



IRAQ HUMANITARIAN EMERGENCY




 **10.3 MILLION IN NEED (HEALTH)**
 **3.06 MILLION DISPLACED INTERNALLY**
 **0.2 MILLION REFUGEES**
 **6.2 MILLION TARGETED**
 **12058* INJURED**

WHO

TOTAL POPULATION REACHED WITH WHO MEDICINES AND KITS **242,000**

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS**

	25 000	INTERAGENCY EMERGENCY HEALTH KITS
	200	SURGICAL KITS
	100	TRAUMA KITS


WHO FUNDING US\$ *****

	23	% FUNDED
	59 M	REQUESTED


HEALTH SECTOR

31	HEALTH SECTOR PARTNERS
6.2 M	TARGETED POPULATION


HEALTH FACILITIES DAMAGED/DESTROYED

	13	TOTAL NUMBER OF HOSPITALS***
	02	TOTAL PRIMARY HEALTH CARE CENTRE


HEALTH ACTION

	500 000	CONSULTATIONS†****
	3000	REFERRALS†


VACCINATION AGAINST

	25024	POLIO†****†
	381 990	MEASLES†

EARLY WARNING ALERT AND RESPONSE NETWORK

	192	REPORTING SITES
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HEALTH CUSTER FUNDING US\$ (HRP 2017)*****

	15%	% FUNDED
	US\$ 110 M	REQUESTED

HIGHLIGHTS

More than 25000 children were reached with the 3rd dose of the oral polio vaccine and 24000 vaccinated against measles in 6 governorates of Baghdad (Kharkh), Dahuk, Kirkuk, Thiqr, Salahaldeen and Wassit to ensure more children are protected against vaccine preventable diseases

- A total of 500 000 consultations for various diseases were recorded in all Government and health partner supported health facilities in eight conflict affected Governorates. The majority women and children under the age of 5 years
- In addition, more than 235 000 consultations were recorded in WHO-Government supported facilities and those run by WHO's implementing partners in Ninewa, Kirkuk, Baghdad, Khabat and Erbil including more than 5 000 children under the age of 5 years.
- WHO supported 5 Directorates of Health and 4 implementing partners with emergency medical supplies including medicines and kits sufficient for more than 241 000 people. The supplies include medicines used to treat chronic conditions, skin infections and antibiotics. Also provided were essential medicines used during surgical procedures.

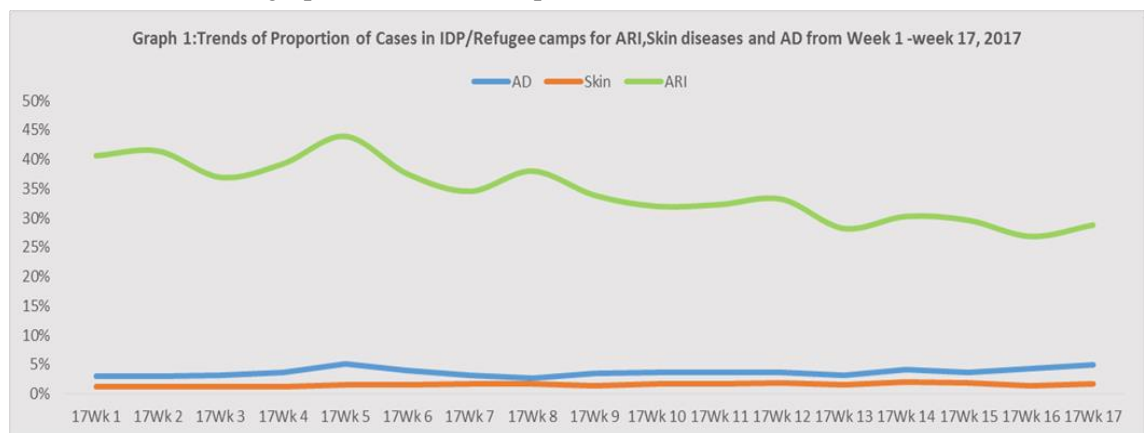
* Total hospital based injured patients since 19 October coverage for one month
 ** Hospitals in Salahadeen (04) and Ninewa (09)
 †****+Total number vaccinated against polio in routine vaccination in facilities in Baghdad, Dahuk, Kirkuk, Thiqr, Salahaldeen and Wassit governorates & children vaccinated against measles through the supplementary Immunization Campaigns in Ninewa
 ***** Financial Tracking System, Iraq

