



IRAQ HUMANITARIAN EMERGENCY




 **10.3 MILLION IN NEED (HEALTH)**
 **3.06 MILLION DISPLACED INTERNALLY**
 **0.2 MILLION REFUGEES**
 **6.2 MILLION TARGETED**
 **23000* INJURED**

WHO

TOTAL POPULATION REACHED WITH WHO MEDICINES AND KITS **600 000**

ESTIMATED BENEFICIARIES FOR KITS DELIVERED TO HEALTHFACILITIES/PARTNERS**


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


WHO FUNDING US\$ *****


51 % 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


209 REPORTING SITES

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


62% % FUNDED
US\$ 110 M REQUESTED

HIGHLIGHTS

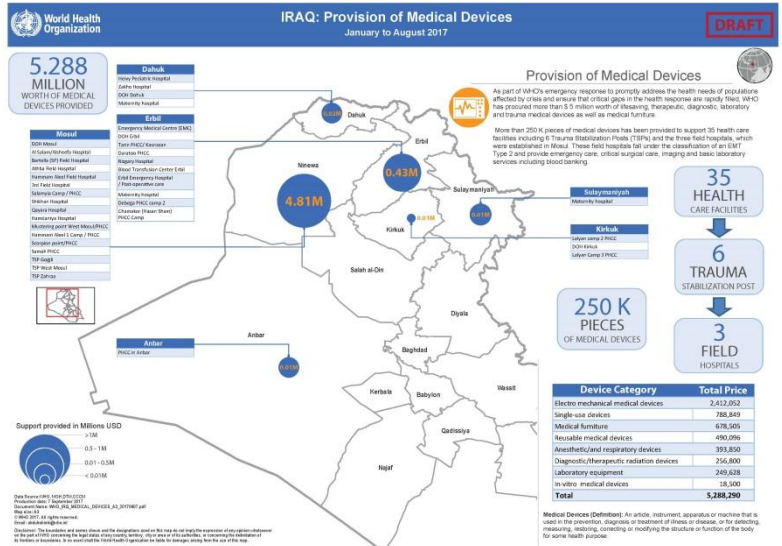
- The World Health Organization (WHO) in partnership with the Ministry of Health opened a fourth trauma field hospital (FH) in Haji Ali in Kirkuk Governorate to respond to the anticipated increase in the number of trauma cases from Hawija
- To respond to the primary health care needs of displaced persons from Hawija, WHO and the health cluster coordinated with health partners to establish and support four mobile medical clinics in Tal Al-Sebat screening site (2) and Shumiet (2) and provided medicines and other medical supplies to treat internally displaced persons fleeing the crisis.
- More than 151 000 consultations were recorded by WHO and its implementing partners between 1 June to 31 August 2017 in Governorates hosting IDPs including more than 50 163 children less than 5 years. The governorates include: Anbar Dahuk, Diyala, Erbil, Kirkuk, Ninewa, Salahadin and Sulyaimania
- WHO donated emergency medical supplies to 16 health partners working including Directorates of Health, hospitals and primary health care centres located in IDP camps sufficient to treat 600 000 people.

* 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

- On 21 September the Government of Iraq launched a military operations to retake Hawija and east Shirqat from the armed groups and. The operation was quick and many villages were retaken within the first few days of its start, however an estimated 7,000 people got displaced (OCHA, 26 September 2017). The displaced settled in internally displaced person’s (IDP) camps and communities in Salah al-Din, Ninewa and Kirkuk governorates.

Map 1: Medical devices provided by WHO to the Ministry of Health since January to August 2017



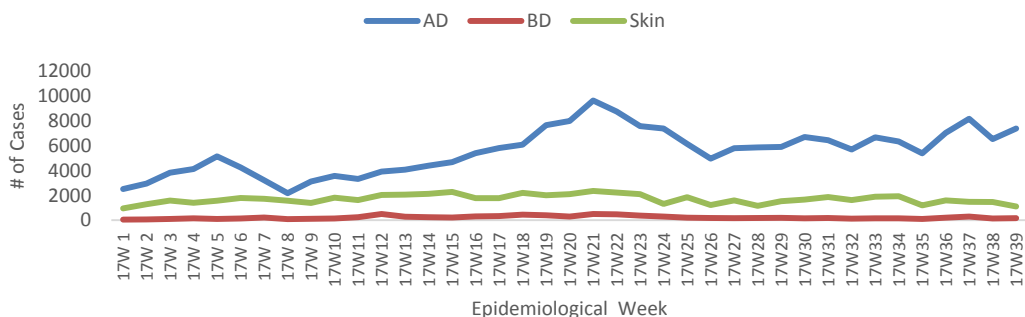
- WHO and health cluster partners continue to work closely with the government health authorities to deliver health assistance in areas of need with a special focus on areas with active conflict like Kirkuk, Anbar and West Mosul where populations have limited accessibility to health services caused due to damaged health infrastructure and shortage of health workers. The health cluster and WHO have prepositioned mobile medical clinics (MMCs), ambulances and have delivered essential lifesaving medicines to ensure continued service delivery and referrals for patients that require specialized treatment.

