



IRAQ HUMANITARIAN EMERGENCY




 **10.3 MILLION IN NEED (HEALTH)**
 **3.06 MILLION DISPLACED INTERNALLY**
 **0.2 MILLION REFUGEES**
 **6.2 MILLION TARGETED**
 **13 058* INJURED**

WHO

TOTAL POPULATION REACHED WITH WHO MEDICINES AND KITS **182 400**

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


52 000 INTERAGENCY EMERGENCY HEALTH KITS
600 SURGICAL KITS
300 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


488 038 CONSULTATIONS†****
2753 REFERRALS†


VACCINATION AGAINST


332 178 POLIO†****+
1111 MEASLES†

EARLY WARNING ALERT AND RESPONSE NETWORK


210 REPORTING SITES

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


10% % FUNDED
US\$ 110 M REQUESTED

HIGHLIGHTS

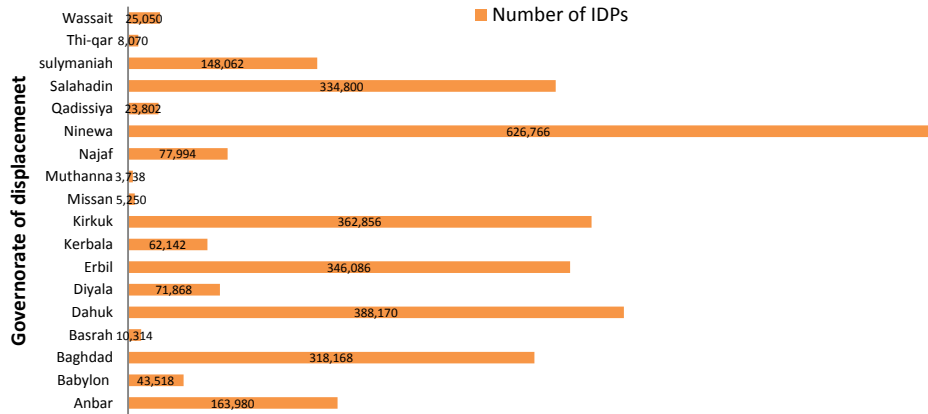
- The Ministry of Health, Ninewa, Erbil and Dahuk Directorates of Health (DOH) in collaboration with WHO reached 332 178 children under the age of 5 years during a mass polio vaccination campaign carried out in Ninewa, Erbil and Dahuk governorates. The campaign targeted 331 510 children displaced from Mosul and living in IDP camps and host communities achieving more than 100% coverage.
- WHO constructed and handed over two fully furnished and equipped primary health care clinics (PHCC) to Kirkuk and Ninewa DOHs to serve the health needs of internally displaced persons (IDPs) living in Laylan C and Al-sallemyah 1 IDP camps respectively.
- More than 513 580 consultations were recorded by health cluster partners Iraq wide in May 2017, of these, 216 284 consultations were recorded in WHO supported health facilities including the ones run by its implementing partners.
- WHO donated to 7 NGO implementing partners working in Ninewa and Anbar Governorates emergency medical supplies sufficient for 182 400 people including kits, 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 (03), 23 partially damaged in Ninewa
 +****+Total number vaccinated against polio in mass vaccination campaign targeting children displaced from Mosul and living in IDP camps and host communities in Ninewa, Dahuk, and Erbil in May Governorates & children vaccinated against measles through routine vaccination
 ***** Financial Tracking System, Iraq

Situation update

- According to IOM displacement tracking matrix, more than 3 065 100 people remain displaced Iraq wide. The displaced persons are living in thirteen governorates across the country with Ninewa Governorate having the highest number of internally displaced at more than 630 000 IDPs mainly from Mosul, followed by Dahuk with 388 170 IDPs, Kirkuk 362 256, Erbil 346 286, Salahadin with 334 800 and Baghdad with 318 168 IDPs. Other governorates with larger number of IDPs are Anbar and Sulaymania; refer to graph one for details.

