



World Health Organization

Situation report Issue number 5
01 MAY – 30 JUNE 2018

IRAQ HUMANITARIAN EMERGENCY



**3.3 MILLION
IN NEED
(HEALTH)**



**2 MILLION
DISPLACED
INTERNALLY**



**0.2 MILLION
REFUGEES**



**6.2 MILLION
TARGETED**



**3.7 MILLION
RETURNEES**



WHO

TOTAL POPULATION REACHED WITH WHO MEDICINES AND KITS **1 016 875**

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



60000 INTERAGENCY EMERGENCY HEALTH KITS
33000 SURGICAL KITS
2800 TRAUMA KITS A+B

WHO FUNDING US\$ *****



26 % FUNDED
29 M REQUESTED

HEALTH CLUSTER

37 HEALTH SECTOR PARTNERS
6.2 M TARGETED POPULATION

HEALTH FACILITIES DAMAGED/DESTROYED IN SALAHADIN & NINEWA



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

HEALTH ACTION



973 200 CONSULTATIONS†****
6604 REFERRALS†

MASS VACCINATION AGAINST



107 217 POLIO†****†

EARLY WARNING ALERT AND RESPONSE NETWORK



209 REPORTING SITES

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



12 % FUNDED
US\$ 67 M REQUESTED

HIGHLIGHTS

- WHO relocated its fourth field hospital from Haj Ali to the Medical City Complex in Al-Shifaa sector in western Mosul. The hospital was previously run by WHO's implementing partner ASPEN medical in collaboration with DoH Ninewa and DARY Human Organization.
- More than 107 217 children under 5 years of age were vaccinated against polio in four high risk and newly accessible districts of Hawija 1, Hawija 2, Qaim, Ana and Rawa, Ba'aj, Talafar, Sinjar and Hatran in Kirkuk, Anbar and Ninewa Governorates.
- WHO in collaboration with Ninewa Directorate of Health, deployed Mobile Medical Clinics (MMCs) and established a static Primary Health Care Center (PHCC) in Ba'aj town at the Iraqi-Syrian border.
- More than 973 200 consultations were recorded by WHO and its implementing partners in April in Governorates hosting internally displaced persons (IDPs) and refugees, these includes more than 60,877 children less than 5 years.
- Emergency medical supplies sufficient for more than 510 000 people were donated by WHO to twelve health partners in four Directorates of Health serving Internally displaced persons (IDPs), returnees and host community

** coverage for one month (may 2018)

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

**** Consultations for May and June 2018

+****+Total number of children vaccinated against polio in high risk districts and newly accessible areas in June campaign

