

IRAQ HUMANITARIAN EMERGENCY



WHO support of 13 ambulances to the FMOH to strengthen the ambulatory and referral services for IDPs and returnees in newly liberated areas

 10.3 MILLION IN NEED (HEALTH)	 2,317,698 M DISPLACED INTERNALLY	 3,511,603 MILLION RETURNS	 6.2 MILLION TARGETED	 23000* INJURED
---	---	--	---	---

WHO KEY FIGURES

TOTAL POPULATION REACHED WITH WHO MEDICINES AND KITS **3,967 MILLION**

ESTIMATED BENEFICIARIES FOR KITS DELIVERED TO HEALTH FACILITIES/PARTNERS**



72000 INTERAGENCY EMERGENCY HEALTH KITS
1000 SURGICAL KITS
1000 TRAUMA KITS A+B

WHO FUNDING US\$ *****



24 % FUNDED
59 M REQUESTED

HEALTH SECTOR

33 HEALTH SECTOR PARTNERS
6.2 M TARGETED POPULATION

HEALTH FACILITIES DAMAGED/DESTROYED



6 TOTAL NUMBER FULLY DAMAGED ***
23 TOTAL NUMBER PARTIALLY DAMAGED

HEALTH ACTION



151 429 CONSULTATIONS†****
1862 REFERRALS†

VACCINATION AGAINST



3468 POLIO†****
1451 MEASLES†

EARLY WARNING ALERT AND RESPONSE NETWORK



192 REPORTING SITES

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



100% (FULLY FUNDED)

HIGHLIGHTS

- WHO and Kirkuk DOH concluded the Emergency Multi-Antigen immunization campaign in the recently accessible areas of Hawija 1 and 2 of Kirkuk governorate. The campaign targeted a population of 30,000 U5 years' children.
- WHO provided training on the EWARN system for 7 focal points from Syrian refugee camps of Basirma, Qushtapa, Dara shakran, and Kawer Gosik and IDP camps of Bahirka and Dibaga2.
- In line with its support to ambulatory services, WHO supported the FMOH with 18 new ambulances in addition to 2 for Duhok and 2 for Erbil DOHs. Ambulances were purchased with funds from Japan and Germany grants.
- WHO also supported Suleimaniya DOH with three new ambulances to boost ambulatory services in IDP areas of Halabja, Garmian and Raparin districts, thanks to generous donations from Japan and Germany.
- WHO organized training on the reverse impact of the irrational use of medicines to 90 participants from WHO implementing partners, members of the Health cluster led by WHO. Participation covered pharmacists working in different response locations in Erbil, Dohuk, Suleimaniya, Anbar, Salah Aldin, Kirkuk, and Baghdad.
- WHO supported the re-establishment of services of Al Sarai PHCC in the recently accessible district of Tal Afar. The PHCC opening day marked the visit of over 100 patients with different primary to essential health care needs.
- WHO also conducted training workshops on Triage and management of medical and surgical emergencies in Mosul for 140 medical staff from Ninewa DOH.

* Total hospital based injured patients since 19 October coverage for one month

*** Hospitals in Salahadeen (04) and Ninewa (03), 23 partially damaged in Ninewa

+****+Total number of routine vaccination against polio and measles in 8 governorates of Ninewa, Dahuk, and Erbil from June to 30 September 2017

***** Financial Tracking System, Iraq

Situation update

- As of 28 February 2018, IOM Displacement Tracking Matrix (DTM) has identified the total of 3,511,603 people returning to their areas of origin and 2,317,698 internally displaced persons across Iraq since after January 2014.
- Damage to communal infrastructure and shelter was reported following the heavy rain storms in mid-February. A total internally displaced population of 130,240 in camps in Anbar, Baghdad, Salah Aldin, Diyala, Suleimaniya, Erbil, Ninewa, and Kirkuk were significantly affected while some other camps are still under situation assessment and data collection.
- In order to support the humanitarian response in Iraq, REACH Initiative conducted the first phase of an Area Based Assessment (ABA) in the Mosul al Jadida municipality of Mosul city. The primary objective of the ABA is to inform humanitarian programming that supports return and recovery processes for conflict affected communities at a local level, e.g. the sub-district, municipality, or neighbourhood. Based on the compiled data, this situation overview examines the current status of services and infrastructure across the municipality by sector, with specific case studies of those neighbourhoods in which CGDs and mapping exercises were conducted.
- The CCCM Cluster and partners shared the results of the National Intentions Survey, conducted in coordination with the CCCM Cluster in 14 Emergency Camps and Sites of the Mosul response areas. The Intentions Survey was carried out in all 61 accessible formal IDP camps across the country and aimed at understanding IDPs' future intentions and factors influencing return considerations. By continuously consulting IDPs regarding their intentions, the assessment also aimed to contribute to the returns process by promoting the meaningful engagement of conflict-affected populations. Survey can be downloaded through: [National level \(English\)](#) / [National level \(Arabic\)](#).