Situation update

- Accessibility remains a major challenge in some conflict affected governorates of Ninewa and Salahadin which continues to limit partner's efforts to respond to the health needs of the communities. Health partners are working with health authorities to ensure that people in hard to reach areas and those with limited access are reached with basic services through outreach services like mobile medical clinics and mobile medical teams. WHO is working through implementing partners and Directorates of Health (DOHs) to ensure continued service delivery of health services in underserved areas.
- The operations in west Mosul that started in Mid-February continued into April 2017, recording more than 6000 hospital based casualties that were treated in major hospitals in Ninewa and neighbouring governorates of Erbil and Dahuk. Due to the rising numbers of casualties from the frontlines of Mosul and the increasing medical needs of internally persons in Hamam al' Alil IDP camp, WHO opened a 3rd Field Hospital in Hamam al' Alil. The hospital will be used to offer secondary and tertiary health care services for IDPs from Hamam al' Alil IDP camp in addition to treating trauma patients from the frontlines of west Mosul.
- Due to the ongoing conflict in the country, high numbers of mental health related illness including neurological disorders, substance abuse disorders, post-traumatic disorders, anxiety and other war related mental health conditions are likely to be recorded. In this reporting period, more than 900 mental health disorders were recorded in the 8 conflicted affected governorates. The numbers could however be higher than those reported from health facilities.

Epi update

- From week 14 (ending 09 April) to week 17 (ending 30 April) 2017, more than 435 800 consultations were reported from the health facilities covered by the EWARN system in Iraq, indicating an average of 108 900 consultations per week.
- Forty two percent (42%) of all the reported communicable disease cases were among children below five years while 51% were among females. Between 186 and 211 sites submitted their reports in April 2017 .
- The most common diseases reported in Ninewa department of health was acute upper respiratory tract infection with 118 019 cases or 27%), followed by acute diarrhoea (18 435 cases or 4%), acute lower respiratory infections (7 666 cases or 2%), suspected scabies (7 406 cases or 2%), suspected mumps 0.5% (1 667 cases or 0.5%) and Acute Bloody Diarrhea (955). Refer to disease trend graph 1 for the 3 most prevalent diseases.



- Two alerts (measles and suspected pertussis) were generated, investigated and responded to by the Departments of Health, WHO and health partners to within 72 hours in April. Seven health personal were trained in Early Warning Alert and Response Network in Ninewa governorate.

Public health concerns

- Limited accesses to health services by the population in Salahadeen due to shortage of health personnel and damaged secondary and tertiary health facilities in Salahaldeen. Currently more than 50% of health facilities in Salah Al-Deen are damaged and/or non functional.
- Leishmaniasis in Kirkuk and in Ninewa governorates remains a public health concern as people

continue to move to areas of safety. WHO continues to support Kirkuk and Ninewa DOHs with medicines to respond to the increasing number of cases.

- The limited accessibility of populations in Hawija and other inaccessible areas of Kirkuk to routine immunization services threatens the gains made in sustaining a polio free country for the past 2 years. The low immunization coverage may also put children at great risk of re-contracting vaccine preventable diseases.
- Safe water remains a major concern for the populations living in the city of Mosul. The destruction of water facilities inside the city and some parts of Salah-Al-Deen has resulted in poor Water, Sanitation and Hygiene (WASH) conditions particularly in inaccessible areas posing a public health risk to the communities. This is likely to trigger outbreaks of water borne diseases such as acute watery diarrhoea in these locations. Health authorities, in collaboration with WHO, WASH and other cluster partners are working to reduce any potential risk of outbreaks from occurring by putting in place preventive measures such as health promotion and education; developing short term plans as well as train health workers.

