




IRAQ HUMANITARIAN EMERGENCY

 10.3 MILLION IN NEED (HEALTH)	 4.2 MILLION DISPLACED INTERNALLY	 0.2 MILLION REFUGEES	 6.2 MILLION TARGETED	 6,084** INJURED
---	---	---	--	--


WHO

TOTAL POPULATION REACHED WITH WHO MEDICINES AND KITS 400 000

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*

	130 000 INTERAGENCY EMERGENCY HEALTH KITS
	6000 INTERAGENCY DIAHORREAL DISEASE KITS
	1200 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

	203 865 CONSULTATIONS†****
	1214 REFERRALS†


VACCINATION AGAINST

	456 963 POLIO†****
	314 MEASLES†

EARLY WARNING ALERT AND RESPONSE NETWORK

 204 REPORTING SITES

HEALTH CUSTER FUNDING US\$ (HRP 2017)*****

	15% % FUNDED
	US\$ 110 M REQUESTED

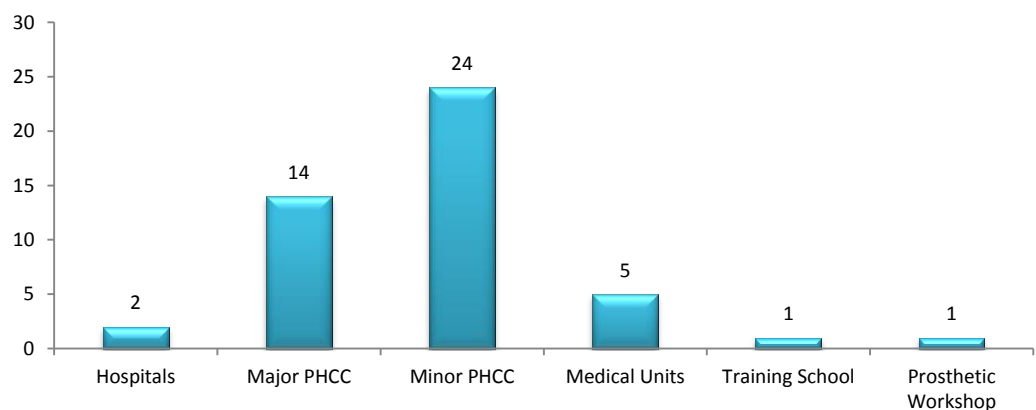
HIGHLIGHTS

- More than 450 000 children aged 0-59 months have been vaccinated against Polio in crises affected areas through campaigns targeting host communities.
- Through WHO supported Mobile Medical Clinics, Primary Health Care Clinics and Hospitals and Mobile Medical teams, more than 203865 consultations for various disease conditions were provided including more than 44 000 children under five years in 8 most affected governorates.
- More than 400 000 people benefited from the emergency lifesaving medicines and Emergency Medical Kits donated by WHO to the Directorates of Health (DOH) and health partners in March 2017.
- Three fully furnished and equipped comprehensive primary health care centres (PHCCs) have been established in Debagga in Erbil, Laylan in Kirkuk and Amalla internally displaced persons (IDP) camps. The health facilities will be run by the Erbil DOH, Kirkuk DOH in collaboration with Medair and Heevie NGO respectively.
- A total of 2400 including 1200 women and children were treated at Trauma Stabilization Points (TSPs) in March 2017.