Epi update

-
- From epidemiological week 01 to Epi week 04 (January 1 through 28, 2018), a total of 438,805 consultations were reported from health facilities covered by the EWARN system in Iraq, with an average of 109,701 patients per week. In January the number of sites submitting their weekly epi-reports varies by week, ranging from 114 to 182 sites.
 - Twenty-two percent (22%) out of the 195,090 reported communicable disease cases were in children below five years of age, while 23% were reported among males.
 - The common diseases reported through EWARN were acute upper respiratory tract infection 36% (157,345 cases) followed by acute diarrhoea at 3% (12,444 cases), acute lower respiratory infection 3% (11,386 cases), suspected scabies at 1% (5,367 cases), suspected chickenpox 1% (3,972).
 - Five (5) alerts were generated during this period. The alerts were investigated by Departments of Health, WHO and health partners in the field and responded to within 72 hours. The reported alerts included: three (3) suspected cases in Ninawa: [one (1) suspected meningitis, one (1) suspected AFP and one (1) suspected measles], all verified as true alerts. One (1) suspected measles case in Duhok was verified as true alert, and one (1) suspected meningitis case in Anbar was verified as false alert.

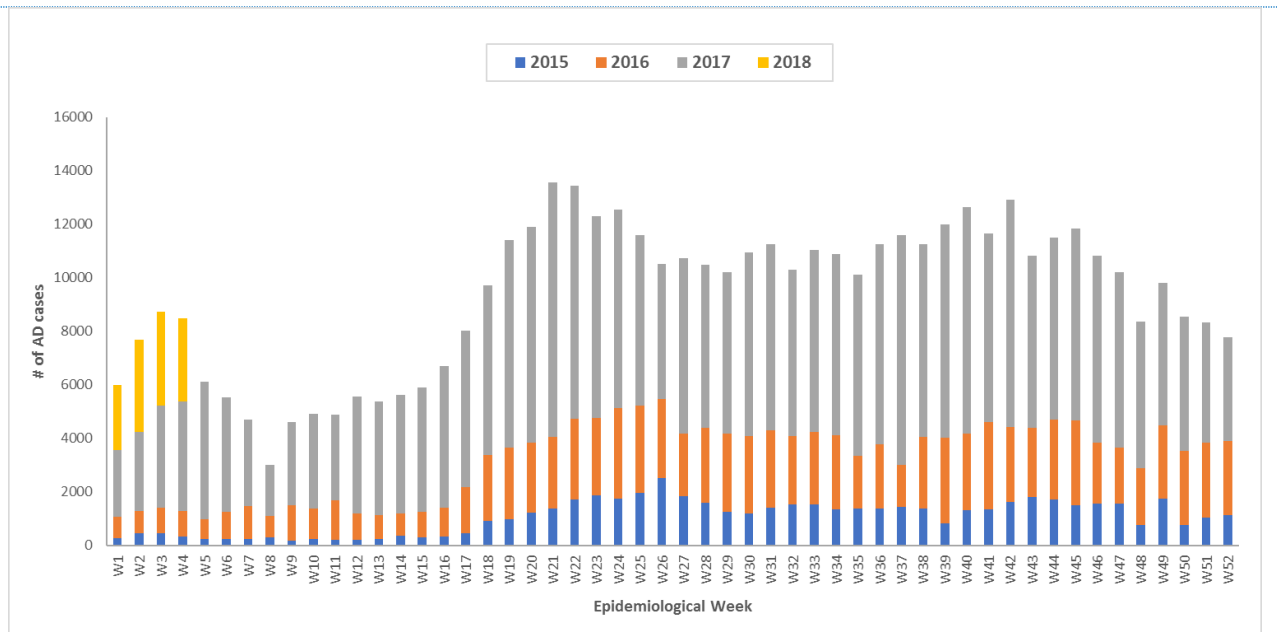


Figure 1: Distribution of Acute Diarrhea cases reported through EWARN in IDP and Refugee camps in Iraq, by week per year

