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UPDATE REPORT:
JULY 2018–JULY 2019

IMPROVING HEALTH SERVICES AND OUTCOMES IN THE NINEWA PLAINS, IRAQ

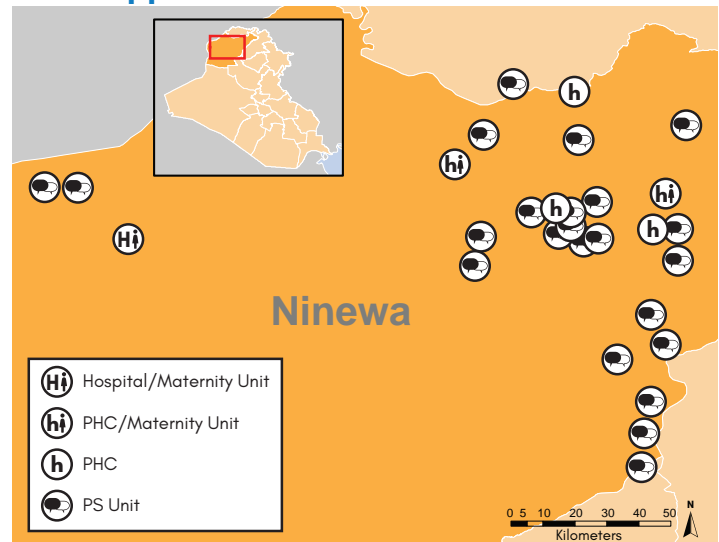
Background

The USAID-funded Advancing Partners & Communities (APC) project, implemented by JSI Research & Training Institute, Inc. and partner FHI 360, granted a sub-award in July 2018 to International Medical Corps (IMC) to:

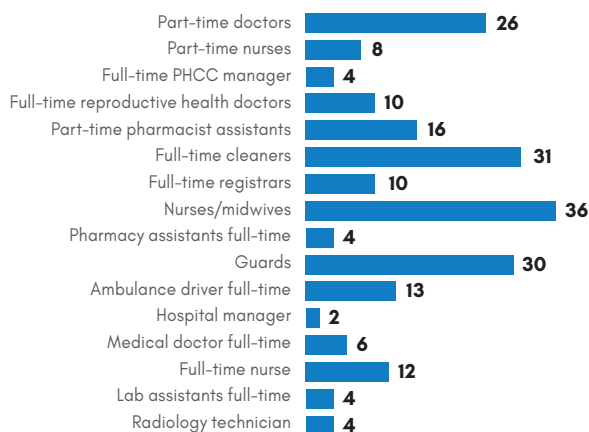
- improve the Essential Package of Primary Health Care Services to minority populations in Iraq's Ninewa Plains
- strengthen and integrate mental health and psychosocial services, post-traumatic treatment for children, and sexual and gender-based violence (GBV) services
- develop and implement a process to handover program service provision to Iraqi government by June 31, 2019.

IMC's program operates in six primary health care centers (PHCCs) and one secondary facility in places where minorities and other conflict-affected communities have limited access to essential services. This report covers program activities between July 2018 and July 2019.

Ninewa Plains: Government Facilities with APC Support

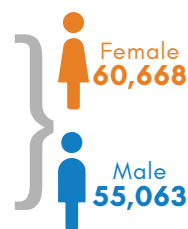


Total number of health workers supported: 216



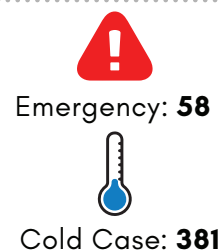
Number of primary health consultations (PHCCs)