***** Financial Tracking System, Iraq

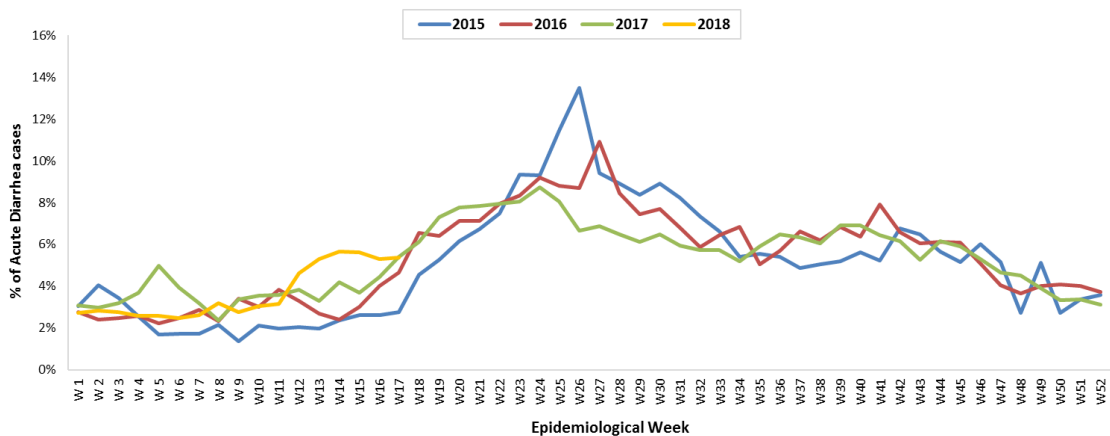
Situation update

- After nearly 8 months of providing life-saving medical care to internally displaced persons and host communities in and around Haj Ali, WHO handed over its state-of-the-art 50-bed field hospital in Haj Ali to the Ninewa Directorate of Health. Upon the request of the Ministry of Health and DoH Ninewa, the hospital structure was relocated to the Medical City Complex in Al-Shifaa sector in west Mosul. Previously run by WHO's implementing partners ASPEN medical, DARY and DoH Ninewa, the facility will now be managed by Ninewa Directorate of Health.
- The hospital will deliver emergency health care services to civilians returning to their homes in west Mosul. The facility can provide up to 100 outpatients consultations per day and has an admission capacity of 50 patients that will fill the gaps in medical care following the total destruction of Ibn Sina Hospital that previously had a total capacity of more than 500 bed. WHO has now handed over all the four field hospitals that it established to respond to the Mosul crisis.
- According to International Organization for Immigration (IOM), by the end of June, more than 3.9 million people had returned to their homes in different areas across Iraq. Although the number of returnees keeps increasing, more than 2 million remained displaced in camps and in host communities.

Epi update

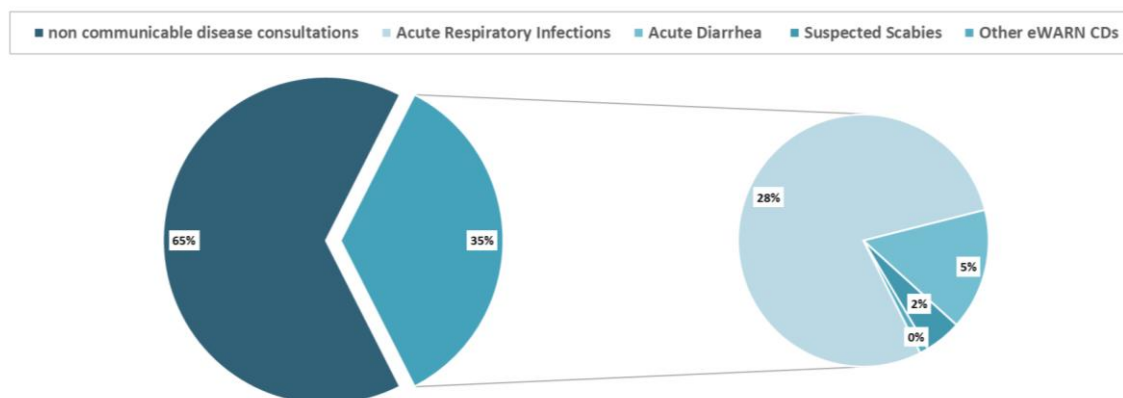
- From epidemiological week 13 (also known as “epi week”) to epi week 17 (April 01 through April 29, 2018), a total of 468,622 consultations, including communicable and non-communicable diseases, were reported from health facilities covered by the early Warning Alert, Response Network (eWARN) system in Iraq, with an average of 93,724 patients per week. Thirty-six percent (36%) (n=170,764) of the total consultations (n=468,622) were eWARN communicable diseases. Out of the communicable diseases consultations, 64% (n=297,858) were children older than five years of age while 64% (n=110,079) were males.
- Of the total consultations, the most common diseases reported in eWARN were acute upper respiratory tract infection at 26% (120,624 cases) followed by acute diarrhea at 5% (25,525 cases), acute lower respiratory infection at 2% (8,174 cases), scabies at 2% (7,787 cases) and suspected chickenpox at 1% (3,034 cases). The weekly distribution of acute diarrhea cases in IDP and refugee camps between 2015 and 2018 is illustrated in Figure 1, and the proportions of commonly reported diseases in relation to the overall consultations as reflected in Figure 2.

Figure 1: Trends of acute diarrhea cases reported through eWARN in IDP and refugee camps in Iraq, by week per year (2015-2018)



- Fifty-six alerts were received through the electronic eWARN system during this period. The alerts were investigated by the Departments of Health, WHO and health partners in the field and responded to within 72 hours. The reported alerts included: Fifty-one suspected cases in Ninawa (32 suspected measles cases, 1 Acute Flaccid Paralysis (AFP) case, 11 suspected cholera cases, 5 suspected meningitis cases and 2 unusual communicable disease/event (i.e., food poisoning); one suspected measles case in Erbil; and four suspected measles cases in Sulaymaniah.

