8.6 M PEOPLE IN NEED
3.2 M DISPLACED
5.63 M TARGET
374,244 RETURNEE

HIGHLIGHTS

- Over 7 million people are in critical need of essential health care services in 2016.
- By the end of September the health cluster hit the 4M consultations provided by health partners in 2015.
- The health cluster coordinated with partners and the ministry of health on the cholera outbreak response.
- The first confirmed case of Cholera was reported on September 8th as by the end of September 310 cases were confirmed in 5 governorates.
- Health cluster meeting was held in Baghdad with Cholera as the main topic in the agenda.
- WHO has 17 Diarrheal Disease Kits prepositioned enough for 6800 moderate & 1700 severe cases.
- UNFPA distributed 9,000 dignity kits to IDPs settling in the southern and northern conflict affected governorates.

51 HEALTH CLUSTER PARTNERS
5.8 M COVERAGE POPULATION

MEDICINES STOCK AVAILABLE

20 20 TRAUMA KITS A & B ITALIAN
106 106 EHKS/IEHKS

HEALTH FACILITIES

2,531 2,531 TOTAL HEALTH FACILITIES
197*** 197*** HEALTH FACILITIES AFFECTED

DISEASES

48 48 TOTAL DISEASES ALERTS REPORTED AND INVESTIGATED
10,425 10,425 NO. OF HOSPITAL ADMISSIONS
847 847 BIRTHS BY CESAREAN SECTION
2,421 2,421 NO. OF BIRTHS ASSISTED BY A SKILLED ATTENDANT

EWARN

79 79 REPORTING SITES (CURRENT)

FUNDING $US

60 M FUNDING REQUIRED

**reported by health facilities
***subject to field verification
Humanitarian Situation and Public Health Risks

Over 11 million people are in need of humanitarian assistance. Depending on the intensity of fighting and social and economic conditions, two to three million more Iraqis may need help in 2016. Access to the most vulnerable remains a critical challenge, limiting the provision of life-saving aid to many in critical need. As displacement protracts and people exhaust their income and assets, they are in growing need of assistance to access basic services across Iraq. Meanwhile, the Government’s social protection floor, including support for front-line health care, emergency shelter, education, and water and sanitation, is restricting.

The health caseload has increased by as much as 50 percent in locations with large concentrations of IDPs; in Baghdad, 84 percent of IDPs are unable to access health facilities. There is currently a cholera outbreak across 15 of the 18 governorates with over 2500 confirmed cases and over 1,000 confirmed measles cases this year, while other disease outbreaks—such as leishmaniasis and influenza—are likely. The health system is faltering under the burden of ongoing conflict, waves of displacement, and disease outbreak. National health systems have been disrupted, and infrastructure destroyed and looted.

Simultaneously, there is an increased demand for health services due to ongoing waves of displacement, and an increased risk of morbidity and mortality, as evidenced by the cholera outbreak of late 2015 and continued outbreaks of measles as over 1000 confirmed cases are reported during 2015 from 15 governorates. In Anbar, Ninewa, Salah al-Din and Kirkuk governorates, 14 hospitals and over 160 health facilities have been damaged or destroyed and are either partially or completely non-functional. Hospitals and Primary Health Care Clinics (PHCCs) functioning in highly affected areas indicate a 50 per cent increase in the people seeking services, due to the influx of IDPs. As well, funding shortages in mid-2015 caused a significant disruption still felt in health care provision. Some critical health services supported by international partners including WHO, UNFPA and UNICEF through Ministry of Health facilities have been reduced to a minimum in the absence of funding support from international agencies.

Over 7 million people are in critical need of essential health care services in 2016. Women reproductive health as is already compromised due to a culture of delayed care for women in Iraq is further impacted by the limitation in services availability and physical access in conflict affected areas children and pregnant and lactating women are also heavily affected, as they rely on the health care system for immunizations, reproductive health services, and other critical health services. Ongoing conflict has disrupted the delivery of healthcare services, while protracted displacement and increased health needs of people living in dire environmental conditions have increased the overall need for emergency medical services. Access to life-saving health care services is further compromised due to diminished national capacity to respond to these needs. This includes reproductive health and referral services, along with emergency casualty management and delivery of Mental Health and Psychosocial Support (MHPSS).