115,731



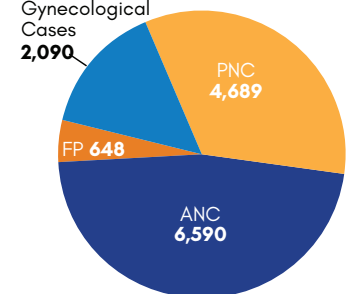
Number of referrals

439



Number of maternal and child health and family planning consultations

Obstetric and Gynecological Cases: 2,090



25,839

Number of maternal and child health referrals

914

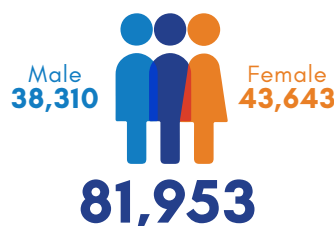


Number of community health worker (CHW) household visits

2,062



Total beneficiaries reached with integrated messages



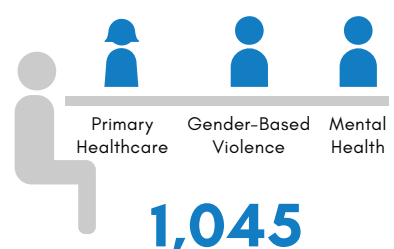
Number of MHPSS case management sessions



Number of community referrals to PHCCs and Ministry of Health and Mental Health and Psychosocial Services (MHPSS)



Number of people trained





Primary Health Care

- Continued support to six PHCCs and Sinjar Hospital.
- Six-day-a-week primary health care and 24/7 emergency service delivery in Wana, Sinjar, and Bashiqa maternity units (MUs).
- Services: primary health care; treatment of communicable and non-communicable diseases; emergency and cold case referrals; and pharmaceutical dispensation, health education, and weekly continuing medical education provision.
- Top morbidities over the program include upper respiratory tract infections, skin diseases, genitourinary infections, gastro-intestinal diseases, and chronic diseases including hypertension and diabetes.
- Weekly surveillance using the EWARN system reported no disease outbreak.
- Supported ambulance wagon and drivers within the PHCCs.
- Handover meetings with key stakeholders including the Directorate of Health (DOH), PHCC managers, and community leaders completed in May.
- In line with the project handover plan, incentive payments for Ninewa DOH staff at five supported PHCCs were phased out after May 31.



Procurement/ Distribution

- Facilities now have adequate pharmaceutical, consumables, medical equipment, and supplies to facilitate primary health care service delivery.
- Distributed pharmaceutical stock from three international shipments.
- Distributed additional UNFPA kits, including family planning, to supported facilities.
- Coordinated with UNFPA to receive reproductive health and family planning supplies, which remain in short supply.
- Provided items to the DOH to reactive 25 psychosocial units in PHCCs..



Maternal and Child Health and Family Planning

- Services: ante/postnatal care, syndromic management of sexually transmitted infections, and referral of obstetric emergencies.
- Female doctors practice 8 hours a day, 6 days a week.
- Rehabilitation in Wana and Sinjar MUs completed.
- Continued family planning counseling services.
- Continued referral to MUs in Wana, Sinjar, Bashiqa.
- Supported one ambulance wagon for each of the three MUs and DOH ambulance drivers to facilitate referral of complicated cases.
- Ongoing communication with Medicine sans Frontiers to refer patients to Sinuni MU to increase availability of comprehensive emergency obstetric care services.



Gender Based Violence

- GBV case management services ongoing in Quba, Wana, Mowafaqiya, and Alqoush at household levels.
- GBV referral pathways in Arabic posted in GBV case management rooms and PHCCs. The GBV team also provided training on basic concepts and referrals pathways to PHCC staff.
- Community mobilizers.
- GBV teams met with community leaders and local authorities in project implementation areas.
- Built capacity of health staff from each supported facility in clinical management of rape.



Mental Health and Psychosocial Support

- Individual case management, home visits, group support, and awareness-raising sessions in Wana, Quba, Mowafaqya, and Alqoush on social issues, psychosocial stresses, depression, enuresis, loss and grief, and violence and its effect on women.
- Increased awareness-raising sessions for beneficiaries.
- Organized a national conference in Baghdad to discuss gaps in Ministry of Health and Mental Health and Psychosocial Services (MHPSS) in Iraq and the capacity of DOH to assume service provision responsibility.



