a 1, 2, 3 & 6 IDP camps and, through Dary, covered Jadaa 4 & 5, Hamam Al Aleel 1&2 and Sallamiya 3 camps services. These services included nutrition screening, Infant and Young Child Feeding (IYCF) practices and new-born home visits.

- Haj Ali camp was covered by DoH Ninewah staff with direct support from UNICEF, Qayyarah Airstrip was covered by MSF, while Sallamiya 1 & 2 were covered by Samaritan’s Purse (SP). These camps were served by Dary after SP phased out.

- In Erbil, Hasansham, Khazer and Debaga camps were served by the DoH with UNICEF support, while DoH Dohuk was supported to cover all the camps in Dohuk governorate by UNICEF.

- Meanwhile, in Kirkuk governorate, World Vision supported service-delivery to IDPs and returnees in the districts of Hawija, Dibis and Daquq in addition to Laylan 1, Laylan 2 and Yahyawa camps, particularly targeting women and children under-5.

- WFP continued food ration distribution using a new approach during 2019; the food ration of WFP was complementary to that of the government to provide specific items which were not available in the government ration.

- WFP implemented Social & Behavioral Change Communication as a pilot activity in 2019, targeting the chronic nutrition problems of underweight, stunting, overweight, obesity and micronutrient deficiency like anemia. The report is to be distributed in February 2020.

- WFP’s school feeding project is on-going in 11 governorates covering 6 million primary school children in addition to promotion of healthy food and physical activity.

- Welthungerhilfe (WHH) in coordination with DoH Ninewah worked in Sinjar, Telafar, Hamdaniya, Baiji and Tikrit on the dietary diversity for women at reproductive age and related IYCF and exclusive breastfeeding practices.

- As part of the preparation for potential returns of Iraqis from Al-Hol camp, 30 staff were trained on nutrition screening and are ready to be deployed.

- UNICEF conducted ToT training on management of SAM for 36 staff from MoH (with special focus on Ninewah, Salah Al Din, Kirkuk and Anbar). DAMA and Dary staff also joined the training.
UNICEF supported ToT training on IYCF counselling for 34 doctors from different DoHs, focusing on governorates hosting IDPs and refugees.

UNICEF procured enough stock of High Energy Biscuit (HEB), Plumpy Supp, Plumpy Nut, F-75, F-100 and micronutrients powder, which were distributed to different partners. In addition, UNICEF provided anthropometric equipment to open nutrition units in different locations.

UNICEF supported DoH Dohuk to conduct screening, open a nutrition unit and distribute HEB to the Syrian refugees who started coming across the border in October and mostly stayed in Bardarash camp.

Some achievements of the Working Group during 2019 are as below:

- 82,411 U5 children were screened by Mid-Upper Arm Circumference (MUAC) method
- 1,601 Severe Acute Malnutrition (SAM) cases were identified and managed
- 30,697 mothers benefited from IYCF counselling
- 3,042 newborn children benefited from new-born home visits
- According to data the rate of SAM in the affected governorates in Iraq was kept at 1.9% during 2019, which is below the emergency threshold.
The National Mental Health and Psychosocial Services Technical Working Group (National MHPSS TWG) led by Ministry of Health and co-led by WHO and IMC under the umbrella of the Health Cluster and with a nomination of a focal person from the Protection Cluster, continued to facilitate the activities of all the stakeholders (MoH, DoH and national and international NGOs) to ensure cooperation and coordination among them while also supporting capacity building activities of qualitative mental health services in the country.

The National MHPSS TWG continued their monthly meetings in both Baghdad and Erbil and at the sub-national level in Kirkuk, Ninewah, Sulaymaniyah and Erbil.

A series of training courses and ToTs were provided by the MHPSS TWG partners to build the capacity of the mental health care providers on mhGAP-IG2, mhGAP-HIG, PM+, PFA and other evidence-based interventions, while putting in place a plan for the follow up of the trainees.

The TWG managed to develop and publish the 4W MHPSS Online dashboard on the Iraq Health Cluster page. This can be accessed at the following link.