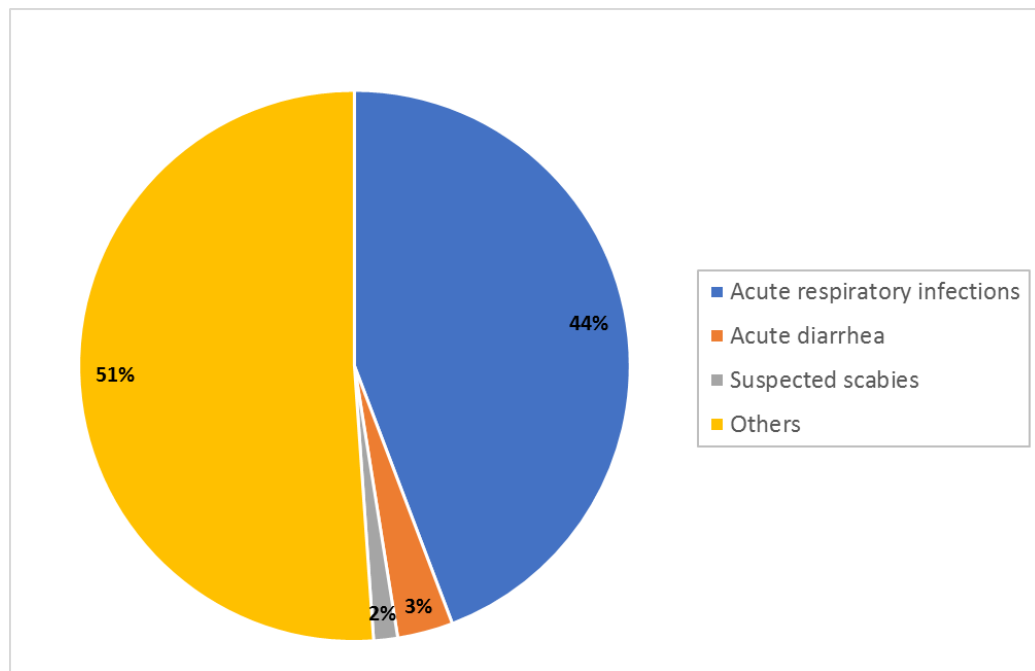


Figure 2: Distribution of EWARN cumulative consultations by common reported disease/events in Iraq, week 01 to 04, 2018

Public health concerns

- Limited access to health services by the population in return areas in Ninawa and Salah Aldin due to shortage of health personnel and damaged secondary and tertiary health facilities.
- Limited number of ambulances available in Tikrit, capitol of Salah Aldin governorate, to serve the high demand of patients requiring referrals from IDP camps here.
- Safe water remains a major concern for the populations living in the city of west Mosul.

- Provision of primary health care services to the affected population, returnees, and host communities in newly retaken areas.
- Limited response to medical emergency cases in the newly re-taken areas in Ninawa and Salah Aldin governorates.

- In February 2018, WHO supported three WHO established field hospitals, three implementing partners (NGOs), in addition to Kirkuk DOH with medicines and medical commodities enough to treat about 65,800 patients against infectious and chronic diseases. Medicines also included palliative and pain killers and Leishmaniosis Pentostam.
- WHO donated 600 vials of Pentostam to Kirkuk DOH to respond to the leishmaniosis cases in the newly retaken Hawija.
- WHO supplied Ibn Sina and Al Jamhuri hospitals and the blood bank in Ninawa governorate with furniture and medical equipment and supplies.
- In line with preparedness measures for a possible flooding scenario , WHO conducted four training workshops for 140 medical staff from different hospitals in Ninawa. The trainings included academic and practical sessions on how to do the triage and deal with different medical and surgical emergencies. Medical Operations & Special Services (MOSS) Department facilitated these workshops in two different locations in east Mosul.
- WHO has also co-chaired the sub-national health cluster meeting held in Ninawa on 12 Feb this year.
- WHO moreover supported the Rehabilitation Center in Ninawa DOH with 21 wheelchairs to be distributed to people with disabilities, victims of the conflict in Mosul. The wheelchair supply is funded from the Korean grant.
- WHO supported the re-establishment of services at Al Sarai PHCC in Talafar District to be run by WHO implementing partner UMIS. The district was also supported by two MMCs delivered to Ninawa DoH to help ensure a package of primary health care services to returnees to the district.