Community Health

- Community health workers (CHWs) continued conducting daily home visits in Sada, Bashiqa, Quba, Wana, Al-Mowafaqiya, Sinjar, and Alqoush, disseminating messaging on communicable and chronic diseases, and reproductive health.
- Child health teams recruited in Sada, Wana, Quba, Mowafaqiya, Sinjar, Bashiqa, and Alqoush.
- Supported a network of more than 72 CHWs.
- Community events targeted specific groups throughout the program on topics ranging from general hygiene to breastfeeding and reproductive health.



Challenges

- Large number of consultations but only one room for doctors in Wana and Quba PHCCs.
- Unanticipated health staff resignations at facilities challenged ability to maintain full service provision.
- Mowafaqiya and Alqoush need autoclave devices (these have been ordered).
- New emergency room for women in Sinjar Hospital needs female nurses.
- Delays getting Joint Coordination and Monitoring Center approval led to lack of essential uterotonic medication in three MUs.

SUCCESS STORIES

Maternal and Child Health

Sheda, 22, who is with her mother and her newborn twins, says, “I didn’t know I should deliver in a hospital.” A month earlier, she had arrived, fully dilated, to Wana Maternity Unit—an hour’s drive northeast of Mosul—at 5 am. Because she was carrying twins, Sheda’s pregnancy was considered high risk. Normally she would have been referred to the nearest hospital, but because she was in a late stage of labor, there was not enough time to transfer her there so the maternity ward doctor decided to deliver the twins in the maternity unit. Within the hour, Obaida and Hodhaifa, Sheda’s third and fourth children, were safely delivered.

Wana is one of three maternity units established by International Medical Corps under the APC program in Ninewa province of Northeast Iraq. From June 2014–June 2017, these areas were under the control of the Islamic State of Iraq and Syria (ISIS). During the occupation, the population of Wana Sub-district fell from 28,000 to 12,000. Since liberation, it has rebounded to 24,000. Sixteen percent (5,000) of its inhabitants are Arab Shia and 25 percent (7,000) are Kurds. Both groups were targeted by ISIS during the occupation.



Now controlled by the federal government of Iraq, hostilities between Iraqi military and ISIS sleeper cells continue. The wounds of war remain raw, with palpable sectarian tensions. These tensions impede people’s health-seeking behaviors because the notion of getting health services from someone of a different ethnic group causes many people to avoid treatment. The APC program recognized the importance of community relations and took measures to, as much as possible, hire health staff and outreach workers from the same communities that they serve.

Dakhas, 37, recently gave birth to her ninth child at the APC-supported Sinjar Maternity Unit. In 2014, Sinjar City made international news when ISIS raided the mountainous town, which is inhabited largely by the Yazidi people, an ethnoreligious minority that is indigenous to the northeast of Iraq. During that raid, ISIS killed thousands of Yazidi men and abducted thousands of Yazidi

women into sexual slavery. An estimated 50,000 people fled to Northern Ninewa and Dohuk, one of the three governorates that make up Iraqi Kurdistan.

Sinjar City remains heavily damaged by the war. Once home to 62,000 people, it now has a population of 24,000. Continued insecurity as well as a lack of basic services, including health, have kept people from returning. APC currently supports the maternity unit and the emergency department at Sinjar Hospital, one of the two functional health facilities in the area. “This maternity ward is very good for the community,” Dakhas says in Kirmunji, the Kurdish dialect spoken by Yazidis, and translated by the APC-supported maternity ward doctor. “When I delivered with a [traditional birth] attendant, I didn’t have anything. Here they gave me medicines and were kind to me,” Dakhas concludes.