The TWG reviewed the need for the existing task forces and decided on having two task forces:

1. MHPSS Human Resources Management and Capacity Building Taskforce chaired by IOM
2. Service provision/suicide chaired by Azhee organization,

The two committees continued their coordination and follow up meetings with the MHPSS partners.

The MHPSS TWG supported 126 health facilities to provide integrated MHPSS services, while 12,819 MHPSS group sessions and 49,157 MHPSS individual sessions were provided by the TWG partners during the year.
Physical disability due to multiple factors such as congenital disorders, chronic diseases, conflict-related injuries and accidents has been an ongoing issue in Iraq. This has increased further by the presence of unexploded remnants of war, which have been left over from the conflict phase of the emergency. As per estimates in 2018, at least 12,000-15,000 people would be disabled in the five governorates (Ninewah, Anbar, Kirkuk, Diyala and Salah Al-Din) of whom, a minimum of 3,000 individuals remain in need of physical rehabilitation services to facilitate mobility. The recent figures on the number of amputees registered in the Mosul Rehabilitation Centre database revealed that a total of 4,493 amputees are from Ninewah governorate, of whom 668 are victims of improvised explosive devices, mines and booby traps left behind as a result of the major military campaigns and the withdrawal of various armed groups.

The Working Group has coordinated the partners providing physical rehabilitation services over the past 18 months i.e., from mid-2018. The activities of the partners included assessment of the internally displaced population to identify the real burden of disability, providing physical rehabilitation services, provision of assistive devices to prioritized individuals and hospitals, training and provision of prosthetics for the disabled.

During 2019, the Working Group members conducted four major assessments including clinical assessment of IDPs in 21 IDP camps in Ninewah (WHO/DoH Ninewah), right-based assessment of IDPs in 3 camps in Ninewah (HI), Prevalence of Amputees in East Mosul and a survey of the assistive device technologies and facilities available in Ninewah (WHO). The findings of the assessments revealed an overall 1% prevalence of clinical disabilities among IDPs and 17% right-based (mild to severe form of self-declared) disabilities among the IDPs. Further, EMERGENCY identified 379 amputees in East Mosul.

The partners provided around 20,000 physical rehabilitation sessions for around 4,800 individuals from Ninewah, Dohuk, Sulaymaniyah, and Kirkuk. The partners also provided around 600 prosthetic units and 1,200 assistive devices. Additionally, partners trained or mentored a total of 120 staff on physical rehabilitation techniques, especially on cerebral palsy management, spinal cord, and head injuries, stump management and physiotherapy.
Active participation in the Inter-Cluster Coordination Group (ICCG) was maintained throughout the year, both on national and sub-national levels.

On 11th February, the Health Cluster attended an inter-cluster Lessons Learned event organized by OCHA, the aim of which was to review the main processes related to the development of the 2019 HNO and agree on the outline of a strategy for 2019, by collectively finding ways to increase system effectiveness and efficiency related to needs assessments based on the experiences of 2018.

As agreed in the ICCG meeting on 28 March, the National Protection and CCCM clusters conducted throughout April and into May, a series of workshops in 8 governorates across Iraq, titled “Protection & Solutions for Vulnerable IDPs/Returnees”. Before starting the workshops, the clusters provided a briefing/demonstration on the Kobo-based Rights Violation Tracking Matrix and Camp Incident Tracking Matrix (on militarization of camps) for the national cluster coordinators on 7th April.

The Health Cluster participated in the ICCG 2019 HRP Lessons Learnt Workshop, which was conducted by OCHA on 11 April, to review the 2019 HRP development and monitoring processes and draw lessons in order to inform 2020 HRP processes.

OCHA circulated the draft consolidated Periodic Monitoring Report (PMR) of the HRP 2019 for ICCG feedback in early August. The final PMR document was published during August and can be found at the following link.

Iraq is one of the countries that used the new HNO/HRP templates for 2020 that were agreed upon at the IASC and global cluster levels. The HRP 2020 can be found at the following link.

WHO/Health Cluster developed a matrix to map out the MHPSS/GBV training schedule for the remainder of the year. This was shared with UNFPA/GBV Sub-Cluster in order to have a comprehensive schedule which would avoid duplication of trainings.