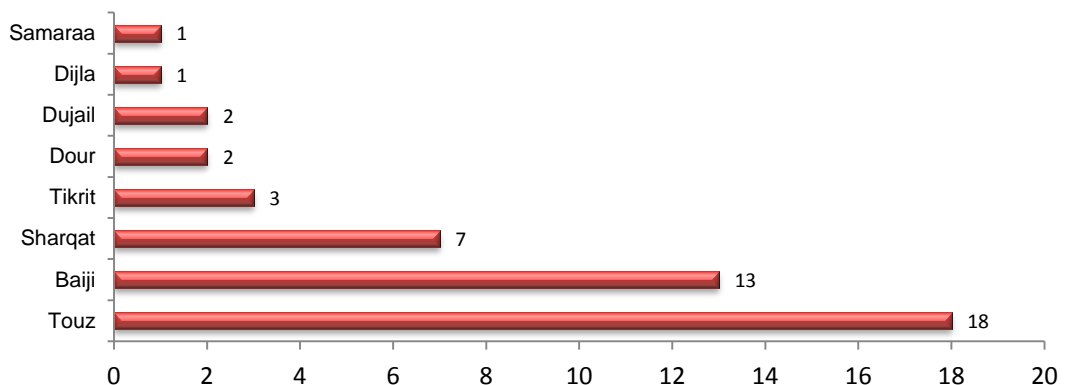
*coverage for one month
** Total hospital based injured patients since 19 October
*** Hospitals in Sala hadeen (04) and Ninewa (09)
+****+Total number vaccinated against polio during emergency vaccination campaigns
***** Financial Tracking System, Iraq

- The operations in west Mosul intensified during this month recording more than 1,000 hospital based casualties treated in hospitals in Ninewa and neighbouring governorates. Six other governorates in Iraq are experiencing emergency health challenges including dealing with the high influx of internally displaced persons (IDPs) from Ninewa Governorate leading to over stretched health facilities. To date, more than 4 million internally displaced persons are being reported displaced Iraq wide, the majority of whom are in Erbil, Dahuk and Kirkuk governorates.
- Information obtained from Salahadeen Directorate of Health indicates that by the end of March 2017, a total of 43 out of 148 primary health care centres (30%) and 2 out of 9 hospitals had been damaged while the bed capacity declined from 1,350 to 800 (40%) as a result of the ongoing crisis, refer to graph 1 on health facilities damaged by district in Salahadeen. In Ninewa, 3 hospitals and 2 PHCCs were completely destroyed and remain non-functional while 6 hospitals were partially destroyed as a result of the ongoing crisis, refer to graph 2 on health facilities damaged by district in Salahadeen. Health authorities are working with WHO and health partners to offer health services in areas with limited access to for displaced persons and host communities. Qayarra hospital with 100 bed capacity was reopened in March following renovations by WHO and UNFPA.

Graph 1: Type of damaged facility damaged in Salahadin Governorate



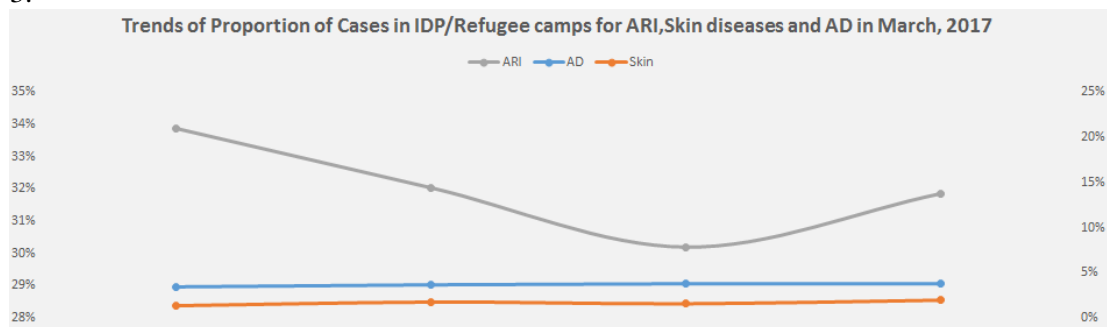
Graph 2: Number of damaged facilities by district in Salahadin Governorate



- Accessibility to 2 most affected Governorates of Ninewa and Salahadin remains a major concern and challenge to health partners, thus limiting their full capacity to deliver the much needed health aid, none the less, WHO continues to work closely with both DOHs to deliver health assistance through Mobile Medical Teams, MMCs and establishing Trauma Stabilization Points (TSPs) and Field Hospitals.
- WHO Duhok Polio Eradication Officer and WHO Stop Polio Consultants participated in the investigation of 5 AFP cases been reported in Dahok and NINAWA Governorate and one suspected Measles case and one suspected meningitis and monitored Spring second round of PNIDs campaign supported by WHO, UNICEF and MOH (4 - 9 March 2017).