Health needs, priorities and gaps

- Provision of primary health care services to the affected population and host communities in newly accessible areas and inaccessible areas in Salah Al-Deen.
- Shortage of fuel and ambulances to refer emergency medical and trauma cases out of Mosul city.
- Limited response to medical emergency cases in the newly re-taken areas of Mosul.

WHO action

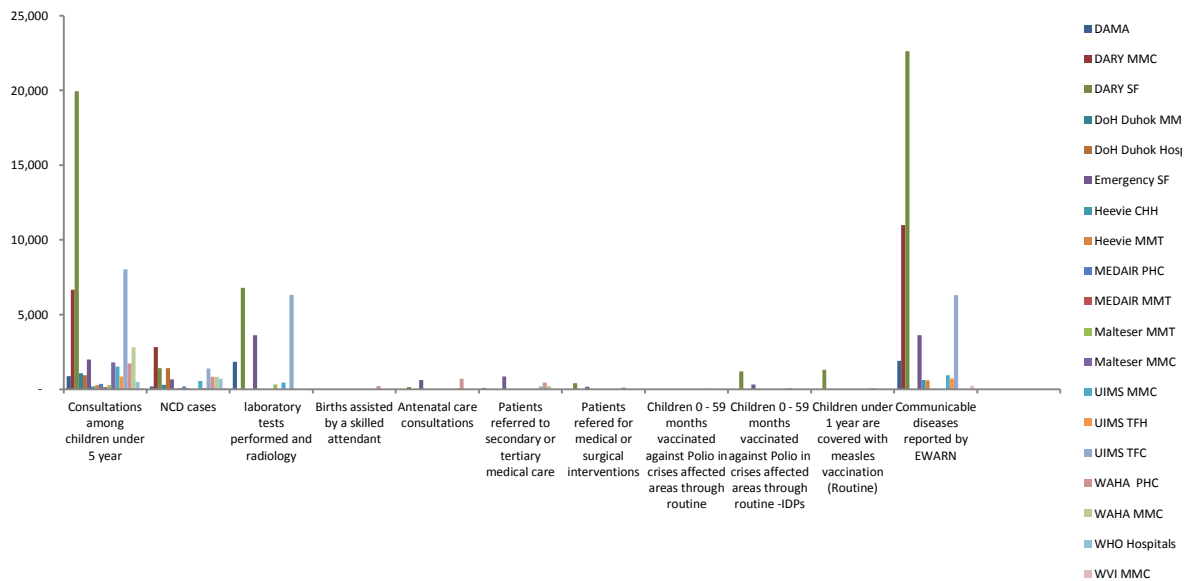
- To ensure more children are protected against vaccine preventable diseases, the Ministry of Health, Directorates of Health and health partners continue to deliver routine vaccination services for children in Iraq, including in conflict affected governorates. More than 25000 children were reached with the 3rd dose of the oral polio vaccine and 24000 vaccinated against measles in 6 governorates of Baghdad (Kharkh), Dahuk, Kirkuk, Thiqr, Salah al-Deen and Wassit. More than 576 000 children were also reached with the polio vaccination in Ninewa and Kirkuk and 382 000 reached with the measles and rubella vaccine in Ninewa through the Supplementary Immunization Days campaign.

- WHO supported the Directorates of Health and health cluster partners in 8 conflict affected governorates with emergency medical supplies including essential lifesaving medicines, Interagency Emergency Health Kits, Trauma and surgical kits sufficient for more than 241 000 people. The majority of the supplies were distributed to Ninewa, Erbil, Sulaymanya, Dahuk and Anbar DOHs. While implementing partners including Women and Health Alliance International (WAHA), DARY, International Medical Corps (IMC) and Première Urgence – Aide Médicale Internationale (PU-AMI) also benefitted with WHO's support.



Photo ©: UIMS A Laboratory Technician takes notes prior to laboratory investigations in a health facility in Al-Taawun primary health care centre run by WHO's implementing partner United Iraq Medical Society

- More than 235 000 medical consultations including more than 50 000 children under the age of 5 years were recorded in mobile medical and static primary health care centres run by 8 WHO's implementing partners including DAMA, DARY, Malester, Heevie, Medair, Emergency, UMIS and WAHA and health facilities run by Dahuk, Erbil and Ninewa DOHs supported by WHO.