The Cluster also continued to coordinate in a bilateral manner with other clusters, mainly Protection, CCCM, WASH, Food Security and Logistics to address issues where a multi-sectoral response was required.

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.
The Global Health Cluster (GHC) in coordination with Avenir Analytics conducted a study entitled: “Strengthening Global Capacity for Emergency Health”, the objective of which was to clarify critical emergency health gaps and actions being taken by international and national health actors, specialized agencies and training institutes to address the current imbalance between health response capacity supply and demand and make recommendations to address these gaps. The study team was in Iraq between 13th to 24th January 2019 and met with OCHA, MoH/DoH, donors, WASH Cluster and key health cluster partners.

A two-day GBV mainstreaming workshop was held on 16-17 January, organized by UNFPA, targeting Cluster Coordinators, Co-Coordinators and GBV focal persons. The Cluster Co-Lead, MHPSS Working Group Lead and Co-Lead, Cluster GBV focal person and WHO Public Health Officer-MHPSS/GBV attended the workshop. The three-part objective was as below:

- To reinforce basic knowledge and understanding of concepts, principles and IASC guidelines pertaining to mainstreaming and integration of Gender Based Violence in Emergencies.
- To acquire new and/or additional skills in preventing, mitigating and facilitation of survivors to specialized services as non-GBV specialists.
- To discuss ways of developing Cluster specific action plans that help mitigate and prevent GBV in the cluster specific training.

The GBV Guidelines roll-out began on 30th January at Erbil level in the form of a one-day workshop comprising 5 modules aiming to improve participants’ knowledge, skills and understanding of core GBV concepts, approaches and the application of knowledge and skills as GBV and non-GBV specialists while encountering survivors, or facilitating referrals that ensure dignified, respectful and non-discriminatory access to specialized services. The workshop targeted clusters’ identified GBV focal points as well as working groups and task force coordinators and co-coordinators. Subsequently, a four-day Training of Trainers (ToT) Workshop on GBV Guidelines Implementation Support was conducted between 24 - 27 February in Baghdad and between 11- 14 March in Erbil. A total of 25 participants from Protection, Health, CCCM, WASH, Shelter/ NFI, Food Security and Agriculture clusters attended this workshop.

Toward the end of January, the Health Cluster held a meeting for the partners to discuss the Grand Bargain and the way forward in terms of localization, as well as the consortium/multi-partner approach to obtain funding for humanitarian partners that OCHA and the donors were advocating for. Partners were requested to voice their opinions/questions to the Iraq Humanitarian Fund (IHF) focal person who was invited to the meeting to provide clarifications.

A mission was conducted by Real Time Accountability Partnership (RTAP) to evaluate the outcomes of the pilot project in Iraq. The Health Cluster Co-Lead and WHO’s Regional GBV focal person met with the RTAP focal person on 3rd February and provided an insight on the status of RTAP in the country from the perspective of the Iraq Health Cluster.

A Knowledge Sharing Session on the “Sustainable Development Goals and Agenda 2030” was held in Kirkuk on 5th February by OCHA. The purpose of the session was to discuss the Sustainable Development Goals with the Cluster System. The sub-national Health Cluster Co-Lead (Medair) was present in this workshop.

The Iraqi returns from Syria Operational Plan document was developed in April to address the needs of the returnees should the cross-border influx occur. The Health Cluster requested USD 1,474,000 to provide Comprehensive Primary Health Care, referral services and medicines/emergency kits to 31,000 Iraqi returnees expected to cross the border into the country.
The GBV Technical Officer from WHO Regional Office paid a 6-day visit to Iraq in June. The purpose of the mission was to discuss with MoH in Baghdad the possibility to adapt the WHO clinical handbook for women subjected to Intimate Partner Violence and Sexual Violence to the Iraqi context and to monitor the progress of the capacity building activities conducted in Erbil during the first quarter of 2019.

The WHO Technical and Financial Audit mission paid a visit to Iraq and attended the Health Cluster meeting in Baghdad on 23 June. In addition, the Cluster Team had a separate meeting with the auditor on 24 June where all the cluster-related products and activities were discussed with recommendations.

