



أطباء بلا حدود

ANNUAL REPORT 2019

# Médecins Sans Frontières in Iraq

*An MSF team assist a patient inside an ambulance in Sinuni, Iraq, March 2019*





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## MSF AT A GLANCE

Médecins Sans Frontières/Doctors without Borders (MSF). It is an independent medical humanitarian movement that aims to deliver emergency medical care where it is needed most. MSF works in 72 countries around the world.

MSF offers neutral and impartial medical assistance regardless of race, religion, gender or political affiliation. To ensure its independence, MSF does not accept funding from any government or international agency for its programmes in Iraq, relies largely on individuals around the world donating small amounts. to carry out its work.

## MSF PRINCIPLES

MSF was founded in Paris in 1971 by a group of journalists and doctors. Today, we are a worldwide movement of more than 42,000 people.

We provide medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, logistics and administrative professionals bound together by a shared charter. Our actions are guided by medical ethics and the principles of impartiality, independence and neutrality. We are a non-profit, self-governed, member-based organisation.



*OUR ACTIONS ARE GUIDED  
BY MEDICAL ETHICS"*

### Patients first

MSF's actions are first and foremost medical. The principles of quality care for the individual patient is central to our humanitarian objective. We seek to provide high-quality care and to act always in the best interest of patients; to respect their confidentiality, their right to make their own decisions and above all, to do them no harm. When medical assistance alone is not enough, we may provide shelter, food, water and sanitation, food or other services.

## THE MSF CHARTER

MSF provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

MSF observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.

### Impartiality

We offer assistance to people based on need alone. It does not matter which country they are from, which religion they belong to, or what their political affiliations are. We give priority to those in the most serious and immediate danger.

## Independence

Our decision to offer assistance is based on our evaluation of medical needs, independent of political, economic or religious interests. Our independence is rooted in our funding; over 90 per cent comes from individual private donors giving small amounts. We strive to freely evaluate needs, access populations without restriction, and to directly deliver the aid we provide.

## Neutrality

We do not take sides in armed conflicts nor support the agendas of warring parties. Sometimes we are not present on all sides to the conflict; this may be because access is denied to us, or due to insecurity, or because the main needs of the population are already covered.

## Bearing witness

Neutrality is not synonymous with silence. Our proximity to people in distress means we have a duty to raise awareness of their plight in order to ultimately help improve their situation. We may decide to bring attention to extreme need and suffering, when access to lifesaving medical care is hindered, when our teams witness extreme acts of violence, when crises are neglected, or when the provision of aid is abused.