- More than 8400 children were vaccinated against measles, polio and other vaccine preventable diseases through routine vaccination services in WHO supported MMCs and static health facilities in 8 conflict affected governorates. These include more than 1400 and more than 1600 vaccinated against measles. Vaccination services in the conflict affected governorates are supported by the Ministry of Health and Directorates of Health in collaboration with WHO and UNICEF.
- Through WHO supported ambulances, a total of 4500 referrals were recorded in April including emergency medical and trauma cases from WHO implementing partner health facilities and DOH supported health facilities. More than 1500 referrals were recorded in Kirkuk governorate where WHO is also supporting ambulatory services in IDP camps. To date, WHO has supported the Federal Ministry of Health and DOHs with 96 ambulances across the country (*refer to the attached map on locations and numbers of ambulances distributed*). Of the 96 ambulances, 15 were procured and airlifted from Dubai hub with the support of WFP and thereafter deployed to Ninewa governorate in April 2017, making a total of 30 the number ambulances airlifted in two months. Ninewa governorate alone now has a total of 49 ambulances prepositioned to support the ongoing response in Mosul and other areas.



- In Kirkuk, WHO has worked with the Directorate of Health to implement vector control activities in IDP camps and high risk areas out of the camps with the aim of controlling and prevention of zoonotic diseases like Leshmaniasis. Activities conducted during this reporting period include: fogging, spraying and entomological surveillance. Since WHO commenced its support, no new cases of Leishmaniosis have been recorded. In Suleymaniyah, more than 1900 households in 97 villages were sprayed as part of vector control against cutaneous Leshmaniasis.

- Through the MMCs serving populations in IDP camps and hard to reach areas in Kirkuk and Salahaldeen governorates, 13700 consultations including 66 referrals were recorded; 6600 in Kirkuk and 7100 in Salahaldeen, 1800 and 13800 children were also vaccinated against vaccine preventable diseases in Kirkuk and Salah al_Deen respectively and more than 165 500 chlorine tablets for water purification were also distributed and 35 300 people reached with health promotion activities in the two Governorates.

- A new PHC was constructed and opened in Chamakor IDP camp in April, 2017. The facility employs 27 health staff supported by WHO and offers basic primary health care services including vaccination, laboratory and reproductive health services. The camp currently hosts 12 000 IDPs from West of Mosul. While in Bahirka IDPs camp hosting 4,200 IDPs, WHO supported Erbil DOH to



Photo ©: WHO
WHO and Emergency teams interview an internally displaced person in Arbat IDP camp in Suleymaniyah

- deliver basic primary health care services where 1600 consultations were recorded, many of them for women and children. A total of 14 health staff are supporting the delivery of the services. The organization is also providing support to PHC in Harsham where more than 1700 IDPs are currently residing. During this reporting period, 1100 consultations were recorded including women and children. In all the health facilities, WHO is also supporting Early Warning Alert and Response Network.
- In Suleymaniyah, more than 8800 consultations were recorded in two primary health care facilities run by WHO's implementing partner Emergency in Arbat (1773) and Ashty 1 & 2 (7120) IDP camps including 21 % children under 5 years (21%) and 46% females. Seventy one percent of all consultations were due to upper acute respiratory infections while 8% were due to chronic conditions including hypertension and diabetes. Through MMCs run by WHO's implementing partner World Vision International and Suleymaniyah DOH, more than 1000 consultations were recorded in 16 underserved locations in the governorate.
- WHO has continued to roll out and expand the Early Warning and Alert Response Network in Ninewa governorate in spite a national decrease in the number of reporting sites from 215 to 192 by the end of April. Sixteen additional new sites were enrolled to the reporting system and supported with reporting tools in Ninewa Governorate during the month. The health facilities are currently submitting their weekly reports. A total of 435 800 consultations were reported from health facilities in Ninewa that submitted reports in April 2017.
- Through mobile medical clinics, community health houses projects managed by WHO's implementing partner, Heevie and Duhok DOH, more than 9200 consultations, including more than 1700 children under 5 years old were recorded in Talafar and Telkeyf districts, Ninewa in April. Additional 1491 consultations including 380 children under the age of 5 years were also recorded in Nargizila screening site in Shikhan district, Dahuk governorate.
- More than 1600 patients including trauma, obstetric, and medical cases requiring secondary and tertiary health services were referred to Shikhan hospital, Dahuk Emergency and Azadi hospitals, a ten-fold increase from 300 cases referred in March. All the referrals were made through the 10 ambulance teams in Dahuk DOH supported by WHO. The aim of the ambulance teams is to strengthen the referral pathway of emergency medical cases from newly accessible areas and IDP camps. To date, more than 2000 cases have been referred to the three hospitals through this intervention.