Figure 1: Number of Internally Displaced Person s per governorates, 31 May 2017



Data source: IOM

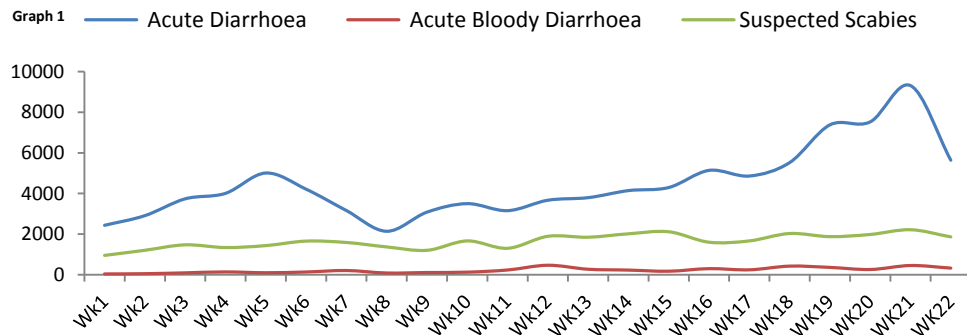
- Preliminary results from Resources Availability Monitoring System (HeRAMS) carried out by WHO and Ninewa DOH in Ninewa targeting three districts of Ayser, Qayara and Hamdaniya. Findings show that 3 health facilities are completely damaged (1 in Ayser and 2 in Hamadaniya) and 23 are partially damaged (6 in Ayester and 17 in Qayara). Furthermore 43 health facilities are currently functional (20 in Ayester, 6 in Qayara and 17 in Hamdaniya), 16 health facilities are partially functional (6 in Ayester, 7 in Qayara and 9 in Hamdaniya) and 10 facilities remain non-functional including 1 in Ayester and 9 in Hamdaniya. The status of 13 health facilities remain unknown including 2 in Ayester, 6 in Qayara and 5 in Hamdaniya. Plans are under way to expand HeRAMs to all accessible health districts in Ninewa and other governorates.
- More than 33 health cluster partners are delivering the much needed health services to all conflict affected governorates in Iraq. In line with the Humanitarian Response Plan 2017, partners are delivering frontline trauma care for injured patients at Trauma Stabilization Points (TSPs) while referring emergency cases to field hospitals and facilities with specialized units. In May alone more than 850 patients were treated at the WHO supported TSPs, more than 950 treated at field hospitals and other trauma hospitals while 2200 patients were referred to such facilities. Health cluster partners also treating and providing case management for communicable and non-communicable diseases through primary health care centers and mobile medical clinics, *refer to the attached map for details of who health cluster partners doing what, where and when in Iraq.*

Epi update

- From week 18 (ending 07 May) to week 22 (ending 04 June) 2017, more than 519 440 consultations were reported from the health facilities covered by the EWARN system in Iraq, indicating an average of 103 900 consultations recorded per week.

graph 1

- Thirty eight percent (38%) of all communicable disease cases were reported among children below five years while 53% were reported among females. Between 195 and 210 sites submitted their reports in May. The most common disease incidence reported in Ninewa department of health was acute upper respiratory tract infection at 23% (65 115 cases), followed by acute diarrhoea at 10% (27 894 cases), acute lower respiratory infections at 2% (5311 cases), suspected scabies at 2% (6155 cases), suspected mumps at 1% (1501 cases) and Acute Bloody Diarrhea (1759). Refer to disease trend .



- Eight alerts including suspected chicken pox (1), suspected measles (3), suspected meningitis (2), suspected pertussis (1) and acute flaccid paralysis (1) were generated, investigated and responded to by the Departments of Health, WHO and health partners to within 72 hours in April. Seven alerts were verified as true including: AFP, chicken pox, measles (2), meningitis (2) and pertussis. Thirteen health personal were trained in Early Warning Alert and Response Network in Ninewa governorate.
- During the last 4 weeks, cases of acute diarrhea have increased throughout Iraq. Seven governorates including Wassit, Najaf, Diwaniya, Diyala, Muthanna, Missan and Kirkuk reached the national alerts threshold. At the end of May 2017, the Ministry of Health confirmed two cholera cases from Wassit and Najaf governorates. WHO has stepped up its efforts in supporting the MOH with preparedness and response activities.
- WHO released 11 integrated diarrheal disease kits to the MOH and Ninewa governorate and supported 5 regional training of trainers for the cholera preparedness and response. Together with the MOH, two national and regional cholera meetings were held in Baghdad and Erbil and Risk assessment mission from the head quarter and regional office conducted. Currently WHO and the MOH are assessing the cholera situation in readiness to respond to additional cases.
- Health authorities, in collaboration with WHO, WASH and other cluster partners are working to minimize any potential outbreaks from occurring by putting in place measures to preventive measures like health promotion and education and delivering safe drinking water short term plans as well as train health workers.

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/or non functional. And incase operations in Salahadeen commence, limited surgical capacity of hospitals in the Tikrit. The only available secondary hospital with a capacity of 200 beds can hardly meet the needs of the people in Tikrit and surrounding districts.
- Limited number of ambulances available in Tikrit to serve the high demand of patients requiring referrals from IDP camps.
- Leishmaniasis in Kirkuk and in Ninewa Governorates remains a public health concern as people continue to move to areas of safety. WHO continues to supportd 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 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 salahadeen 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 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.