Figure 2. Frequency of commonly reported events among all consultations* in Iraq for epi. weeks 13-17, 2018



- WHO supported two Early Warning Alert and Response Network (EWARN) refreshing trainings training for 19 focal points in camps and non-camps sites drawn from Non-Government Organizations and DOH. The training aimed at equipping the focal points with skills on electronic systems.

Public health concerns

- Limited accesses to health services by the population in return areas 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 areas of return to serve the high demand of patients requiring referrals from IDP camps.
- Safe water remains a major concern for the populations living in the areas of return in Ninewa.

Health needs, priorities and gaps

- Providing primary health care services, including outpatient consultations, immunization, reproductive health services, communicable disease surveillance and management, clinical assessment and management of mental health cases through mobile and static facilities to the affected population and host communities in newly accessible areas in Ninewa, Salahadin Kirkuk and Anbar.
- Limited response to medical emergency cases in the newly accessible areas of Ninewa, Kirkuk and Anbar.

WHO action

- In June, more than 107 217 children under 5 years of age were vaccinated against polio in eight high risk and newly accessible districts of Hawija 1, Hawija 2, Qaim, Ana and Rawa, Ba'aj, Talafar, Sinjar and Hatran in Kirkuk, Anbar and Ninewa Governorates. Children under 5 years were vaccinated with bivalent Oral Polio Vaccine (bOPV) while 2-59 months were vaccinated using Inactivated polio vaccine (IPV). The campaign targeted 100 464 children under five years. Locations were selected based on the vulnerability of the population and their proximity to a circulating vaccine-derived poliovirus (cVDPV) affected area of Syria coupled with poor routine immunization activities 422 vaccinators reached the children.
- WHO in collaboration with Ninewa Directorate of Health, deployed Mobile Medical Clinics (MMCs) and established a static Primary Health Care Center (PHCC) close to the Iraqi-Syrian border. The facilities have been positioned in the most remote area of Ba'aj town, located 120 km to the west of Mosul city, and serve a catchment population of over 20,000 people with services such as outpatient, laboratory, pharmacy, emergency, referral services, Early Warning Alert and Response Network (EWARN) and health promotion.

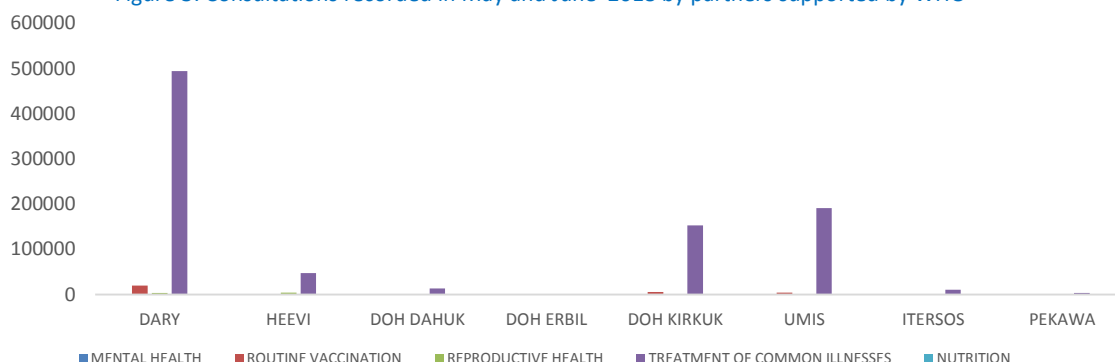
- In May and June, emergency medical supplies sufficient for a population of more than 1 016 875 people for three months, were donated by WHO to twelve health partners in four Directorates of Health serving internally displaced persons, host communities, returns, and refugees. The supplies also included emergency health kits enough for a population of 60 000 persons for three months. In June alone, WHO donated: two surgical kits, twenty-two Trauma kits, A (10) and B (12) to fill shortage of medicines in camps and host communities to



Dahuk Governorate. In Ninewa, 4 surgical kits, twenty-three trauma kits, A (10) and B (13) were donated to Ninewa DOH; two surgical kits and eleven trauma kits A (6) and B (5) were donated to Sulyamaniya while 27 surgical and trauma kits A and B were donated to Kirkuk DOH. The surgical and trauma kits distributed to all the governorates are sufficient for 6000 surgical interventions. WHO also provided essential medicines enough for 216 000 patients to Heevie, International Medical Corps, Medair, PUAMI and Relief International (RI).