The GBV Sub-Cluster in collaboration with WASH, Shelter/NFI and CCCM Clusters were working on developing a GBV multi-cluster safety audit (based on the IRC Safety audit tool) that is to be implemented in Iraq. WHO/Health Cluster provided technical feedback on the Health section (under community) to ensure that risks in accessing health services (especially for women and girls) are analyzed to inform future programming.

The Health Cluster Guide document is being revised by the Global Cluster. The Iraq Cluster Team conducted a peer-review of Chapter 11 titled “Health Cluster Strategic Response Planning” during August, which was then shared with the GHC.
The Health Cluster Team and WHO Emergency Team Lead attended the Global Health Cluster Quality Improvement Task Team (QITT) Workshop held in Geneva between 11-13 September 2019. The objectives of this workshop were:

- To have better understanding on defining quality of care in humanitarian situations, determining priority actions on how the Health Cluster can support quality assurance and improvement,
- To understand challenges in medicines quality assurance in humanitarian situations and determining strategies to go forward.

The Cluster team attended “The Second Regional Health Cluster Coordinators Meeting” which was organized by WHO’s Eastern Mediterranean Regional Office (EMRO) between 8 to 10 October 2019 in Cairo, Egypt. The objectives of the meeting were to:

- Strengthen the understanding of how clusters align with WHO at the regional and country level
- Identify a set of core indicators for health in emergencies and methods to improve data interpretation and presentation
- Improve cluster products with a focus on outcomes/impact of health interventions at country level.

The Iraq Cluster presented the 4W Interactive Dashboard developed using partner reporting to Activity Info platform as well as the Health Cluster bulletins being produced on a monthly basis.

On 15th October, the Health Cluster Coordinator and WHE Team Lead had an interview with a consultant working with the Health Systems in Emergencies Lab (HSEL) in the Department of Universal Health Coverage/Health Systems (UHS) at the WHO EMRO regional office. UHS/HSEL in collaboration with the Health Emergencies Program and the Department of Healthier Population (DHP) has embarked on a process of developing “A Guiding Document for Implementing the Humanitarian-Development-Peace Nexus (HDPNx) for Health” in the Eastern Mediterranean region. The topics of discussion were:

- Some examples of areas where the nexus approach has been applied for health.
- How the nexus is being implemented for health
- Key results of implementing the nexus approach for health, lessons learned and challenges or obstacles

The results of the “Survey for the Health Cluster Partners’ on health services for Gender-based Violence (GBV)” were shared with the Health Cluster by WHO EMR Office. This survey is one of the activities that falls under the GBV in Emergencies (GBViE) program and is an exercise to collect information on health partners’ technical capacity and training needs on addressing GBV. The survey was piloted in the countries who participated from the outset in the GBViE program, i.e., Afghanistan, Iraq and Syria. Sudan, which recently joined the program, was also included later. Twenty Cluster partners in Iraq completed the survey. Results were compiled and shared by EMRO with the Iraq Cluster and it is planned to brief partners on the results in the January 2020 cluster coordination meeting and obtain their feedback.

The Dohuk sub-Cluster, with feedback from the national Cluster Team, provided input to the Sinjar Preparedness Plan, drafted by OCHA, focusing on potential displacement in Sinjar in case of expanded military operations in North East Syria (NES) towards Iraq/Syria borders.

The WHO EMRO GBV Technical Officer visited Iraq between 17 – 21 November. She attended a GBV training in Dohuk, met with the Italian consulate in Erbil to advocate for funding for GBV, as well as meeting with the GBV Sub-Cluster Coordinator and CMR focal person from UNFPA. In addition, a meeting was held with the Health Cluster GBV focal person from UPP, who will be conducting this role beside the focal person from IMC. She also provided inputs to the HRP 2020 narrative and to the Quality Improvement Initiative (QII) tool that the Health Cluster is in the process of piloting in Iraq.
The GBV Technical Officer from WHO Regional Office paid a 6-day visit to Iraq in June. The purpose of the mission was to discuss with MoH in Baghdad the possibility to adapt the WHO clinical handbook for women subjected to Inmate Partner Violence and Sexual Violence to the Iraqi context and to monitor the progress of the capacity building activities conducted in Erbil during the first quarter of 2019.