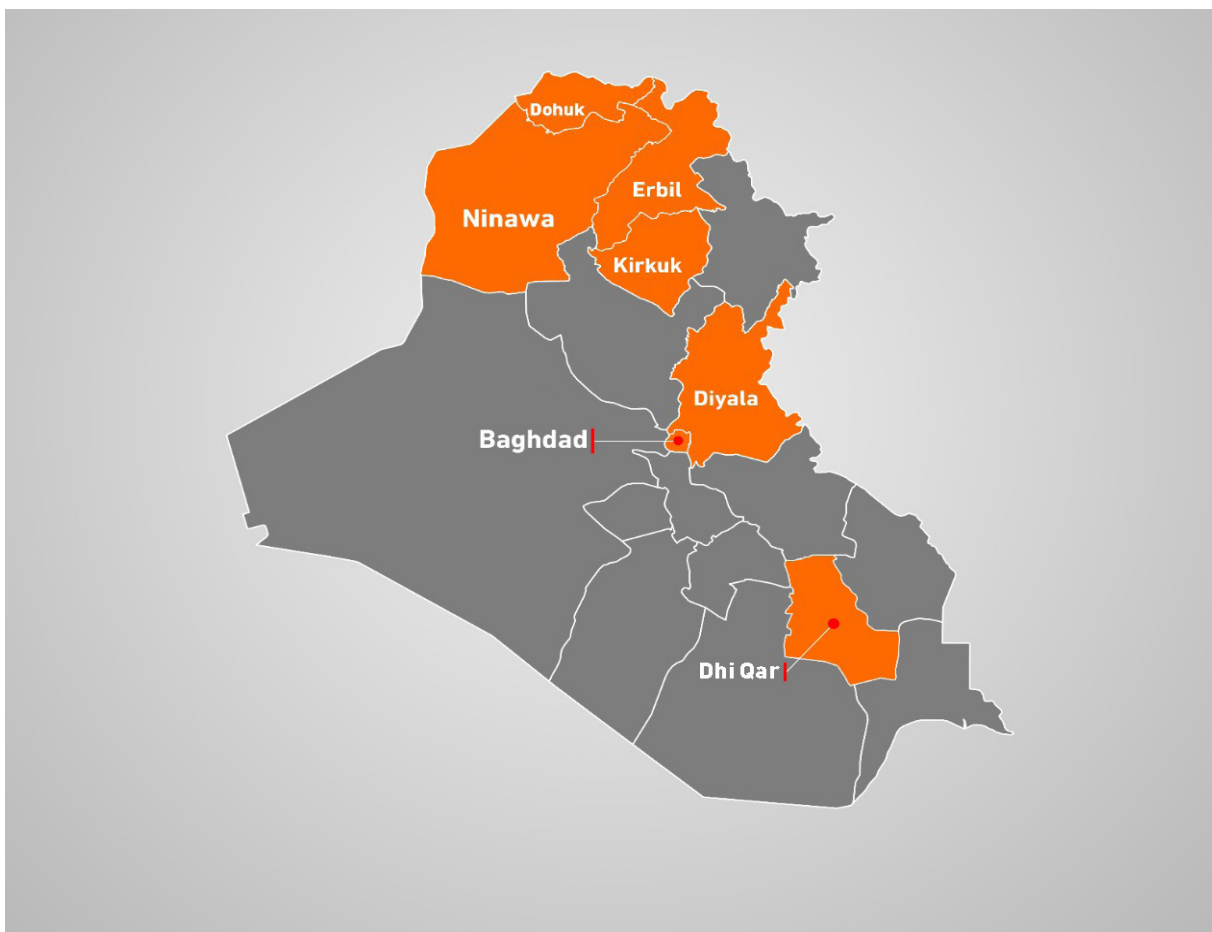
## Transparency

We are committed to accounting for our actions to our patients and donors, and being transparent about the choices we make. Evaluations, critical reviews and debate on our field practices, our public positioning and on wider humanitarian issues, are necessary to improve the work we do.

*MSF mobile clinics providing emergency medical care to refugees from north east Syria*



## MSF PRESENCE IN IRAQ IN 2019



## AN OVERVIEW OF MSF ACTIVITIES IN IRAQ IN 2019

In 2019, Médecins Sans Frontières (MSF) continued to provide essential healthcare services in Iraq, where people are suffering from the effects of years of conflict and ongoing instability.

Although displaced people continued to return to their homes in 2019, more than a million still face significant barriers that prevent them from doing so. Some have been living 'temporarily' in camps for years, with little access to basic services. At the end of the year, the violent crackdown on protests in various cities across the country put additional pressure on the health system.

Many healthcare facilities have been destroyed and there is an overall shortage of healthcare specialists. These services are vitally needed to address primary and secondary healthcare needs and the traumas resulting from ongoing violence. Our teams have

observed an increase in mental health needs caused by the prolonged suffering of both internally displaced people and host communities.

In 2019, we maintained our primary and secondary health services, including maternity and neonatal care, emergency room care, rehabilitative care, specialised burns treatment, treatment for non-communicable diseases (NCDs), surgery and post-operative care, and mental health support for displaced people, returnees and vulnerable communities. From October, when the demonstrations started, our teams gave medical supplies and technical support to hospitals in Baghdad and other southern provinces. Throughout the year, our teams worked to rehabilitate and equip hospitals and clinics in some of the most war-affected regions to help get the Iraqi health system back on its feet.

## 2019: MSF IN IRAQ IN NUMBERS

<b>4,618</b>	Surgical procedures
<b>19,509</b>	Patients admitted to inpatient wards
<b>27,147</b>	Individual mental health consultations
<b>10,865</b>	Births assisted including 1226 c-sections
<b>89,801</b>	Emergency room consultations
<b>16,698</b>	Physiotherapy sessions
<b>71,729</b>	Outpatient department (OPD) consultations
<b>45,422</b>	Non-communicable diseases consultations
<b>1,630</b>	National staff
<b>124</b>	International staff
<b>47,639,526</b>	Dollars budget allocated to humanitarian work in Iraq (from private donations)
<b>10</b>	Projects, including 4 hospitals, 4 camps, 3 special care centres, 7 mental health activities

*\*From January to December 2019*

## 2019 HIGHLIGHTS

### JUNE

In Sadr City, MSF concluded its support and made donations of equipment to one of the main hospitals. MSF also renovated the hospital ER department, and trained over 80 ER doctors and nurses on mass casualty management and patient triage.

### OCTOBER

In response to the influx of Syrian refugees coming to northern Iraq after the Turkish military operations, MSF set up mobile clinics in reception sites and opened a primary healthcare center in Bardarash Camp where refugees were hosted.

In Baghdad, MSF increased the capacity of its BMRC hospital to treat patients suffering from injuries they sustained during the protests. And provided donations to several hospitals to support treatment for the influx of wounded, and with medical staff for ER of neuro surgical hospital.

Started donations and punctual support to hospitals in Baghdad and Nassiriyah for the mass influx of patients.

MSF started working in Sinsil , Diyala Governorate, providing primary healthcare services.

### DECEMBER

In Mosul, MSF completed building Al-Shifaa hospital for infectious diseases. The 28 bed hospital was the only infectious disease hospital in the city.

MSF completed the establishment of a new operating theatre in Nablus hospital in Mosul in response to the growing number of surgical cases.

MSF transferred and donated its neonatal unit to the governmental hospital in Qayyarah. Support was provided by MSF to set the unit in term of trainings and donations (medical equipment,

### MAY

In Mosul, MSF completed an extension of Nablus hospital, opening an inpatient newborn ward to respond to the urgent need for secondary healthcare among children in west Mosul. The new 20-bed ward increased the total paediatric treatment capacity of the hospital to 39 beds.