- According to Iraq government, by the end of August, close to 100 000 people from West Mosul and villages on the western bank of the Tigris had returned to their homes. However due to the wide destruction observed in the Old City, the return movement is still slow.

Epi update

- From epidemiological (Epi) week 36 (starting 04 September) to Epi week 39 (ending 01 October) 2017, a total of 467,995 consultations were reported through the EWARN system from health facilities covered by the EWARN system in Iraq, an average of 116,999 patients per week. Thirty-Four percent (34%) of all the reported communicable disease cases were in children below five years of age. Furthermore, 20% were reported among males. Between 191 and 216 sites submitted their weekly Epi reports in September.
- The most common disease incidence reported in all IRAQ was acute upper respiratory tract infection at 70% (112,914 cases) followed by acute diarrhea at 19% (30,105 cases), acute lower respiratory infections at 4% (6,234 cases), suspected scabies at 4% (5,783 cases), suspected mumps at 1% (1,927 cases), Acute Bloody Diarrhea (ABD) 1% (849) and suspected chickenpox 1% (841). Refer to Graph 1 on the disease trend.

Graph 1: Distribution of acute diarrhoea, Acute Bloody Diarrhoea and suspected Scabies cases by week, epidemiological week 1 to week 39, 2017



- Six (6) alerts were generated during this period; they were investigated within 72 hours by Departments of Health, WHO and health partners in the field and responded to. The reported alerts were: six (6) suspected measles cases in Ninewa out of which 4 cases were verified as true and 2 cases pending lab results.

Public health concerns

- Limited accesses to health services by the population in return areas of west Mosul where most health facilities got damaged and Salahadeen due to shortage of health personnel and damaged secondary and tertiary health facilities.
- Limited number of ambulances available in Tikrit to serve the high demand of patients requiring referrals from IDP camps.
- Safe water remains a major concern for the populations living in the city of west Mosul.

Health needs, priorities and gaps

- Provision of primary health care services to the affected population and host communities in newly accessible areas and
- Limited response to medical emergency cases in the newly re-taken areas of Mosul.

WHO action

- The World Health Organization (WHO) in partnership with the Ministry of Health opened a fourth trauma field hospital (FH) in Haji Ali on to respond to the anticipated increase in the number of trauma cases from Hawija and to cover the trauma referral pathway from the city. The hospital was established close to the frontlines of Hawija and has a similar capacity to two other field hospitals established in Athba and Hamam Al Alil; consisting of two operating theatres and 48 beds. Services offered include triage; screening for new and referred patients from stabilization points; advanced life support; definitive wound management; basic fracture management; and a range of general and specialized lifesaving surgical capabilities. Since its opening, the hospital has treated more than 300 patients.

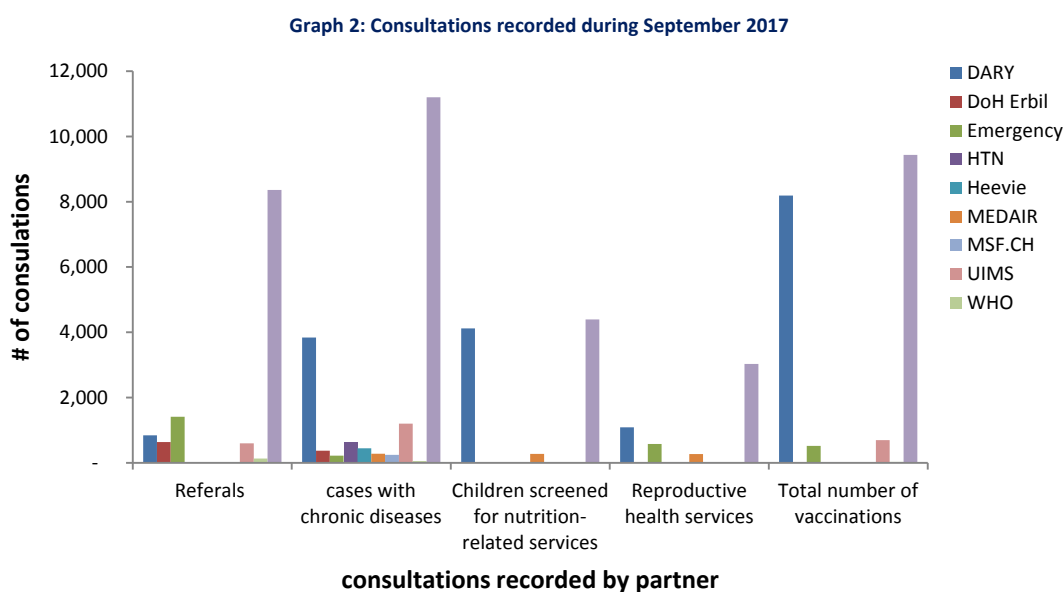
- As fighting escalates in Hawija and the governorate in Iraq, the World Health Organization (WHO) has provided lifesaving medical supplies and established emergency health service delivery points in areas with limited access to health care. The assistance includes surgical and trauma kits for 1000 patients, establishment of a fourth field hospital in Haji Ali, and the prepositioning of four mobile medical clinics and ambulances at Shumiet and Tal Al Sebat mustering points to offer 24/7 health services to people fleeing the violence.



