WHO Iraq Country Office technical team developed the COVID-19 status interactive dashboard for the Ministry of Health and Environment in Iraq, that shows the number of cases (cumulative and currently active), type of transmission, deaths and recoveries by population type, age group, district and referral hospital. This can be accessed here: https://bit.ly/2UIDNiR

Simultaneously, WHO Iraq launched the COVID-19 Dynamic Infographic Dashboard which reflects the updated situation of COVID-19 in Iraq by epidemiological characteristics: cumulative confirmed, active, cured and death cases by governorate, age-group, gender, and date of reporting. Interaction with the infographic dashboard can be done by simple movements of the computer pointer over any specific visual color or information icon. In doing so, the dashboard provides a brief description of the related figures and the whole dashboard changes accordingly to provide specific details (such as location, date, demographics, etc.) related to the chosen colored bar or map. The dashboard is updated daily with data from the previous day and can be found here: https://bit.ly/2XFDb8u

In the ongoing efforts to enhance coordination between humanitarian and development actors, UNDP shared with the Health Cluster their plan to establish 20 isolation rooms and management beds in each of Anbar, Ninewa, Salah Al Din, Diyala, Najaf, Karbala, Basrah and Duhok governorates, which will include the provision of medical furniture, medical equipment and PPEs for health staff responsible for managing COVID-19 cases. In addition, as requested by the Central Public Health Laboratory in Baghdad and MoH-KRG, Real Time Polymerase Chain Reaction (rtPCR) devices are planned to be provided to Anbar, Ninewa and Erbil.

Meanwhile, MSF is working with DoH Ninewah and the management of Al Salam Hospital in Mosul to establish 40 isolation beds for suspected COVID-19 patients. It is to be a shared management between DoH, who will look after medical management (staff & supplies), and MSF, who will take care of the logistics management (cleaning, IPC, food for patients, etc.).

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.

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.

*HCO: Health Cluster Objectives
In order to map the existing and readily available capacity in terms of COVID-19 specific activities, geographical presence and timeliness/duration of response, the Health Cluster along with WASH and CCCM clusters launched the COVID-19 4Ws Capacity Mapping reporting platform in April. It was agreed that the reporting would be updated on a monthly basis and an interactive dashboard was developed, which can be accessed through: https://bit.ly/2XGACV5

UNICEF Iraq conducted a Rapid Assessment to understand the COVID-19 risk perception of the community. It was launched through UNICEF Iraq Facebook and boosted through sponsorship that helped reach over 2 million views, with over 200,000 viewers clicking to read the COVID-19 messages and around 4,000 respondents answering the survey questions. Major finding suggested that:

- Over 90% people (among the survey participants) heard about different aspects of COVID-19
- Social media is the most popular (~50%) and Health Officials are most reliable source of information.
- Sharqiya and Iraqi TV are the two most popular TV channels
- People are aware of the risk of getting infected and they know what to do

In order to collect information on the resources available/required to report on the data for the Global Humanitarian Response Plan (GHRP), the Global Health Cluster reached out to country clusters to fill out a survey focusing on ongoing or planned data collection activities, as well as some information on surveillance. Iraq Health Cluster provided this information by the 6th April deadline.

The EWARN Unit of WHO Iraq developed a new online form for registering and immediately notifying cases of suspected COVID-19, using the WHO global line list template. Therefore, partners were informed to report it as “Suspected COVID-19” rather than under “Unusual Communicable Diseases”, as they had been doing previously. This information is reflected on the WHO Iraq EWARN Dashboard 2020: http://bit.ly/34Yw6C5

OCHA Iraq began producing a monthly document titled “COVID-19 Impact on Humanitarian Operations” to which clusters’ inputs were requested. The Health Cluster provided feedback by 15th April, as requested.