WHO action

- The Ministry of Health, Ninewa, Erbil and Dahuk Directorates of Health (DOH) in collaboration with WHO and UNICEF reached 332 178 children under the age of 5 years in a mass vaccination conducted in Ninewa, Erbil and Dahuk governorates. The campaign targeted 331 510 children displaced from Mosul and living in IDP camps and host communities achieving more than 101% coverage. During this campaign, MOH deployed vaccinators and Oral Polio Vaccines, while WHO provided technical support in the training of vaccinators and their incentives, transportation and the independent monitoring costs. UNICEF supported the community mobilization and awareness and procurement of Vitamin A supplement. To improve the quality and impact of the campaign, WHO supported the Iraq Red Crescent Society (IRCS), identified to monitor and assess the coverage of the campaign.
- WHO constructed and handed over two fully furnished and equipped primary health care clinics (PHCC) to Kirkuk and Ninewa DOHs to serve the health needs of IDPs in Laylan C and Al-sallemiyah 1 IDP camps respectively. Laylan C camp hosts an estimated population of 5000 people mainly from Hawija while Al-sallemiyah 1 hosts an estimated 1500 IDPs from west Mosul. The health facilities offer comprehensive PHC services including consultations, vaccination, laboratory, pharmacy, referral and emergency services. In Al-sallemiyah the facility also offers reproductive health services that are supported by United Nations Population Funds (UNFPA). WHO supported both health facilities with basic essential medicines and has provided a standby ambulance to facilitate a swift referral of patients requiring emergency medical and delivery services that are not available at the health facility.

- A new PHC was constructed and opened in Chamakor IDP camp in May, 2017, employing 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 IDP camp where 4200 IDPs are residing, WHO supported Erbil DOH to deliver basic primary health care services in which 1600 consultations were recorded, many of them women and children. A total of 14 health staff are delivering health care in Bahirka camps. The organization also supported Harsham PHC currently hosting more than 1700 IDPs. In May, 1100 consultations were recorded in all the three health facilities including women and children. In all the health facilities, WHO continues to support Early Warning Alert and Response Network.

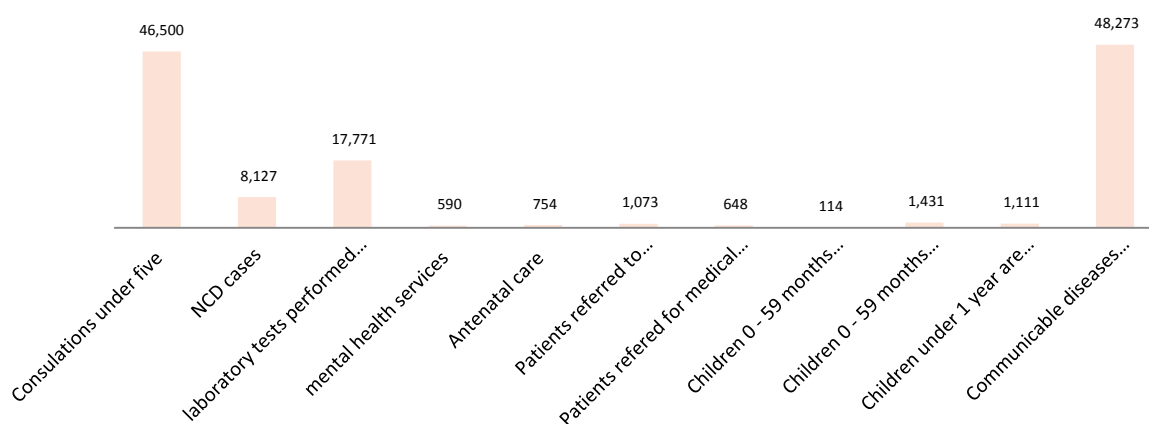


Photo ©: WHO/P Ajello
A fully furnished new primary health care center facility constructed by WHO and handed to Ninewa DOH

- A total of 513 580 consultations were recorded by health cluster partners in all Government of Iraq in May 2017, of these, 216 284 consultations with more than 54 400 children were recorded in WHO supported health facilities including static clinics and mobile medical clinics run by its implementing partners including and DOHs. A total of 10 implementing partners including DAMA, DARY, Malester, Heevie, Medair, Emergency, UMIS, WAHA, HTN, WVI, and MSF-CH in addition to health facilities run by Dahuk, Erbil and Ninewa DOHs supported by WHO delivered the services, refer to graph II for consultation some selected areas.

- Services provided by the implementing partners and PHCCs is supported by WHO are: Mental health services, laboratory and investigations, medicines to treat various diseases, vaccination services, delivery services, reproductive health services and referrals among others, refer to graph 2 for details on number of services provided.