Epi update

- From week 9 (ending 27 February) to week 12 (ending 26 March) 2017, the total of 365 553 consultations were reported from the health facilities covered by the EWARN system in Iraq, indicating an average of 91 388 patients per week.
- Forty four percent (44%) of all the reported communicable disease cases were reported among children below five years while 51% were reported among females. Between 184 and 208 sites submitted their reports in March.
- The most common disease incidence reported in Ninewa department of health was acute upper respiratory tract infection at 33% (54 393 cases), followed by acute diarrhoea at 5% (9 089 cases), acute lower respiratory infections at 3% (4882 cases), suspected scabies at 2% (2730 cases), suspected mumps at 1% (995 cases) and Acute Bloody Diarrhoea (858). Refer to graph 3:



- Seven alerts were generated during this period, 92% of them were positive. The alerts were investigated and responded to within 72 hours by Departments of Health, WHO and health partners. The most reported alert during this period was Acute Flaccid Paralysis with 98%, followed by suspected pertussis and suspected measles alerts with 1%.
- Sixty health personal were trained in Early Warning Alert and Response Network in all the emergency governorates. Those trained will ensure submission of weekly surveillance reports from the facilities.

Public health concerns

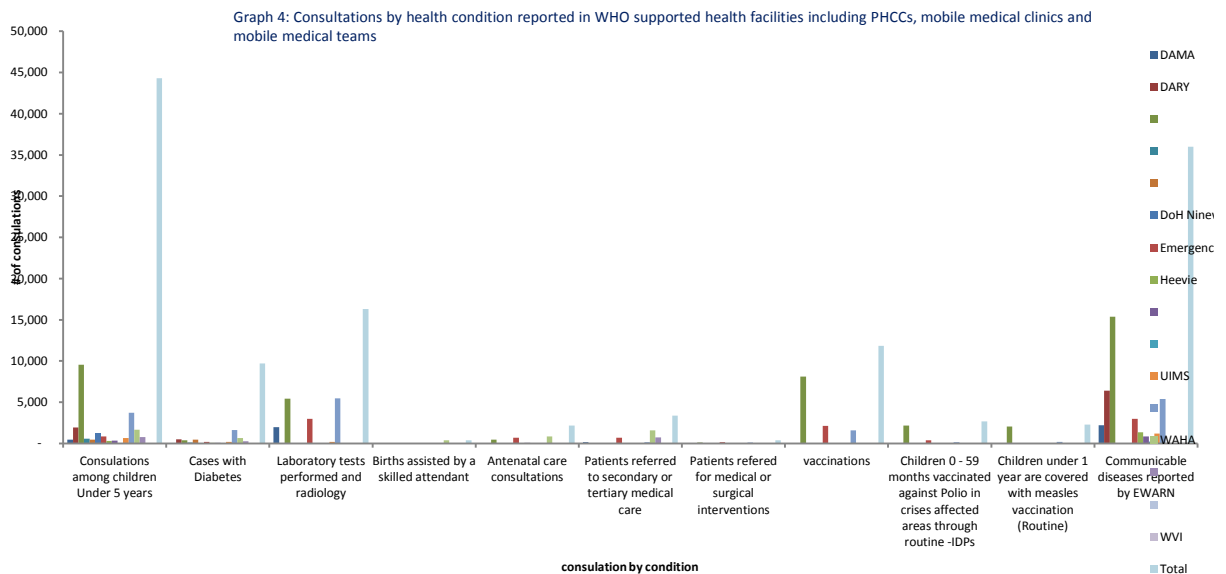
- Limited accesses to health services by the population in Salahadeen due to shortage of health personnel and damaged secondary and tertiary health facilities in Salahadeen. Currently more than 50% of health facilities in are damaged and non functional.
- As a mass influx of people move to areas of safety and access to medical facilities and services, health workers are increasingly seeing many cases of Leishmaniasis in Kirkuk and in Ninewa Governorates. This poses public health concerns because these could have long term health conditions in the long run if left untreated. WHO supported the DOH with medicines to respond to the increasing number of cases in Kirkuk and Ninewa Governorates.
- 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 vaccine preventable diseases.
- The destruction of water facilities inside of Mosul and some parts of salahadeen resulting in poor Water, Sanitation and Hygiene (WASH) conditions particularly in inaccessible areas poses a public health concern 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 have put in place preparedness measures to prevent a potential outbreak of water borne diseases such as training of 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 Salahadeen.
- 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 and Salahadeen.