- In addition, WHO delivered essential medicines to Halabja & Raparin/Rania, Sulyaimania DOH sufficient for a population of 142 000 for three months. More than 28 000, 500ml intravenous fluids were also handed to Sulyaimania DOH as part of cholera preparedness and another 28500 units were delivered to Kirkuk DOH.
- Through routine immunization, more than 7750 children aged 0 to 29 months and children under one year were vaccinated against polio and measles; 6000 children immunized against polio and 1749 immunized against measles in the crisis affected Governorates.
- More than 973 200 consultations were recorded by WHO and it's implementing partners in April in Governorates hosting internally displaced persons (IDPs) including more than 94 921 children less than 5 years. The governorates include: Anbar Dahuk, Diyala, Erbil, Kirkuk, Ninewa, Salahadin and Sulyamaniya.
- The consultations were recorded in health facilities run by WHO's implementing partners and the Directorate of Health (DOH) in May and June 2018. The partners include: DARY, Heevie, Itersos, PEKAWA and UMIS ***** this is in addition to health facilities run by Dahuk, Erbil and Kirkuk DOHs supported by WHO in 8 conflict affected governorates of Ninewa, Erbil, Kirkuk, Dahuk, Sulyaimania, Salahadeen, Baghdad and Anbar. Services provided include: Mental health services, laboratory and investigations, medicines to treat various diseases, vaccination services, delivery services, reproductive health services and referrals among others. To date more than 3.2 million consultations have been recorded since January to June 2018. Graph 2 shows selected areas for which consultations were recorded.

Figure 3: Consultations recorded in May and June 2018 by partners supported by WHO



- In Garmian, WHO supported the DOH to run primary health care services in Qorattoo IDP camp during which 1500 consultations were recorded, 18% of these were children under five years. In addition, WHO supported the DOH outreach teams to deliver primary health care services for IDPs and host communities in hard to reach areas of Garmian using Mobile Medical Clinic (MMC). More than 1300 people were reached with consultations.
- Nine mobile medical teams in Kirkuk (4) and Hawija (5) delivered basic primary health care services to communities in hard to reach areas of Kirkuk, Daquq, Hawija and Dibis districts. A total 13 877 consultations were recorded, 14 399 children & 12 297 women reached with routine vaccination, 188 samples of water tested, 878 291 chlorine tablets distributed and 21 156 people reached with health promotion messages. Seven referrals of patients to secondary health facilities were made by the mobile teams.
- In Arbat, WHO supported Sulyaimania DOH to deliver health services for IDPs in the camp as a way to ensure that they receive decent health services. More than 2522 consultations were recorded including 1035 patients with chronic conditions and 67 mental health were recorded in May and June 2018. Forty-three percent of these were children under 5 years. More than 1700 individuals stay in this camp.
- In Dahuk, through WHO's support to Heevie, 5524 consultations including 842 children less than 5 years old were recorded in Talafar and Telkeyf districts and in east Mosul. Through the community health house project, 9070 consultations were recorded in Talafar district, 1306 were children less than 5 years. A total of 150 emergency health cases were transported to Duhok and Zakho hospitals using ambulances provided and supported by WHO.



- Through Duhok DOH, 4 mobile medical clinics supported by WHO, provided primary health care services to IDPs living in host communities and host community in Sumel, Zakho, Amedi, and

Shikhan districts, Duhok Governorate, more than 8665 consultations of which 1173 were children less than 5 years old. The MMCs serve a catchment population of 55,850 individuals