The largest populations in need are in Anbar, Ninewa, and Baghdad governorates, totaling over 4 million people in need. The situation continues to deteriorate, as insufficient funding reduced the capacity of humanitarian partners and MoH to deliver life-saving health care services to affected people in 2015. Availability of health partners with additional money available would allow expanded access to people in need in Anbar and Ninawa governorates, including successful implementation of polio immunization campaigns and mop up measles campaigns in response to local outbreaks. In addition to that the returnees may have no or minimum access to health care services as most of the returnee sites lack the infrastructures and health human resources to meet the basic health care needs of returnees. This situation is compounded by the absence of basic services critical to health status of people, including availability of clean water and sanitation services.
Public Health Priorities, Needs and Gaps

Public Health Priorities:

- Addressing public health risks with focus to communicable diseases, including endemic and emerging diseases through early detection of alerts and timely and efficient response to disease outbreaks.
- Ensure the provision of essential package of PHC services, including essential reproductive health (RH) services, MISP and EmONC for most vulnerable affected populations.
- Nutrition and Health protection will be assured through deliberate targeting of beneficiaries.
- Ensure maximum level of vaccine coverage through boosting the routine immunization and launching of immunization mass campaigns

Needs and Gaps

- Over 10 million people in Iraq are in need of health care services as over 7.0 million are in critical need of life-saving health services, including 3.2 million children.
- A widespread cholera outbreak with over 2800 laboratory confirmed cases and over 1,200 confirmed measles cases throughout Iraq during 2015 warrants a high likelihood of outbreak of communicable diseases among the affect population, including leishmaniasis and influenza.
- Low coverage of immunization with 71% measles coverage in some affected areas as low as 20%.
- 50% increase in case load at existing DoH/MoH facilities (urban IDPs and refugees)
- 14 major hospitals non-functional and destroyed and over 160 major and minor PHCs non-functional and destroyed across 5 conflict affected governorates
- Women reproductive health as is already compromised due to a culture of delayed care for women in Iraq is further impacted by the limitation in services availability and physical access in conflict affected areas
- A high number of health staff in certain governorates fled due to security concerns.
- 300,000 patients in need of chronic medications nationally
- IDPs and particularly those outside of the camps are living under dire environmental conditions exposing them to high risk of health hazards,

Communicable Diseases

Below the outbreak overview of cholera as of September 29th, 2015 including geographical distribution and Epi-curve for suspected and confirmed Cholera cases since 8th September 2015 and consideration of Oral Cholera Vaccine (OCV) for the most at risk population.

Epidemiological Curve:
The data received from the Ministry of Health (MoH) indicates that during the week of 36 (31st August – 6th September, 2015), out of 12,537 acute diarrheal cases, there were 23 suspected cholera cases reported through the disease surveillance mechanism out of which four cases were laboratory positive. The number of suspected cases gradually increased in week 37 (7-13 Sept) to 53 out of which 10 were confirmed for VC, followed by 128 suspected VC cases and 84 were positive in week 38 (14-20 Sept, 2015). In week 39 (21-28 Sept) the suspected cases increased to 822 and out of which 310 were tested positive for Vibrio Cholera.
Graph 1: Epi-curve for cholera outbreak between weeks 36-39 (1st - 30th Sept, 2015)

Distribution of cases by Governorate:
The data received from Ministry of Health indicates that the highest numbers of suspected cases are from Babylon, followed by Baghdad – Karkh, Muthanna, Qadissiya – Diwaniya, Baghdad- Resafa, Barsrah and Najaf.

Graph 2: Distribution of suspected & confirmed Cholera Cases by Governorate b/w weeks 36-39
The below pie chart indicates the proportion of confirmed cases by Governorate.