WHO action

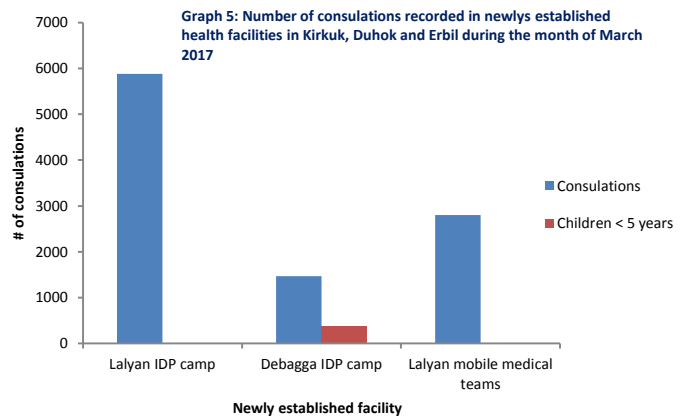
- More than 450 000 children aged 0-59 months have been vaccinated against polio in crises affected areas through campaigns in host community in Dahuk, Ninewa and Kirkuk governorates supported by WHO, UNICEF and DOHs.
- More than 400 000 people benefited from the emergency lifesaving medicines and Emergency Medical Kits donated by WHO to the Directorates of Health (DOH) and health partners in March 2017. Eight Non-Governmental Organizations (NGOs) NGOs, four DOHs including Ninewa, Kirkuk, Erbil and Dahuk benefitted from lifesaving emergency medicines used to treat infections, chronic diseases and skin disease conditions and different kits including interagency emergency health kits basic and supplementary, Interagency Diarrhoea Disease Kits, surgical and trauma kit.
- Through WHO supported Mobile Medical Clinics, Primary Health Care Clinics and Hospitals and Mobile Medical teams (*refer to attached for locations of MMCs*), 203 865 consultations for various disease conditions were provided including to more than 44 000 children under five year in 8 most affected governorates. During this reporting period, WHO donated additional five Mobile Medical Clinics to the DOH in Ninewa to respond to the mass influx of IDPs from West Mosul. To date, a total of 22 MMCs have been donated to different Directorates of Health.



- Through WHO supported ambulances, a total of 3362 referrals were conducted in March including emergency medical and trauma cases from WHO implementing partner health facilities and DOH supported health facilities. To date WHO has supported its health partners and DOHs with 81 ambulances across the country of these 15 were procured and deployed in March 2017.
- WHO continues to roll out and expand the Early Warning and Alert Response Network



across the country. During the month of March, additional 22 new sites including three hospital in Ninewa governorate were enrolled to the reporting system and supported with reporting tools. The health facilities are currently submitting their weekly reports. This brings the total number of health facilities reporting in EWARN to 204 reporting sites. A total of 166 821 consultations were reported from health facilities in Ninewa that submitted reports in March 2017.