- Through WHO continued support and the direct management and supervision from the Directorate of Health for 12 medical doctors working in Dahuk Emergency and Azadi general hospitals, a total of 7008 patients were treated in April 2017 alone. This brings the total number of people treated through WHO's support to more than 31000 patients since November.
- Through the support provided by WHO, the water quality monitoring team from Dahuk Directorate of Environment collected 105 water samples from 34 IDP camps and tested them for bacteria. Additional 34 samples were tested for chemical analysis. All samples complied with Iraqi Drinking Water Standards and WHO guidelines. In Suleymaniyah, 1400 water samples were collected and tested with more than 700 samples tested for bacteria and chlorine levels, 120 for chemical analysis and more 580 for vibrio cholera. All samples tested for vibrio cholera were negative.
- In collaboration with DOH Suleymaniyah, WHO investigated 4 suspected cases of acute flaccid paralysis (AFP) in Dukan and Suleymaniyah city. Stool samples were collected and sent to the National Polio Laboratory in Baghdad for further investigations. In April, 60 days follow up was performed for 2 of the suspected AFP cases that were reported in February 2017, as a result, the cases turned out to be negative with residual weakness.

Partnership
coordination and

- In April, three health cluster coordination meetings were held; one at the national level in Baghdad and two in Erbil. Also, in coordination with partners providing nutrition services, the health cluster reactivated the Nutrition Working Group and the first Nutrition Working Group meeting was held on the 11th of April in Erbil. The coordination meetings will be used as an avenue to address cases of Acute Malnutrition in IDPs and affected population by Mosul Operation.
- Following the launch of the 2017 First Standard Allocation of the Iraq Humanitarian Pooled Fund (IHPF) in March 2017, the cluster provided guidance to the partners in line with the IHPF Allocation Strategy, prioritizing the provision of a comprehensive package of PHC services from static PHC centers. The Strategic Review Team (SRT) completed the project review process and provided feedback to the Humanitarian Financing Unit (HFU) of OCHA. The Cluster Defense was held and technical feedback will be provided to agencies with successful projects.
- During the reporting period, the Cluster has been able to ensure adequate representation of health partners in Qayara airstrip while coordinating to avoid duplication of service-provision. The process of getting partners to cover services in Chamakor and Hammam Al Alil 2 camps, which are two priority locations, is also underway. The situation in Haj Ali Camp requires urgent interventions due to population rise from 15 000 to 30 000 individuals. In response, the cluster has sent out calls to partners to support service-delivery. Due to lack of adequate response to these calls, the cluster is actively contacting potential partners with proven capacity.
- The Health Cluster has commenced its support in identifying partners who will support to deliver of health services in Jeda'a 6 IDP camp. IMC and Qatar Red Cross Society (QRCS) are currently working together to cost-share the support to be provided to this camp. The increase in the number of scabies cases in IDP camps in Ninewah governorate is being addressed with Information, Education and Communication (IEC) Materials. These have been prepared and shared with "Communications with Communities (CwC)" for designing and printing, while medicines are on standby at the camp sites; the cluster has also been coordinating with camp coordination and camp management (CCCM), Shelter/Non Food Items and water, hygiene and sanitation (WASH) clusters to address this issue.

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