HEALTH CLUSTER IRAQ

IRAQ: Health Cluster Emergency Response

Achievement from June 2014 to August 2015



7.82 PEOPLE IN NEED

6.95 MILLION IN CRITICAL NEED



5.63 MILLION

PEOPLE TO RECEIVE ASSISTANCE



\$60 MILLION

REQUIRED

3.2 MILLION

Surgical operations

Hypertension

MHPSS cases

Trauma cases

Diabetes

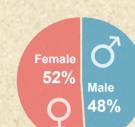
Targeted consultations

20000

MILLION

Consultations

Consultations provided



Percent above the target





67.923



of consultations in 2015

Health facility support



TARGETED health facilities with medical equipment and RH kits support

30000 40000 50000



REACHED health facilities



Maternal health services

Births assisted by a skilled attendant

Births by cesarean 👌 👌 👌 👌 👌 section



15,218

Training

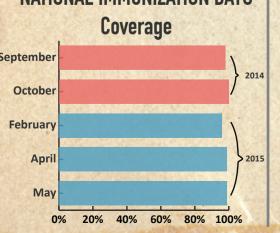


Vaccination

5.4 MILLION POLIO **VACCINATION**

Children under 5 year

NATIONAL IMMUNIZATION DAYS



Further information: World Health Organization Iraq Country Office: emacoirqim@who.int

Medical supplies/devices (number of benificiaries)

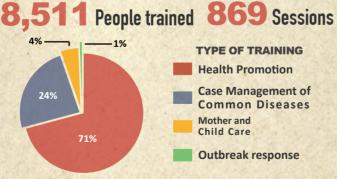


951,000



MEDICAL EQUIPMENT/DEVICES BENEFICIARIES

Data Source: Health cluster partners



Health Promotion

IDP FAMILIES ATTENDED **HEALTH PROMOTION SESSIONS**



13,000 **Targeted families** Reached families

HEALTH CLUSTER Partners Sulaymaniyah Erbil Ninewa Anbar Baghdad Kirkuk Najaf Babylon Basrah Diyala Kerbala Missan Muthanna Qadissiya Salah al-Din Thi-Qar Wassit

Health Cluster partner presence

Number of

organizations

by governorate

Anbar

XX health partner

CHALLENGES TO HEALTH SERVICES PROVISION

(20)

Dahuk

12

5

Kirkuk

5

3

3

Najaf

Kerbala

Baghdad

(3

Babylon

(13)

Sulaymaniyah

Qadissiya

3

Muthanna

Diyala

Erbil

4

Salah al-Din

- Massive Displacement of people (over 3.4 million) and influx of Syrian refugees (250,000).
- Compromised access to essential life-saving services, including Mother and Child Care (MCH).
- 50% of health health personal fled from Anbar, Ninewa, Salah al-Din and Diyala.
- 80% of the health facilities non-functional in some
- Interruption of immunization program in some conflict
- Influx of IDPs overburden HS capacity in governorates sheltering displaced population.
- Overcrowding and lack of basic WASH services in IDP camps and increased threat of disease outbreaks.

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