Graph 2: Services delivered by WHO's implementing partners and health facilities supported by the agency



- A total of 15616 consultations were also recorded in two primary health care facilities run by WHO's implementing partner Emergency in Arbat (2956), Ashty 1 & 2 (12332) IDP camps, and World Vision International (328) including 11% of children under 5 years and 21% females. 4% of all consultations were as a result of chronic conditions. Through MMCs run by Suleymaniyah/Garmian DOH, 579 consultations were recorded in 16 underserved locations.
- More than 8800 consultations, including more than 1300 children under 5 years of age were recorded in Talafar and Telkeyf districts, Ninewa Governorate in May through mobile medical clinics, community health houses projects managed by WHO's implementing partner, Heevie. Through DOH Dahuk, 471 consultations including 97 children under the age of 5 years were also recorded in Nargizila screening site in Shikhan district, Dahuk Governorate.
- In Kirkuk and Salahaldeen Governorates, WHO continues to support the delivery of primary health care services for the IDPs living in camps and underserved areas through MMCs and mobile medical teams (MMTs). In May, 5289 consultations including 1435 children under 5 years were recorded. A total of 549 women were vaccinated against tetanus and 1741 referrals conducted through MMTs in Kirkuk. A total of 105 520 chlorine tab were also distributed, 58 water samples tested and health promotion activities covering 7098 carried out. In Salahaldeen 4323 consultations were recorded through WHO's support, 10 070 chlorine tab distributed and 2465 people reached with health promotion activities.
- A total of 1182 patients including trauma, obstetric, and medical cases requiring secondary and tertiary health services were referred to Shikhan hospital, Dahuk Emergency and Azadi hospitals in May 2017. All 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.
- Through WHO's 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, 9842 patients were treated in May 2017 alone. This bring the total number of people treated through WHO's support to more than 40 800 patients since late last year.
- WHO donated emergency medical supplies sufficient to treat 182 400 people were donated to 7 NGO implementing partners working in Ninewa including Global Resource Management (GRM), Doctors Aid Medical Activities (DAMA), Help The Needy (HTN), International

Medical Corps (IMC), New York City Medics (NYC) and Mediar. Anbar and Ninewa Governorates, Hamam al' Alil Field Hospitals, Bartalla Field Hospital and Chamakor Primary Health Care Center were also supported with medical supplies. The supplies provided include Interagency Emergency Health kits, surgical, trauma and medicines used to treat chronic conditions, skin infections and antibiotics. Essential medicines used during surgical procedures were also provided.

- Through WHO's support, 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. In Suleymaniyah, 1367 water samples were collected and tested with more than 690 samples were tested for bacteria and chlorine levels, 101 for chemical analysis and more 572 for vibrio cholera. All samples tested for vibrio cholera were negative.
- WHO has also supported Suleymaniyah DOH to spray 3472 houses in 120 villages and fog 220 quarters as part of vector control against cutaneous Leshmaniasis.
- In all emergency areas, WHO and DOHs carried out monitoring and supervision visits to health facilities to assess the health situation as well as strengthen diseases surveillance and reporting. In Salahaldeen, monitoring teams visited Al Shahama and Karama camps in Tikrit and disease trends were found to be within normal thresholds.

Partnership
coordination

and

- Four health cluster coordination meetings were held in May; one at the national level in Baghdad, one in Sulaimaniyah and two in Erbil. Two Nutrition Working Group meetings were also held. In together with Ninewa DOH, a coordination meeting was held with the Trauma Working Group to support the establishment of static and mobile medical services and set up Trauma Stabilization Points (TSPs) in newly accessible areas including screening sites and mustering points including Badoush, Hammam Al Alil Screening Site, Tel Kayasum, Scorpion Junction, Qayara Airport, a new site west of Al Risala area, Ninewa Oberoi Hotel muster point/Screening point, 5th Bridge muster point/Screening point, and Thawara muster point.
- In order to address the issue of scabies in camps through a multi-sectoral approach, the Health Cluster along with WASH Cluster, CCCM, Shelter/NFI clusters and Communication with Communities (CwC) IOM prepared Information Education and Communication (IEC) materials that were distributed to camps. A hygiene promotion meeting was also held to address the issue of scabies and acute watery diarrhea. Shelter/NFI Cluster supported with the distribution of non-food items to affected families while WHO provided anti-scabies medicine to partners working in camps.
- The health cluster also visited Haj Ali IDP camp to identify gaps in health service provision and found that IOM is providing services in the older part of the camp, while the extension was in need of a health partner. The Cluster continues to advocate for partners to fill in this gap, identifying 2 potential partners.
- Together with NGO and UN partners, the health cluster participated in the discussion process of adapting the humanitarian interventions focused on the transitioning from an acute emergency to a post-conflict setting in some geographical locations. This process will ensure minimum standards are met to offer durable solutions are mainstreamed throughout return policies and response. The Health Cluster completed and submitted indicators for the health response framework to promote sustainable returns.
- The health cluster also completed the technical and budget review process of the International Health Pool Fund (IHPF) First Standard Allocation for 16 recommended projects; toward the end of the month, many partners signed MoUs to receive funding and start implementation.

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