In close collaboration with the Shelter/NFI Cluster, the Health Cluster developed a document titled “Scenario planning for COVID-19 response in Iraq”, which was shared with the Humanitarian Operations Cell (HOC) by WHO. This document is based on the health system capacity becoming gradually overwhelmed by an increasing number of COVID-19 cases and what humanitarian partners are to do to mount a solid, multi-sectoral response to the worst-case scenario. It also outlines four situations in IDP camps. The HOC is in the process of having it translated into Arabic and Kurdish. The document is then to be presented by WHO to the MoH in Baghdad for endorsement.
The Health and Shelter clusters also jointly developed the "**COVID-19 Outbreak Preparedness and Response Operations in IDP Camps**" document, with technical inputs from WASH, CCCM, Protection and Food Security clusters and Child Protection Sub-Cluster. This document serves as a follow-up preventive measure/response plan to the Worst Case Scenario identified in the Scenarios Planning document and outlines in details what relevant partners are to do to set up quarantine and isolation areas in the IDP camps.

The Health Cluster, with technical support from WHO EMR office, conducted a "Rapid assessment of the health services response to GBV survivors during COVID-19 in Iraq" between 21 - 27 April, the purpose of which was to assess the capacity of health facilities, health providers and humanitarian partners to ensure safe and accessible services to survivors of GBV during the COVID-19 pandemic. Some of the findings are as below:

- Health and MHPSS service providers were interviewed
- 40 Primary Health Care Centers (PHCCs), 6 hospitals and 2 Mobile Medical Clinics took part in this exercise.
- 79% HFs reported a change in work modality
- 40% of HFs reported an increase in women survivors of violence seeking assistance
- 81% HFs have an updated referral pathways
- 69% HFs reported having staff trained on GBV

In collaboration with the GBV Sub-Cluster, the Health Cluster and WHO GBV Technical Officer from EMRO developed "Key messages around GBV and COVID from a health perspective". In addition, a "Remote counseling by health care providers (suspected or disclosed GBV case)" flow chart was developed to facilitate an easy-to-use guidance for health partners if they encountered a potential GBV case either remotely or in person. These documents were shared with the Health Cluster and GBV Sub-Cluster partners.

Through the facilitation of OFDA, the Health, Protection and WASH cluster coordinators met with Nadia’s Initiative, a local NGO that specializes in providing services to Yezidi survivors of ISIL crimes, on 29th April. The clusters provided a brief on their operations and coordination platforms at national and sub-national levels.

The Iraq Humanitarian Fund (IHF) announced the opening of the 1st Standard Allocation for 2020 in the ICCG meeting on 23rd April. The Allocation Priorities were as follows:

- Out-of-camp and other underserved locations utilizing as much as possible local NGO capacity
- Priority HRP activities that also support the COVID-19 response as per the ICCG mapping exercise
- Existing IHF partners with demonstrated access and operational capacity as identified by ICCG, NCCI and OCHA
- NGO consortium projects that address the above along with capacity building components for NNGOs

Clusters were requested to provide their individual priorities by 30th April for the process to move forward according to the timeline approved by the Advisory Board.

In addition to several interviews on different Iraqi TV and news channels by WHO Iraq Country Office Representative and the Emergency Team Lead focusing on COVID-19 awareness, OCHA included a standing agenda item for the Health Cluster Coordinator to provide updates on COVID-19 in the Inter-Cluster Coordination Group (ICCG) meetings in March, which continues.

The cumulative number of COVID-19 cases in Iraq during March 2020 were 1397 with 47 deaths.
FUNDING INFORMATION
$60.3M Required
9.9M 2020 Funded

TREATMENT OF COMMON DISEASES
43K Men
64K Women
16K Boys
18K Girls
141K Consultations
22K Laboratory investigations (estimated)

REACHED TARGET
41% 510,321

IMMUNIZATION
3,996 No. of children 1-10 months vaccinated against Polio in crisis-affected areas through routine immunization.