**Proportion of confirmed cholera cases by Governorate (week 36-39)**

- BABYLON 43%
- DIWANIYA 11%
- BAGHDAD-KARKH 15%
- NAJAF 3%
- MUTHANNA 15%
- BAGHDAD-RESAFA 6%
- BASRAH 5%
- KERBALA 1%
- THI-QAR 0%
- DIYALA 0%
- MISSAN 0%
- WASSIT 1%

*Graph 3: Proportion of confirmed cases by governorate b/w weeks 36-39 (1st - 30th Sept, 2015)*

**Distribution of cases by district:**

Further to enhance the Cholera response, the below data indicates the affected districts per each governorate. Due to the large number of locations, the graph has been divided into two.

*Graph 4a: Suspected Cholera cases by District*
Cholera response (until 29 September):

- Central Cholera task force established
  - MoH, WHO, UNICEF, ICRC, OCHA
- MoH response includes:
  - 14 million Aqua Tablets distributed at PHC level in various Governorates
  - Restocking Diarrheal Diseases Kits to various tertiary and referral hospitals.
  - Mobile teams dispatched to affected Governorates
  - Health Promotion Department (distribution of IEC material, SMS mobile awareness, working with eleven electronic TV channel)
- WHO has 17 Diarrheal Disease Kits prepositioned enough for 6800 moderate & 1700 severe cases
- WHO trained 48 DoH health staff nationwide - Cholera case management and lab confirmation
- WHO procured 1000 Rapid Diagnostic Tests for cholera (as indicator) in pipeline
- UNICEF delivered 8000 out of 50000 sets of life saving supplies (bottled water, basic water family kits, water tanks and hygiene kits to the high risk areas,
- UNICEF is in the process of delivering 2500 hygiene kits and 2500 water family kits to Najaf
- The ICRC WatHab team purchased 142 water tanks (1000L) and 58 more in pipeline - tanks will be deployed around Ghammas area, and DoW will do the water trucking.
UNICEF’s Health and Nutrition response in September focused on neonatal care services, growth monitoring and nutrition services and immunization of children under 5 through supporting primary health care (PHC) centers and the establishment of camp facilities in the accessible governorates of Ninewa, Kirkuk, Sulaymaniyah, Duhok and Erbil.

Growth monitoring and nutrition screening services delivered in September benefited 3,072 children under 5. Children showing signs of malnutrition and nutrition-related health conditions received appropriate referral for further management at their local Nutritional Rehabilitation Centers (NRCs). Children aged 6-36 months receive supplementary food rich in vitamins and minerals, to help prevent malnutrition. In July and August 2015, UNICEF alongside WHO, the Ministry of Health and the Nutrition Research Institute of Iraq coordinated a rapid nutrition assessment in Ninewah, Diyala and Kirkuk. Through this, 1,171 children (635 male, 536 female) under the age of 5 were screened in Ninewah and Diyala province. In the same month 1,647 children (848 males and 799 females) under the age of 5 were screened and received appropriate referral for health and nutrition services in Kirkuk.

In the newborn home service program, 3,866 newborns were monitored for vital signs. For each child seen, the mother received counseling on optimal infant and young child feeding practices, ensuring that caregivers are informed about their children’s nutritional needs and know how to meet them.

UNICEF continued to support Iraq’s national immunization schedule. Through collaborative efforts with the Ministry of Health (MoH) and its local Directorates (DoH), at time of reporting, in 2015, 105,283 children from internally displaced families across the country received routine measles vaccination. Available data on September activity shows that at least 7,237 children were vaccinated against measles, however data is missing for certain governorates.

Insecurity and lack of access continue to limit services to affected populations, particularly in Anbar, Salah al Din and Ninewa. In September, UNICEF supported 18 functioning PHCs in Zumar, 10 in Rabea and 8 in Sinony, benefitting a total of 31,506 people still residing in these conflict-affected areas of the country. More funding is required to support capacity building in neonatal care, newborn care and nutrition services.
Médecins du Monde (MdM)

In response to the current crisis situation, MdM continues to develop activities focused on access to health, mainly for IDPs in Dohuk Governorate (Dawadia camp and Chamishko camp), and in Kirkuk governorate for IDP and vulnerable host communities through PHCC (Primary Health Care Center) and MC (Mobile Clinic) support.