Photo ©: WHO
WHO staff conducting support supervision and monitoring of mobile medical clinics in Nergizil

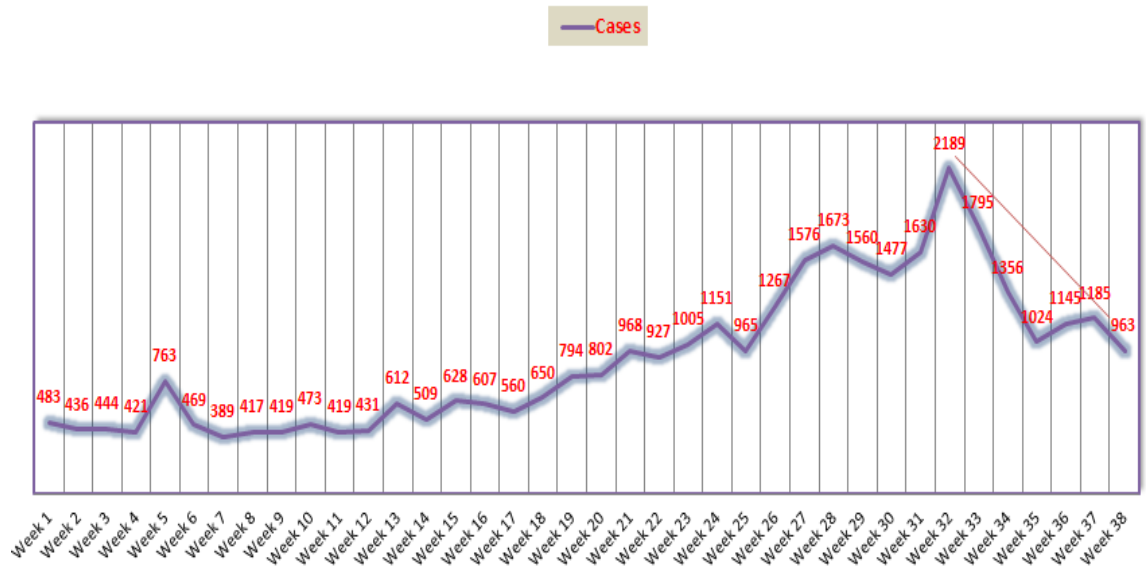
- Inside Kirkuk, WHO has provided ambulances and medicines for more than 63,000 patients as part of its emergency response. In addition, vector control activities such as house spraying to reduce the risk of disease such as Leshmaniasis, as well as health awareness activities are also ongoing

- More than 151 400 consultations including more than 50 163 children less than 5 years were recorded by WHO's implementing partners and the Directorate of Health (DOH) in September 2017. The consultations were reported by partners: DAMA, DARY, Malteser, 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 in 8 conflict affected governorates namely: Ninewa, Erbil, Kirkuk, Dahuk, Sulyaimania, Salahadeen, Baghdad and Anbar. To date more than 4 million consultations have been recorded since January 2017. Graph 2 shows selected areas for which consultations were recorded.