The WHO Technical and Financial Audit mission paid a visit to Iraq and attended the Health Cluster meeting in Baghdad on 23 June. In addition, the Cluster Team had a separate meeting with the auditor on 24 June where all the cluster-related products and activities were discussed with recommendations.

The GBV Sub-Cluster in collaboration with WASH, Shelter/NFI and CCCM Clusters were working on developing a GBV multi-cluster safety audit (based on the IRC Safety audit tool) that is to be implemented in Iraq. WHO/Health Cluster provided technical feedback on the Health section (under community) to ensure that risks in accessing health services (especially for women and girls) are analyzed to inform future programming.

The Health Cluster Guide document is being revised by the Global Cluster. The Iraq Cluster Team conducted a peer-review of Chapter 11 titled "Health Cluster Strategic Response Planning" during August, which was then shared with the GHC.

HEALTH EMERGENCY RESPONSE
The final product for the Quality of Care survey in IDP camps supported by health cluster partners (in June and December 2018) was published in February. The information for phase-2 was displayed in a set of three infographics covering the health facility observation, clinical observation and combined health workers and patient exit interviews.

WHO/Health Cluster commissioned KIT Royal Tropical Institute to write a paper on the Quality of Care survey. In order to do this, data was sent to them in February. KIT took the lead in writing the manuscript, which was reviewed by WHO and finalized. KIT agreed with WHO that they would select and contact journals for the publication of the manuscript. Copyright remains with WHO for the data and the manuscript.

As a follow-up to the QoC survey, the Cluster, on behalf of the MoH, is introducing the Quality Improvement Initiative (QII) for partner-supported PHCCs in affected governorates. The aim of this project is to facilitate the maintenance of minimum quality standards, as well as to enhance these, where required, through:

- Establishing standards of practice
- Creating Quality Assurance teams to identify and solve problems
- Training staff to implement quality standards
- Collecting data to measure adherence to standards
- Monitoring performance on a continual basis
- Documenting efforts for internal and external use

The exercise is expected to commence in mid-January 2020.

WHO/Health Cluster conducted a survey in March-April, to assess and register Persons with Disabilities (PWDs) in the IDP camps as well as host communities in Ninewah governorate. Following registration, according to the case, further interventions were conducted including, but not limited to:

- Issuance of an ID for each PwD
- Provision of further services like prosthetic limbs or assistive devices, physiotherapy, etc.
The Health Cluster distributed 30 Post Exposure Prophylaxis (PEP) kits to interested partners throughout March, to support their activities.

In order to respond to the flood situation in Missan in April, WHO/Health Cluster sent 30 basic IEHK kits to cover a population of 100,000 for one month in addition to one Trauma A & B Kit taking advantage of the Government approval to transport shipments.

The Health Cluster along with DoH Ninewah coordinated the support to Al Shuhada PHCC, Sinjar district, when 3 NGOs could not come to an agreement, assigning it to one NGO, keeping in line with the Iraq Health Cluster policy of one partner per location.

The WHO Consultant for Accountability to Affected Populations (AAP), visited Iraq between 13th – 19th April. Apart from meeting with WHO emergency staff, the purpose of the visit was as below:

- Visit program areas to meet with operational staff and affected populations (health committee/other community groups/users for facilities) to get their perceptions on application of AAP.
- Meet with other key stakeholders supporting collective AAP mechanisms.

As part of the GBV in emergencies (GBViE) work, WHO HQ commissioned Johns Hopkins University to conduct a research in Iraq. The objectives of the research were:

- To examine facilitators, barriers, and bottlenecks to access and provision of quality care for GBV survivors in humanitarian settings.
- To adapt “GBV Service Readiness Assessment/Quality Assurance Tools” for health facilities in humanitarian settings.
- To assess the quality of health services for GBV survivors using the newly adapted tools in two distinct humanitarian contexts, Democratic Republic of Congo and Iraq.

To facilitate this research mission, WHO Iraq’s and KRI MoH’s GBV focal persons accompanied the researchers on their visit to Rojawa Emergency Hospital and Nafea Akry PHCC in Erbil governorate.