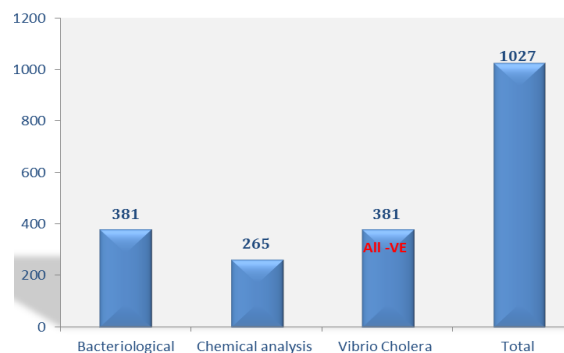
- Three PHCCs in Sharia, Kebirto 1&2 in Sumel sub district provided more than 20 100 consultations including that for 3800 children under 5 years of age. Sharia and Kebirto 1 serve a combined population of more than 29 900 individuals. In Mamrashan IDP camp in Shikhan district in Ninawa Governorate where WHO is also supporting PHCC, 8658 consultations were recorded including 1600 children under 5 years. The most commonly reported causes of consultation were Respiratory Tract Infection and diarrhea.
- Through WHO's implementing partner Pekawa Organization for Humanitarian & Development Services more than 1900 kilograms of medical waste were collected from 10 health facilities in Alqayarah and Hamam Aleel. Ninety percent of medical waste collected during this period were plastic bags.
- To strengthen the functionality of 9 health facilities in Erbil, Ninewa and Kirkuk Governorates, WHO donated 9254 medical devices and furniture. The facilities that benefited from this support include: Erbil Blood bank, Mosul Blood bank, Sinoni PHCC, Ba'aj PHCC, Erbil Maternity Teaching Hospital, Hawija Hospital, Permam Hospital, Soran Maternity and Pediatric Hospital and DOH Ninewa. Each facility sees an average of 250 patients per day.
- To ensure patients data and information on consultations is well registered for ease of follow up, WHO distributed 4000 family cards to three health service provider in Qayara Airstrip camp.
- As part of vector control in Kirkuk 9852 households with a population of 35 878 were sprayed. To enhance service delivery at salahaldeen General Hospital, four caravans were donated increase the bed capacity of the facility.

- WHO supported the water quality monitoring teams of DOH Sulyaimania (Preventive Health Directorate). During the reporting period 2204 water samples were collected and tested and checked for chlorine level on the spot. Of the total samples collected, 814 were laboratory tested for bacteriological tests, 583 for chemical analysis and 807 for Vibrio Cholera (VC Culture).

All samples tested negative for vibrio cholera. In Kirkuk, 746 water samples were checked for chlorine levels and tested for biological contamination while 394 stool samples were tested for the vibro cholera. All results showed zero chlorine and the outcome has been shared with the Water, Sanitation and Hygiene Cluster for further action.

- Together with health authorities, WHO continues conducting support supervision visits in Sulyamania, Ninewa, Dahuk, Anbar and Erbil. The supervision visits are meant to strengthen health service delivery, strengthening reporting, assess gaps and ensured they are filled up in WHO supported and non-supported health facilities. More than 60 support supervision visits were carried out in 5 governorates.

Figure 4: Water quality monitoring June 2018



- Health cluster meetings were held in 5 Governorates of Erbil, Sulaymania, Salahadin, Dahuk and Kirkuk. Funding shortfalls and gap filling in locations where some agencies have shut down health services was discussed.
- The first National Mental Health and Psychosocial Services (MHPSS) Working Group was convened on 7th June 2018, led by the Ministry of Health and co-led by International Medical Corps. The meeting focused on such issues as integration of the feedback from the sub-national MHPSS working groups into the national Working Group, development of Terms of Reference, and work-plan.
- Mental Health and Psychosocial Support (MHPSS) meeting was convened by the Ministry of Health in June with partners to discuss Gender Based Violence (GBV). Outcomes include: development of terms of reference for the Iraq Health Cluster GBV focal point. A similar meeting was also held in Dahuk between health cluster, protection cluster coordinator and Director General of Health, Duhok to discuss the link between the psycho-social support activities of the Protection cluster and MHPSS sub working group. The increasing rate of suicide attempts among the IDPs in the camps was highlighted as a main concern and how both clusters can work together to deal with the problem.
- To ensure adequate quality health services for displaced people, the health cluster developed the Quality of Care (QoC) questionnaire to assess health partners' service-delivery in camps. The QoC assessment was conducted by the health cluster through Iraqi Red Crescent Society (IRCS) and it targeted PHCCs supported by humanitarian partners in 55 IDP camps. Results will be shared as soon as they are generated.
- In Duhok, WHO participated in six coordination meetings including; IDPs general coordination, health cluster, Mental Health and Psychosocial Support working group, Camp Coordination and Camp Management, Ad-hoc security, and ICCG meetings. In addition to two bilateral meetings with UNHCR (Protection unit) and Associazione Italiana per la Solidarietà tra i Popoli AISPO were held.

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