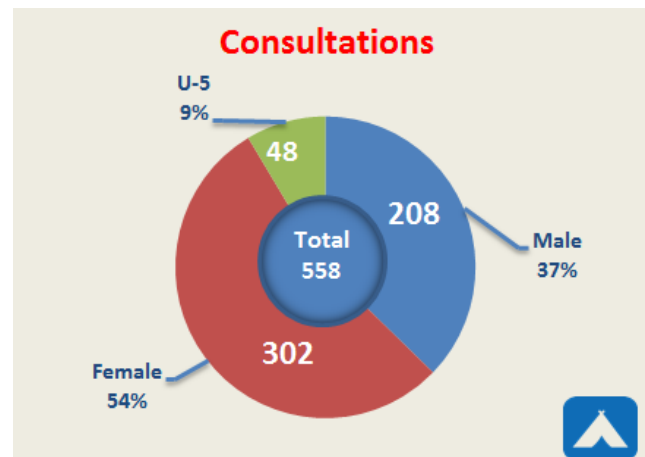


- WHO continues to support health partners and DOHs with medical supplies to ensure that all vulnerable people receive the required medications. During this period, WHO donated emergency medical supplies to 16 health partners and 8 Directorates of Health, hospitals and primary health care centres sufficient to treat 600 000 people. The supplies were delivered to primary health care facilities that support displaced persons and host communities. More than 7299 patients with diabetes and hypertension benefited from this support. Intra Venous Fluids were also shipped to Dahuk DOH as preparedness and response for any future outbreaks.
- Services provided by implementing partners and PHCCs supported by WHO include: Mental health services, laboratory and investigations, medicines to treat various diseases, vaccination services, delivery services, reproductive health services and referrals among others.
- More than 28 900 children aged 0 to 29 months and children under one year were vaccinated against polio and measles through routine immunization including 7333 children immunized against polio and 3444 immunized against measles in the crisis affected Governorates.
- WHO supported Sulamanyah DOH water quality monitoring teams to collect and test 876 water samples. This included 444 samples tested for bacteriological and chlorine levels, 83 were tested for chemical analysis and 340 for vibrio cholera. All samples tested negative for vibrio cholera. In Dahuk, the quality monitoring teams were supported to visit 24 IDP camps to collect water 174 samples for bacteriological tests and 96 for chemical analysis. All samples tested were negative for vibrio cholera. In addition, WHO supported the DOH to carry out diseases surveillance activities and cholera watch through 15 mobile teams. There was a significant decrease in diarrhea disease cases during this reporting period as shown in graph 3.
- In Garmian, WHO supported the DOH to run primary health care services in Qorattoo IDP camp during which 558 consultations were recorded.

Graph 3: Number of diseases cases reported per week in Sulyamania since week 1 to week 38



- In Arbat and Ashty IDP camps where WHO's implementing partner EMERGENCY International is managing primary health centers, more than 6400 consultations were recorded in September; 5243 in Ashty and 1231 in Arbat. Twenty three percent of these were children under 5 years.
- In Dahuk, through WHO's support to Heevie, 5429 consultations including 914 children less than 5 years old were recorded in Talafar and Telkeyf districts and in east Mosul. In addition, through the community health house project, 4460 consultations were recorded in Talafar district, 680 were children less than 5 years.
- As part of Acute Flaccid Paralysis surveillance and technical support for vaccine preventable disease (VPD) activities, WHO team visited Duban PHC, Zanest PHC and Gulan hospital. The team reviewed documentation, checked the cold chain status to ensure these are functional and follow up on the availability of vaccines. Measures to make improvements were also discussed with health facility staff.



Partnership coordination and

- Three health cluster coordination meetings were held in September 2017; one at the national level in Baghdad and two in Erbil. In addition, 2 sub-national cluster meetings were held in Kirkuk and Salahadin and another 2 health coordination meetings for West Mosul camps were held. Issues discussed included: the Health Cluster response plans for Hawija and Anbar including funding, mapping of who is to do what where; change in the frequency of Cluster meetings in Ninewa, Kirkuk and Salah al-din governorates, due to the changing scenarios. other issues were: health delivery point closures by partners in quarter 3 of 2017, Early Warning Alert and Response Network (EWARN) reporting by partners in camps and mustering/screening sites; and updates on the status of the Health Needs overview/Humanitarian Response Plan 2018. Health cluster coordination meetings were also convened in Dahuk and Sulyamania.

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- In Dahuk, WHO, OCHA and UNFPA participated in a joint filed mission to Basheeqa sub districts and Basheeqa PHC to assess the health situation and update information on the situation of returnees. Findings indicate an urgent need for primary health care services like expanded programme on immunization, laboratory and reproductive Health services.
 - In partnership with the Humanitarian Financing Unit (HFU) of OCHA, the health cluster participated in the allocation of funds for the 6th Reserve Allocation of the International Health Pool Fund (IHPF) 2017 for Hawija Response. Partners were identified and funding needs communicated with OCHA.

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