As part of the ongoing global evaluation of Country Based Pool Funds (CBPFs), an OCHA/IHF external evaluation team visited the mobile health services in Ashki, Tazade and Quratu camps in Sulaymaniyah governorate under the IHF supported WHO/C-DO and UNFPA/CDO implemented projects on 15 and 16 June.

In June, the Global Health Cluster Forum agreed to conduct a National Partners’ survey at country cluster level that focused on:

- Current technical expertise
- Service provision
- Surge capacity

Subsequently, the survey was rolled out to national partners at country level. In Iraq, 10 out of the 13 national partners completed the survey, i.e., 77% responses. Based on the results of the survey, country cluster dashboards were developed and shared by the Global Health Cluster, showing customized information. The Iraq Health Cluster plans to have a meeting with the national partners in January 2020 to discuss the results of this survey and provide feedback to the Global Cluster.

WHO organized several two-day workshops on improved EWARN standards for the surveillance focal points from all the health facilities serving IDPs and returnees, supported by cluster partners reporting to the EWARN system. The workshops were conducted in Dohuk, Erbil, Sulaymaniyah, and Baghdad.
Cluster partners supporting PHCCs in the Qayyara Airstrip and Haj Ali IDP camps were able to provide services to the people affected by the sulphur smoke from the burning of a sulphur factory in Al Mishraq, Ninewah governorate on 26 June. There were a few cases of dyspnea on the evening of the fire that required admission to the hospital, but these were discharged the next day.

In order to enhance the Accountability to Affected Populations (AAP) mechanisms in the country, the primary of which is the Iraqi Information Center (IIC), a call center that receives free calls from IDPs and affected people and refers these to respective clusters, the Health Cluster provided feedback on the IIC SoPs and Key Messages document in the following areas:

- Providing/updating key messages for the IIC, in order to give callers a better understanding of the humanitarian assistance provided by the cluster
- Updating the IIC system with cluster’s activity information

H.E The Regional Director (RD) of WHO Eastern Mediterranean Regional Office (EMRO), Dr. Ahmed Al Mandhari, visited Iraq on a 4-day mission and attended the Health Cluster meeting on 17th July in Erbil. The Acting Director in Health Systems Department of MoH accompanied the RD on his mission inside Iraq. OCHA and the Returns Working Group attended the meeting and presented the Transitional Plan for 2020.

Between 25th to 29th August, UNFPA conducted the first of a planned 4-time training course on MHPSS, targeting specialized service providers (psychiatrists, psychologists, counselors, psychiatrists) which focused on the following topics:

- MHPSS Ethics, principles and skills
- IASC guidelines
- Psychological First Aid
- Trauma-Informed Care and clinical interventions
- Case Management
- Self-Care

During September, 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 Ninewah, 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.

The onset of demonstrations began in Baghdad and other governorates in the Central and South regions of the country on 1st October 2019, protesting at the lack of public services, including power cuts, shortages of water and unemployment, mainly among young people. WHO prepositioned trauma kits in the warehouse in Baghdad to address any needs resulting from civilian casualties.

The forced returns from Ninewah to other governorates resulted in challenging conditions on the ground in camps where people were arriving. Recent arrivals and residents of Al Karama camp, Salah al-Din governorate, were faced with movement restrictions as the majority of residents were women and children with perceived affiliation to extremist groups. In order to ensure that secondary health care services would not be denied due to this situation, the Salah al-Din sub-Cluster worked with OCHA and the DoH to develop a response plan for the camp. In addition, the DoH opened an Emergency Room and Delivery Room in the camp to minimize the need for referrals outside the camp. A “Minimum Level of Assistance” document was developed by all the clusters and shared with OCHA, which, although triggered by the incidents in Al Karama camp, was agreed to be applied to all camps that had protection concerns.
On 9 October, military operations started in North East Syria (NES) where an estimated 3 million people resided. Between 14th October to 29th December 2019, 18,987 Syrian refugees crossed the border into Dohuk governorate where they were housed in Baradarah, Gawilan and Domiz camps. Health services were provided by several partners, with no gap in services to these refugees.