As of mid-Feb this year, WHO supported 30 Tammuz PHCC in Mosul identified the top five morbidities with 155 cases of acute (upper) respiratory infection, 47 cases of Genito/Urinary

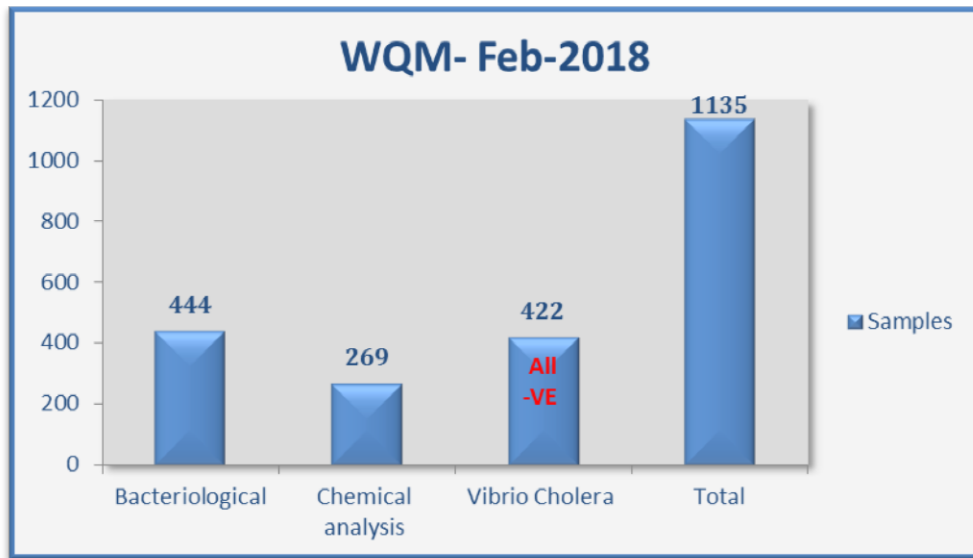
infection, 15 cases of acute (lower) respiratory infection (suspected Pneumonia), 14 cases of musculoskeletal diseases, and 10 cases of dermatological diseases (Eczema, Dermatitis, etc.)

- WHO support water quality monitoring teams deployed by the Preventive Health Directorate in Sulaimaniya DOH collected and tested a total of 1,135 water samples against chlorine level. The tests included 444 samples tested for bacteriological levels, 269 for chemical analysis, and 422 for Vibrio Cholera (VC Culture); samples tested for vibrio cholera were negative.



WHO supported health care services to returnees in Telafar district in Mosul

Figure 3: Water Quality Monitoring in Suleimaniya, Feb 2018



- WHO supported disease surveillance activities & Cholera watch through 15 mobile teams covering Sulaimaniya city centre and nearby districts. Suleimaniya DOH shares weekly epidemiological reports with CDC Dept. in the FMOH in Baghdad, KRG MOH in Erbil, and WHO. Zero Cholera reporting was confirmed for February 2018.

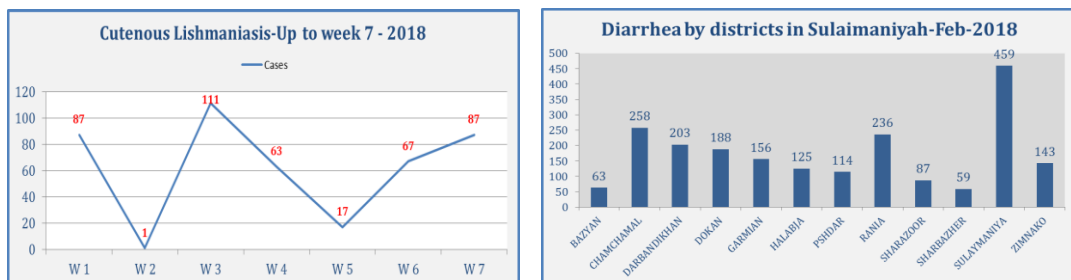


Figure 4: Diarrhea by District in Suleimaniya and Cutaneous Leishmaniosis, Feb 2018

- WHO supported MMCs and MMTs delivering outreach primary health care services for IDPs and hosting community in Garmian district of Suleimaniya reported providing a total of 565 consultations during February 2018.