In order to provide a package of PHC as complete as possible, new activities were launched in September in Dawadia camp and Chamishko camp:

- Nutrition program (according to DoH protocol) with management of malnourished cases.
- Integration of EPI services (vaccinators from DOH) inside the PHCC.
- Start of Family Planning Program.

UNFPA response updates:

UNFPA and its partners continue to deliver humanitarian interventions in both GBV and RH and strengthen the coordination efforts.

UNFPA managed to transport and distribute 9,000 dignity kits to IDPs settling in the southern and northern conflict affected governorates in September 2015. Additionally, following table describes other kits provided during September 2015.

<table>
<thead>
<tr>
<th>Location</th>
<th>Kit Type</th>
<th>Quantity</th>
<th>Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baghdad</td>
<td>DIGNITY KIT</td>
<td>4,000</td>
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<td>4,000</td>
</tr>
<tr>
<td>Soran</td>
<td>DIGNITY KIT</td>
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<td>1</td>
<td>1,000</td>
</tr>
<tr>
<td>Erbil</td>
<td>DIGNITY KIT</td>
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<td>1</td>
<td>500</td>
</tr>
<tr>
<td>Erbil</td>
<td>DIGNITY KIT</td>
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<tr>
<td>Erbil</td>
<td>DIGNITY KIT</td>
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<tr>
<td>Sulaimaniyah</td>
<td>DIGNITY KIT</td>
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<tr>
<td>Erbil</td>
<td>RH Kit 03</td>
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<td>5</td>
</tr>
</tbody>
</table>

In spite of extreme challenges, UNFPA has already distributed RH kits in the affected governorates and ensuring RH services in 10 affected governorates.

UNFPA has taken onboard the GBVIMS expert to rollout GBV IMS in Iraq. On resource mobilization bit, UNFPA, in collaboration with the Health Cluster, has managed to complete HRP and 3RRP processes including project sheets upload in OPS.

International procurement of RH kits continues on need basis.
International Medical Corps (IMC) in Iraq

International Medical Corps has been implementing humanitarian and development programs in Iraq since 2013 and has operated at one time or another in all eighteen of the Governorates of the country.

When the current crisis arose in mid-2014, International Medical Corps was well placed to provide a rapid scale up and expansion of emergency humanitarian assistance, particular in the field of primary health care and related services. The response now encompasses a range of health and related services, including the operation of nine primary health care (PHC) clinics in IDP and refugee camps and 10 Mobile Medical Units (MMUs) working across the governorates of Baghdad, Erbil, Duhok and Nineawa. In addition to PHC services, IMC’s teams are also providing community health outreach and education, mental health and psychosocial support (including outreach, referrals and case management) and a Gender Based Violence (GBV) response in a number of its target areas. International Medical Corps is providing services to a total catchment population of 180,000 internally displaced persons (IDPs) and refugees. During the period from May to September 2015, International Medical Corps teams supported 127,567 PHC consultations, while 131,797 persons participated in in community health and hygiene sessions and 1,613 mental health consultations took place. In all of these activities IMC works closely with the Directorates of Health and the WHO, alongside which IMC is the Health Cluster Co-Lead.

One major development in the program during September included a response to the current Cholera outbreak, including the community education outreach and distribution of AquaTabs as well as the direct identification and referral of suspected cases, including in the Abu Ghreib area of Baghdad which has seen one of the highest incidents of cases. Also in September, International Medical Corps was requested by the Directorate of Health (DoH) in Duhok to take on the delivery of PHC services in the clinic constructed by GIZ in the Karbarto 1 IDP camp.

IOM health response

During September 2015, 5 IOM mobile medical teams (MMT) in Erbil, Sulymaniyah, Duhok and Kirkuk conducted 4482 PHC consultations among IDPs and host communities. Furthermore, IOM static clinic in Shekhan Camp (Duhok) received 3465 patient visits. From all the above mentioned cases, 303 cases were referred for further investigation or treatment to secondary or tertiary health facilities. A total of 87182 PHC consultations have been recorded since the beginning of 2015.