The Iraq and Whole of Syria (WoS) Health Cluster Coordinators met with the OCHA Head of Operations Unit, Asia Pacific Regional Office, in October in Erbil, who was on surge to mission to support the North East Syria response. The Cluster Coordinators provided information on the health response from both the Iraq and Syria sides of the border.

WHO EMRO, in collaboration with the Global Health Cluster, shared with the country clusters in the region the final list of common indicators for health cluster/sector for 2020. Country clusters are required to ensure that data collection systems will include, but not be limited to, these indicators, which need to be shared with the Regional Office. As a follow up to this, the Health Information and Risk Assessment Unit (HIM) in the WHO Health Emergencies Unit (WHE) in EMRO has initiated the development of a response monitoring framework.

During December there were media reports of an increased incidence and mortality due to Avian and/or Swine flu in Iraq and the neighboring countries. These incidents were investigated by the health authorities and it appeared that there was a misunderstanding in the case definition of influenza types. Seasonal influenza is currently predominant in the region according to the seasonal changes; CDC department in the MoH indicated that the situation is in line with seasonal influenza pattern. Although somewhat late, vaccines had arrived while Personal Protective Equipment (PPE) is also available. There was, however, a lack in Virus Transport Media, which was later resolved.

In December, the MHPSS Working Group disseminated the No Lost Generation online survey titled “MHPSS programmes for children, youth (0-24) and parents/caregivers in Syria and from Syria and Iraq crises affected countries” with their partners. This survey was part of an exercise carried out in Jordan, Lebanon, Turkey and Egypt. Partners were requested to complete the survey by the last week of December.
ACHIEVEMENTS

HEALTH CLUSTER EMERGENCY RESPONSE
Monthly Dashboard  (Jan - Dec 2019)

FUNDING INFORMATION

$59.2M
2019 Funded

$60.9M
Required

TREATMENT OF COMMON DISEASES

1.45M Men
4.1M Consultations
1.92M Women

372K Boys
358K Girls

449K Laboratory investigations conducted

32% of water samples from health facilities that failed chemical and biological tests

REACHED TARGET

1,599,600
93%
1,738

IMMUNIZATION

1,182,052
No. of children 6–18 months
vaccinated against Rota
41,182
No. of children under 5
in camps (1P+S) children
vaccinated for measles
192
No. of children 6–18 months
vaccinated for Hepatitis B

260,318
No. of children 6–18 months
vaccinated against Measles
260
No. of children 6–18 months
vaccinated for Hepatitis B

42,199
No. of children 6–18 months
vaccinated against Polio
26
No. of children vaccinated
against Polio

HEALTH PARTNERS

38
Partners Reported

26
International NGO

12
Local NGO

NUTRITION

82,411
No. of children under 5
in camps (1P+S) children
identified as under
weight

30,679
No. of pregnant & lactating
women (450+) identified
for anthropometric
measurements

1,601
No. of children (U5) identified
and referred for uncorrected
obstructive sleep apnoea

3,042
No. of mothers identified for
lactation support

SUPPORT TO HEALTH FACILITIES

55
No. of health facilities supported to provide primary health care

32
No. of hospitals supported to provide tertiary health care

196,731
Total no. of patients attending
secondary/tertiary health care

36
No. of stoma patients referred to
primary health facilities

20,800
No. of stoma patients referred to
secondary/tertiary care

PHYSICAL REHAB OF PATIENTS

28,583
Physical and functional rehabilitation
sessions provided

1,505
Patient supported with
assistive devices

938
Prosthetic devices provided for amputees

36
No. of stoma patients referred to
primary health facilities

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES

49,117
No. of MfSS individual sessions provided

12,819
No. of MfSS group sessions provided

REPRODUCTIVE HEALTH

127,999
Antenatal care consultations

48,144
Postnatal care consultations

19,371
Normal vaginal Deliveries

7,132
Caesarean Sections conducted

CAPACITY BUILDING

783,056
No. of health workers who attended
health awareness sessions or were
visited by mobile teams

163,500
Health awareness sessions conducted

Below are some of the infographics developed by the Health Cluster during 2019 and published online; all the infographics can be found at:
https://www.humanitarianresponse.info/en/operations/iraq/health-cluster-iraq
The main challenge revolved around humanitarian access, as the below incidents show:

- In September, the Ninewah Governor’s office issued a letter to the DoH asking humanitarian partners not to recruit regular DoH staff in agencies. This was not materialized but it caused concern since it was not possible for partners to recruit health workers directly.