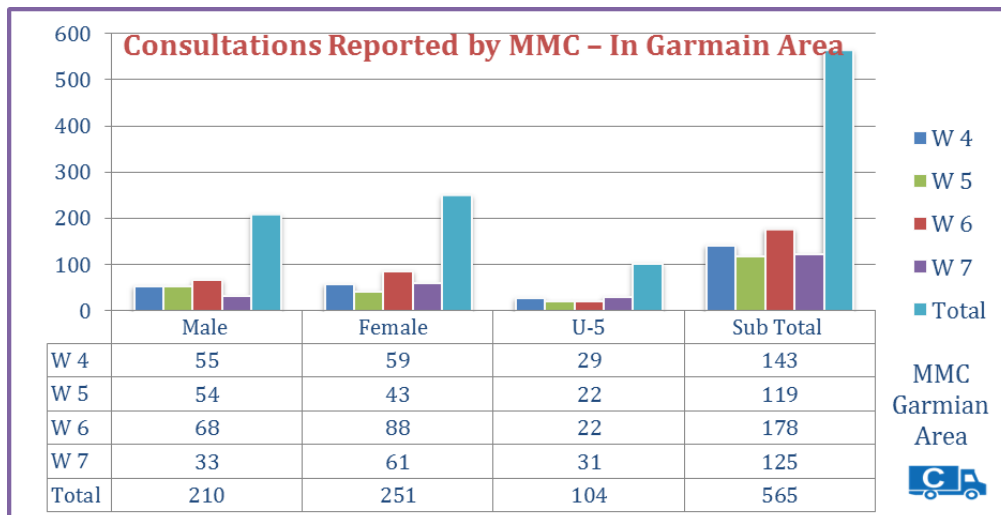


Figure 5: MMCs and MMTs consultations in Garmain in Suleimaniya for Feb 2018

- WHO Duhok Coordination Office received through EWARN a total of 96 weekly reports from reporting sites in Duhok and accessible areas in Ninewa, identifying a total of 75,714 consultations. The main cause of morbidity reported was upper respiratory tract infection, followed by lower respiratory tract infection, and acute diarrhoea.
- WHO Duhok Coordination Office received through EWARN a total of 96 weekly reports from reporting sites in Duhok and accessible areas in Ninewa, identifying a total of 75,714 consultations. The main cause of morbidity reported was upper respiratory tract infection, followed by lower respiratory tract infection, and acute diarrhoea.
- The two WHO established and supported ambulance centers in Badria and Sehela has strengthened the referral services delivered to IDP and refugee camps through performing a total of 70 emergency referrals to Duhok and Zakho hospitals in February 2018.
- WHO implementing partner Heevie provided 5,387 consultations including 916 children U5 years old in Talafar and Telkeyf districts in Ninawa Governorate. Heevie Community Health Houses project also provided a total of 3,129 consultations with 436 U5 years old children in Talafar district.
- WHO four supported MMCs in Dohuk governorate provided primary health care services to non-camp IDPs and hosting community in outreach areas in the governorate. The MMCs reported a total of 5,105 consultations including 992 U5 years old children in Sumel, Zakho, Amedi, and Shikhan districts.



Dohuk support to PHC services



WHO supported MMC in Dohuk

- Three sub-national cluster meetings were conducted during February: Sulaymaniyah (6 February); Kirkuk (8 February); and Ninewah (12 February). A national Cluster meeting in Baghdad and a sub-national cluster meeting in Dohuk were conducted on 28 February, while an ad hoc meeting to discuss the health service mapping in Salah al-Din governorate was held on 25 February in Baghdad. Meanwhile, due to access issues into Mosul, the Ninewah sub-national ICCG was postponed twice to finally be held in East Mosul on 26 February.
- On 18 February and coming to OCHA's request, a meeting was organized with the Director General of Department of Health (DoH) to discuss some difficulties faced by IDPs and refugees in accessing public health facilities in Sulaymaniyah governorate, i.e., denial to health services or inadequate treatment of IDPs and refugees. WHO, OCHA, Protection Cluster and the DOH focal person for IDPs and refugees participated in the meeting.
- The First Standard Allocation of the Iraq Humanitarian Pooled Fund (IHPF) was launched in the beginning of the month. The Allocation Priority and Strategy Development phase was completed by 15 February, when the online system was opened to receive projects till 4 March. Provisional funding for the Health Cluster is not to exceed USD 5.3 million.
- The Health Cluster Coordination Performance Monitoring (CCPM) was successfully concluded in Iraq. Results were analysed and shared with the Global Health Cluster on 13 February. Pending clearance by HQ, the result will be officially shared with MoH and partners in Iraq.
- On 22 February, Communication With Communities (CwC) IOM has finalized printing WHO IEC posters on influenza prevention and management (6,000 in Arabic and 4,000 in Kurdish). Health Cluster partners will be informed to collect them from CwC.

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 Ajyal Sultany, Communication Officer, mobile: +9647510101469, email: sultanya@who.int
4. Ms Pauline Ajello, Communication Officer, mobile: +9647510101460, email: ajellopa@who.int