IOM is supporting the National Tuberculosis (TB) Program with one mobile team in each of Erbil, Duhok, Sulymaniah and Kirkuk governorates. Mobile teams have supported 330 confirmed TB cases in KRI by providing transportation assistance and directly observed treatments (DOT) for
each of the cases. 78 contact relatives were traced, and a further 217 TB presumptive cases were screened (by X-ray and/or sputum).

IOM donated three Gen X-pert devices, each governorates (Erbil, Duhok, Sulmanyah) received one, this is as a part of developing capacity building of each NTP to facilitate TB detection rate. IOM health services are planning to expand to central Iraq governorates (Anbar, Salahaddin and Diyala) and staff recruitment had been done, the health services will be deliver by first week of October 2015.

**WHO response updates:**

Add reference to the current number of lab confirmed cases since September 2015. As an integrated part of the current outbreak response strategy oral cholera vaccines have been mobilized through the international coordination group based in Geneva. Based on a public health risk assessment a number of displacement camps housing Syrian refugees and internally displaced Iraqis have been determined to be at high risk for further spread of the cholera outbreak.

In addition to current prevention and control measures, WHO is working with the MOH to provide Oral Cholera Vaccines in a (OCV) immunization campaign for vulnerable populations in refugee and IDP camps throughout the country, targeting approximately 249,319 people. This is the first time Iraq will introduce the OCV Shanchol vaccine.

Two doses of vaccine are required for an individual to be protected. The campaign begins with an initial round of vaccinations followed by - after a required, minimum 14 days interval - a second round of doses, which will complete the vaccination. For such a campaign to be effective, it is vital that a second dose is administered. The first round is scheduled to take place on 31 October.

Targeted social mobilization, campaign logistics and health education are key components to ensure the successful implementaiton of OCV. In order to achieve herd immunity all members of a family above 1 year of age must be vaccinated.

Additional staff from WHO and health cluster partners have been deployed to Iraq in order to support the Cholera response measures, facilitate the logistics and preparation of the campaign in select locations to ensure we protect as many people as we can says Altaf Musani, Acting WHO Representative.
The provision of safe water, sanitation and personal hygiene will continue to be the critical cholera prevention and control measures. ADD ref here of past OCV in other countries. Cholera vaccination is a safe and effective additional tool that can be used under the right conditions to supplement existing priority cholera control measures, not to replace, them, we must accelerate our prevention and control measures before, during and after the 2 successive rounds, he adds.

United Medical Institute of Science (UIMS) response updates:

- In Ameriyat Al-Fallujah, supported and funded by WHO, UIMS keep providing a primary health services for IDPS in Al-Salam PHCC that been manage by UIMS and located in Ameriyat Al-Fallujah IDPs camp in Ameriyat Al-Fallujah, the number of consultations in Sep was 4907 cases, the PHCC provide primary services in a morning and night shifts, such as physical examinations, lab services, pharmacy, dental clinic, and specialists diagnosis, UIMS keep sending a weekly report and EWARN report to HNC and WHO

- Domoah delivery room in Ameriyat Al-Fallujah supported by UNFPA and manage by UIMS, this delivery still providing services to the IDPs, this delivery room located close to Al-Salam PHCC in Ameriyat Al-Fallujah, the total number of consultation in Sep was 1169, and 12 successful natural delivery operations

- The other PHCC manage by UIMS is Al-Amal PHCC the one located in Al-Nakheeb IDPs camp, this PHCC also supported and funded by WHO, and provide primary health services to the IDPS there, the number of consultations in Sep was 1970 cases, UIMS keep sending a weekly report and EWARN report to HNC and WHO

- Although the security situation in Al-Qaim, UIMS is still manage the PHCC in Al-Obeidi camp for Syrian refugees in Al-Qaim, the number of consultation in Sep was 314 patients, this PHC funded by UNHCR till the end of the year, even the internet is not allowed to be used in Al-Qaim, UIMS keep sending a weekly report and EWARN report to HNC and WHO
- Supported by RI and funded by ECHO, UIMS started the installation a Delivery room in Al-Nakheeb, and soon we will start providing services to the IDPs and host community in Al-Nakheeb

- Funded through IHPF, UIMS installed two PHCCs in Salah Eldin, one in Al-Mutasim and one in Dijllah area, and soon we will start providing services to the returnees in these areas