- Toward the end of the year, the DoH requested all agencies supporting ambulance services to return the vehicles to them without themselves having a plan as to how to sustain emergency referrals.

- The Governor and Joint Crisis Coordination Center (JCCC) in Ninewah issued a decree preventing humanitarian partners from moving their assets from closed/consolidated IDP camps to other locations until a committee nominated by the JCCC did an inventory of all the assets in all sectors within each camp.

- Denial of access letters to partner agencies by the Government to transport supplies between Kurdistan and Central/South of Iraq was another issue which is yet unresolved.

The Cluster reached out to OCHA at national and sub-national levels to advocate with the Government regarding all such issues, which benefitted these partners.

In addition, the prevailing low capacity of the government to take over service-provision due to constraints in resources continued to be a challenge during 2019, particularly as humanitarian funding to many partners declined.
WAY FORWARD - 2020

Going forward, the Health Cluster will prioritize support to the IDP camps where there are populations of more than 5,000 individuals, through static PHCCs. Camps with populations lesser than this will either be served with mobile clinics (where IDPs are not able to access government health services due to access/protection concerns) or through supporting some components of Primary Health Care in the public PHCCs in the vicinities of such camps, which the DoH is not able to provide. This will go in line with the minimum levels of service provision agreed upon under the Common Framework and the Do No Harm guidance. [Linked Here]

Increased focus on addressing cases of GBV and mental/physical disabilities is envisaged during 2020, given the fact that there is need for such services. This will include such activities as trainings of health workers and partners including the DoH, provision of prostheses and assistive devices.

In addition, malnutrition not being as much of a priority concern as during the active part of the conflict, focus is envisaged to shift to maternal and child health in order to further address the needs of these two vulnerable population groups.

This will go in parallel with capacity building of the DoH to take over services from health cluster partners, given the decrease in humanitarian funding expected over the year. Capacity building activities will include:

- Training of DoH staff on clinical and public health related topics (including, but not limited to, infection prevention and control, preparedness, surveillance and rapid response to sudden-onset emergencies such as disease outbreaks, maintaining minimum standards of quality PHC services in IDP camps, etc.)
- Provision of medical equipment and devices to strengthen the capacity of health facilities and hospitals
- Integration of the EWARN system into the national surveillance system
- Supporting the MoH in establishing an online information management system

The Cluster will increase engagement with the Stabilization and Development partners under the Humanitarian-Development-Peace Nexus, in order to facilitate a smooth transition of services to these actors and the Government. This will be under such forums as the ICCG, Returns Working Group, Access Working Group, etc. while also inviting Stabilization and Development partners to Cluster Coordination meetings.
CONTACT INFORMATION

Dr. Adham R Ismail AbdelMoneim  
WHO Representative and Head of Mission  
ismaila@who.int  
+964 (0) 772 981 4000

Dr. Kamal S. Olleri  
Health Cluster Coordinator  
ollerik@who.int  
+964 (0) 774 089 2955

Abdulrahman Raheem  
National Health Coordinator  
raheemab@who.int  
+946 (0) 0774 089 2896

Amar Sabah  
Health Data Officer  
norea@who.int  
+964 (0) 774 089 2895

Bakhtyar Maghdid  
Health Data Management Assistant  
khoshnawb@who.int  
+946 (0) 0774 089 2943
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12- Preemptive Love Coalition
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ACKNOWLEDGEMENTS

The Iraq Health Cluster would like to express our heartfelt gratitude and appreciation to all our partners and stakeholders including the Ministry of Health and Environment, Directorates of Health, UN agencies, international and national NGOs and our generous donors for all the support, cooperation and coordination in the emergency response to the humanitarian crisis during 2019.

We look forward to a fruitful collaboration with all our partners and stakeholders in 2020, in order to continue providing much-needed assistance to the vulnerable and affected population who need our united assistance in recovering from the crisis situation, making it through the transition phase and marching on toward development and progress.