- As new camps are established in various locations in Ninewa and the neighboring governorates, the health cluster under the leadership of WHO is spear heading the establishment of primary health care centers to ensure that internally displaced persons have access to essential basic primary health care services. In March, WHO supported Erbil, Kirkuk and Dahok DOHs to establish 3 fully furnished and equipped comprehensive PHCCs in Debagga in Erbi, Laylan 2 and Amalla IDPs camp IDP camps. The facilities are run by the Erbil DOH, Kirkuk DOH in collaboration with Medair and Heevie respectively. Debagga IDP camp hosts IDPs from Mosul, Laylan camp hosts IDPs from Hawija while Amalla camps hosts IDPs from west Mosul.
- In Laylan C IDP camp, WHO in support of Kirkuk DOH started constructing a PHCC to respond to the high demand of health services. In the meantime through DOH, the agency has provided a MMC that is being used to deliver basic primary health care services as a temporary measure. In Dahok, WHO through the implementing partner Heevie has established PHC in Amalla IDPs camp, Talafar district to support the response to health needs of IDPs from Mosul.
- WHO and UNICEF supported DOH Dahuk to vaccinate children 0-5 years of age including IDPs and host communities. Refer to table 1 on the breakdown of children reached in March 2017.

Table 1: Children under five years reached with polio vaccination services in Dahuk, March 2017

Total # children vaccinated	% of total target reached	# IDPs U5 non camp	#IDPs U5 at camps	Total IDPs	# refugees non-camp	# Refugees at camps	Total Refugees	Local only	% coverage local only	# zero doze (less than 1 month)
250 306	98.6%	19 959	28 638	48 597	1823	8476	10 299	191 410	99.7%	725

- Through mobile medical clinics managed by WHO's implementing partner, Heevie and Duhok DOH, 3657 consultations, including more than 600 children under 5 years old were recorded in Talafar and Telkeyf districts in March. Through the mobile medical teams (MMTs), 3644 consultations with more than 500 children less than 5 years of age. With WHO support the Dahuk DOH curative and preventive MMTs 585 consultations, 128 of whom were children less than 5 years of age.
- As operations in west Mosul intensify, more than 300 patients including trauma, obstetric, and medical cases requiring secondary and tertiary health services were referred to Shikhan hospital, Dahuk Emergency and Azadi hospitals. All the referrals were made through the 10 ambulance teams in Dahuk DOH supported by WHO. The aim of the teams is to strengthen the referral pathway of emergency medical cases from newly accessible areas and IDP camps. To date, more than 450 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, 3428 patients were treated in March 2017, more than 24000 patients had benefited from this support since November.

and

-
- Through the support provided by WHO, the water quality monitoring team from Dahuk Directorate of Environment collected 78 water samples from 13 IDP camps and tested them for bacteria. Additional 26 samples were tested for chemical analysis. All samples complied with Iraqi Drinking Water Standards and WHO guidelines.
-
- Through the Health Cluster, the Nutrition Working Group was reactivated to respond to cases of malnutrition being identified by the Standardized Monitoring and Assessment of Relief and Transitions survey. This follows the increasing numbers of displaced population gaining arriving areas accessible by partners.
 - The Cholera Taskforce has been jointly reactivated by Health and Water Hygiene and Sanitation (WASH) clusters to facilitate monitoring of acute watery diarrhea diseases cases and to have a coordinated response in the event any confirmed outbreak. The National Cholera Preparedness has been scheduled for 9 April to be held in Baghdad.
 - A health sub cluster meeting held in Kirkuk and Tikrit in March, issues discussed included proper registration of Non-Governmental Organizations and improving the quality of health services delivered by partners for communities.
 - During the month, 4 health cluster meetings were conducted in Erbil to coordinate the ongoing emergency response Iraq wide. The main issues discussed during the meetings included coordination of the Mosul response.
-

Contacts:

1. Mr Altaf Musani Country Representative and Head of Mission, WHO Iraq, email: musania@who.int
2. Dr. Wael Hatahit, Technical Officer, Mobile: +9647510101456, email: hatahitw@who.int
3. Ms Pauline Ajello, Communication Officer, mobile: +9647510101460, email: ajellopa@who.int
4. Ms Ajyal Sultany, Communication Officer, mobile: +9647510101469, email: sultanya@who.int