Also supported by UNICEF and funded by ECHO, UIMS implementing (Together for better WASH practices campaign, that focusing on the cholera response in Baghdad and Anbar, were our teams did a WASH and health promotion in Baghdad and Anbar

Health Cluster Coordination

- The National Health Cluster held regular biweekly meetings in Erbil as since June 1st, 2015 it also held regular monthly meetings in Baghdad.
- The sub-national health cluster meetings were held on biweekly basis in Sulaimania and monthly meetings held in Erbil and Dohuk as it has been holding biweekly meetings in Kirkuk since beginning of October, 2015.
- HNO 2016 workshop for health cluster held on Tuesday 15th to review the evolving emergency situation in Iraq and using our baseline data and some new assessment reports work together on identifying and prioritizing the health emergency needs in the country
- The health cluster also facilitated and coordinated the cholera response and regularly updated the partners and the Ministry of Health on the Cholera situation as through close coordination with partners and participation of the International Coordinating Group (ICG) a total of 510,000 doses of Oral Cholera Vaccines were approved to be given to over 255,000 IDPs and refugees residing in formal camps during the first round of OPV campaign.
- The main challenges health cluster was facing included security and humanitarian access, compromised delivery of services to affected people and timely delivery of assistance as outlined in the Strategic Objectives/HRP. Those constraints along with funding uncertainty and non-availability of local partners in conflict areas may delay/hinder project implementation. The health cluster did support the needs and gap analysis and produced mapping of both static as well as mobile teams and coordinated with the partners and the Ministry of Health aimed at enhancing the capacity for services delivery and advocated on behalf of the cluster through WRO and the humanitarian coordination office.
**Stock of Essential Medicines and Available (WHO)**

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<th>No</th>
<th>Description</th>
<th>Unit form</th>
<th>Erbil Total Stock 29/9/2015</th>
<th>Sulaymaniyah Total Stock 29/9/2015</th>
<th>Duhok Total Stock 29/9/2015</th>
<th>Baghdad Total Stock 29/9/2015</th>
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<td></td>
<td></td>
<td>SUPPLIES</td>
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</tr>
<tr>
<td>22</td>
<td>Zinc Oxide Tape</td>
<td>SURGICAL</td>
<td>11,144.00 Units</td>
<td></td>
<td>8,640.00 Units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPLIES</td>
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</tr>
</tbody>
</table>
Funding Update

The table below shows funding received (direct and bilateral funding) by the Health Cluster from 1 July to 31 December 2015, planned to respond to the health needs of 5.63 Million IDPs and host communities.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Funding (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>16,200,000</td>
</tr>
<tr>
<td>IMC</td>
<td>12,500,000</td>
</tr>
<tr>
<td>UNFPA</td>
<td>9,000,000</td>
</tr>
<tr>
<td>UNICEF</td>
<td>8,700,000</td>
</tr>
<tr>
<td>PU-AMI</td>
<td>3,245,000</td>
</tr>
<tr>
<td>UPP</td>
<td>2,384,854</td>
</tr>
<tr>
<td>MDM France</td>
<td>2,000,000</td>
</tr>
<tr>
<td>UIMS</td>
<td>1,800,000</td>
</tr>
<tr>
<td>ACF</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Medair</td>
<td>1,300,000</td>
</tr>
<tr>
<td>WVI</td>
<td>1,300,000</td>
</tr>
<tr>
<td>AMAR</td>
<td>950,000</td>
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<tr>
<td>IOM</td>
<td>900,000</td>
</tr>
<tr>
<td>Handicap International</td>
<td>869,000</td>
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<tr>
<td>Heevie</td>
<td>150,000</td>
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<tr>
<td>Help Kurdistan Foundation</td>
<td>104,000</td>
</tr>
</tbody>
</table>

Editorial

Dr. Mohammad Dauod Altaf, Health Cluster Coordinator, Iraq
Abdulrahman Raheem, National Health Coordinator, WHO

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Email: raheemab@who.int

See also the cluster website:
https://www.humanitarianresponse.info/en/operations/iraq/health-cluster-iraq