Lazdar, 32, gave birth to her third baby girl in the Al Bashiqua Health Facility in the outskirts of northern Mosul. Lazdar had originally planned to go to Sheikhan Hospital, a 20-minute drive north, but worried that when the time came to give birth, the checkpoint between her home and the hospital would be closed. So she went to the Al Bashiqua Maternity Ward. “I had been told about the facility, but I didn’t expect it to be at such high quality,” she says, cradling one-month old Sherzan. “The doctors informed me of everything that was available and I knew the staff because they were from the community. I felt very safe delivering here.”

Obtaining proper antenatal care (ANC) remains difficult. The APC program uses CHWs to encourage pregnant women to obtain ANC and to take the proper dietary supplements. Lazdar too was visited by a CHW. “She came to my house and told me about the need for care and where services were available. I think it’s very good because many women don’t know that it is necessary.”

Since its start, APC has supported 381 deliveries in its three supported maternity units. The Ninewa Ministry of Health told APC it would support conversion of these wards to emergency maternity wards, which will ensure 24/7 services after APC hands over all activities to the government. In Wana, this will alleviate the pressures of emergency referrals. As the Wana health facility manager says, “The maternity unit solved a big problem. The ambulance was always moving between here and Mosul and Dohuk transporting complicated deliveries. This has changed with the maternity ward.” Sheda, the new mother of twins, concurs. “Everything was good, the medical staff were very kind to me and provided me with a lot of care. If I became pregnant again I would like to deliver here.”



Lazdar Ali Khader.

SUCCESS STORIES

Mental Health and Psychosocial Services

Ahmed is a tall, slight 24-year-old man, with hair swept across his forehead. He is from a village in north Ninewa near Mosul that was occupied by ISIS for three years. Ahmed, who is married and has three small children, was unable to work during the occupation, and ISIS stole his car. Accompanied by his case manager from International Medical Corps, APC's implementing partner in Iraq, Ahmed is soft-spoken but direct. "I became angry from the littlest things," he acknowledges.

After the area was liberated by Iraqi and Kurdish forces, Ahmed was accused of being an ISIS sympathizer. "I am a Sunni Arab. After ISIS, military forces destroyed my house and told me I was ISIS, but if I was ISIS, why did ISIS take my car? An outreach worker came to my home and explained the mental health services available. I was very angry and shouting at people and my family, so I decided to go to the clinic."

In times of peace, it is estimated that roughly 10 percent of people are affected by non-clinical mental health issue, including depression and anxiety. During a conflict, this number is estimated to increase to around 25 percent. Further, roughly 6 percent of any population has chronic mental health issues that require medical interventions. During conflict, treatment, if available at all, is severely curtailed.

Under the APC program, MHPSS outreach workers travel house-to-house to build awareness about mental health conditions and explain the services available at APC-supported PHCCs. Individuals who seek services meet with a case manager who assesses the person's potential mental health needs. If people have conflict-related conditions, an APC case manager who has a psychology studies backgrounds or is a psychologist will assess and enter them into services if appropriate. Services include group and individual case management sessions to build coping mechanisms, and referral to a psychiatrist for advanced clinical treatment when necessary.

Since the start of APC activities, International Medical Corps has provided 624 case management sessions to Iraqis. Stigma attached to mental health treatment and the fear that seeking help will label a person as "crazy" is still a barrier to treatment, especially for men. Currently, of those getting mental health services, only 14 percent are adult men.

Now a cleaner at a local school, Ahmed noticed the benefits of services after only three months. "I am very grateful to [APC] and especially my case manager. I feel a big difference. I don't yell at my wife anymore and have coping mechanisms to help me deal with my anger." Although Ahmed is unique in seeking treatment, he doesn't believe he is alone in needing help. "I think a lot of people are in the same condition as me or worse because of ISIS. I will tell everyone I know I became better because of this service. If I know someone with the same condition, I will ask him to go get help."



Mental health and psychosocial services training at Mowfaquai PHCC.