NUTRITION
2,133 No. of children 6-59 months vaccinated against measles/varioles containing vaccine in crisis affected areas through routine immunization.
1,644 No. of children 6-23 months received vitamin A supplements.
6,175 No. of children under 5 in crisis-affected areas screened for malnutrition (MNAC or anthropometric measures).
1,220 No. of pregnant & lactating women (P/LW) with obstetric complications identified and referred.
25 No. of children under 5 identified and treated for uncomplicated and complicated severe acute malnutrition (SAM).
158 No. of newborn babies who benefitted from suction home services.

SUPPORT TO HEALTH FACILITIES
12 No. of hospitals supported to provide secondary health care services.
108 No. of Health facilities supported to provide primary health.

No. of cold cases referred to secondary health facilities
0 380 600 900 1200 1500
1,355

No. of patients referred to secondary or tertiary care
0 380 600 900 1200 1500
873

EWARN
118 Health facilities (PHCC/LHCCs) reported to EWARN system.
23 Camps covered by EWARN services.
8 Alerts that were investigated and responded to within 72 hours.

PHYSICAL REHAB OF PATIENTS
476 Physical and functional rehabilitation sessions provided.
0 Patients supported with assistive devices.
0 Prosthetic devices provided for amputees.

REPRODUCTIVE HEALTH
9,501 Antenatal care consultations
2,297 Postnatal care consultations
1,180 Normal Vaginal Deliveries
550 Cesarean Sections conducted

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT SERVICES
1,931 No. of MHPSI individual sessions provided

CAPACITY BUILDING
17,828 No. of individuals who attended health awareness sessions or were educated by mobile teams.
3,946 Health awareness sessions conducted.

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Early Warning Alert and Response Network (EWARN)

Total Consultation & No. of Reporting Sites in Iraq By Week (01-52), 2019 - 17, 2020

Alerts / Outbreaks - April 2020

Disease trend during Jan-Dec 2019 compared to 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 | 1 | 1 | 0 | 0 |
Suspected Meningitis | 0 | 0 | 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 | 11 | 11 | 0 | 0 | 0 | 0 |
Suspected Anthrax | 1 | 1 | 0 | 0 | 0 | 0 |
Total | 18 | 18 | 0 | 0 | 0 | 0 |

Disease trend during Jan-Dec 2019 compared to 2020
The Ninewah Governor's office issued a letter to the Directorate of Health (DoH) asking humanitarian partners not to recruit regular DoH staff in agencies. The full contact details of those staff already working with health partners was also required by the Governor's office.

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

The Cluster along with Camp Management coordinated the provision of services in Basateen IDP camp, Salah Al-Din, for the population that had arrived from Ninewa, as this population group were restricted from movement out of the camp to access healthcare through clinics in the host community.

IOM was able to dispatch a mobile team at short notice, as soon as security approvals were obtained.

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

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

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

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

1. The Health Cluster estimated that a budget of USD 1.47 million would need to be re-purposed under the HRP 2020 for continuation of priority activities by the partners, with support to COVID-19 related activities as well.

2. The draft ToRs for the Iraq Health Cluster COVID-19 Taskforce have been developed and endorsed by the Health Cluster SAG members. The Cluster is to arrange a kick-off meeting in early May to finalize any remaining issues related to the Taskforce in order to launch it officially.

MHPSS

- Partners requested to share all available media materials related to COVID-19
- Partners to update their activities on the online MHPSS 4W form to be in line with COVID-19 crisis
- Partners willing to translate any COVID-related materials into Kurdish to inform MHPSS TWG Lead to avoid any duplication
- MoH Baghdad to endorse the national guidelines on managing pregnancy with COVID-19 infection, subsequent to which, the document will be shared with RH Working Group partners.
  - UNFPA to support in translation of the document
- Tel Abta PHCC in Ninewah, which has a Delivery Room, is in need for RH interventions. Interested partners to contact the RH Working Group Lead
- There is a need to review the ToRs of the Working Group to conform to the new requirements of the current situation
- It is planned to update the mapping of RH services provided by partners in collaboration with the Health Cluster
- Most of participants agreed to have the RH Working Group meeting every fortnight

Reproductive Health

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


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