In Kirkuk, MSF medical teams started supporting the Al-Askari primary healthcare facility in Hawija, offering free mental healthcare and reproductive health services.

### JULY, AUGUST

MSF opened a basic maternity obstetrics and newborn centre in Mosul. The centre is staffed by doctors and midwives who can assist up to 300 women a month. Its location in west Mosul was chosen as there were no nearby health facilities where the 150,000 people in this area could access high quality maternity services.

MSF handed over primary healthcare, mental health, reproductive health and NCD treatment activities in Jalawla and Saadiya towns to the Iraqi Department of Health.

### NOVEMBER

MSF provided support to the new governmental hospital in Qayyarah (southern Mosul) in order to open the maternity department. The support included the donation of medical equipment, drugs, consumables and training in newborn resuscitation.



## MSF PROJECTS IN IRAQ

### NINAWA GOVERNORATE

The war against the Islamic State group had a devastating impact on Ninawa, resulting in the destruction of health facilities, the displacement of large numbers of people, and severe mental trauma among the inhabitants.

IN 2019

1

**Medical facility built and donated to DoH for treatment of infectious diseases in East Mosul**

During the war, Mosul general hospital was completely destroyed, so health authorities had to repurpose the only infectious disease hospital in the city to be a general hospital. MSF built Al Shifaa Hospital for infectious disease treatment in December 2019, and donated it to the Ninawa Directorate of Health. The hospital is now the only infectious diseases treatment hospital operating in East Mosul.

### Comprehensive post operative care facility in East Mosul

To address the shortage of skilled surgical and post-surgical care, in 2018 MSF opened a comprehensive facility for patients with violent or accidental trauma injuries in East Mosul. The hospital has a mobile operating theatre, a 33-bed inpatient ward, recovery rooms and rehabilitation units. During 2019, MSF teams conducted 575 surgical interventions and 1,409 rehabilitative physiotherapy sessions, and treated 3,186 patients in the outpatient department.

IN 2019

**575** Surgical interventions

**1,409** Physiotherapy sessions

Saif and Ahd are nine years old and Salim is eleven years old. They are being treated at MSF's post-operative care facility, in East Mosul.



## Nablus hospital, West Mosul

IN 2019

In West Mosul, the need for secondary healthcare is clear, especially in maternity and neonates. MSF runs a comprehensive maternity unit in Nablus hospital with capacity for caesarean sections. Our team provided emergency obstetric and neonatal care, inpatient paediatric services, and emergency treatment and stabilisation of patients before referral to other hospitals.

MSF teams also ensured the provision of reproductive health activities and mental health services. In 2019, our teams provided 7,794 outpatient consultations, 7,504 sexual and reproductive healthcare consultations, 2,177 children treatment and 20,540 vaccinations.

### Maternity and newborn care - Al-Rafedein hospital, West Mosul

As displaced families returned to West Mosul, MSF opened maternity services at the Al-Rafedein basic healthcare centre to respond to the increased demand for sexual and reproductive healthcare. In 2019, our team there also conducted 3,897 outpatient consultations.

**8,246** Births assisted

**1,226** C-sections

**747** Neonate admissions

**13,347** Inpatient admissions

**43,085** ER consultations

IN 2019

**614** Deliveries

**2,569** Maternal care consultations



#### WHEN THE CONFLICT WAS STILL ONGOING, I HAD TO GIVE BIRTH AT HOME

*I had three deliveries at home. At the time, the conflict was still ongoing, IS were still in control. It was very dangerous to leave the house and go outside, so I had to choose to give birth at home. I was afraid for my baby's safety as well as my own well-being, as roads were also blocked and nothing was guaranteed. I resorted to the services of a midwife, and thank God, they were all born healthy.*

*Thinking back on my deliveries at home, I do advise women to have their babies in the hospital because if anything goes wrong, you can always be transferred to the operating theatre, and all the tools and equipment are available there. At home, if you lose a lot of blood (if you are suffering from a haemorrhage) and your life is at risk, the midwife will not be able to help, and they will have to transfer you to the hospital for urgent care. I, myself, felt more secure in the hospital. The pregnancy before this one, I had to do it at home, but it was exhausting and riskier than this one."*



IN 2019

## Supporting communities including Yazidis in Sinuni

We also extended our outreach activities for Yazidis and other communities in Sinjar district, offering sexual and reproductive health services, including deliveries, and paediatric care through our hospital and in the displacement camps. We treated 14,581 patients in the emergency room, assisted 755 deliveries, provided 8,702 sexual and reproductive healthcare consultations, and treated 794 children and 1,790 adults in the inpatient ward in 2019.

**14,581** Emergency room consultations

**1,434** Mental health consultations

**797** Children admitted to the inpatient ward



A Yazidi man aged 24 in his tent on Mount Sinjar on September 3rd, 2019

©Emilienne Malfatto/MSF

*"We are from the south of the mountain, close to Sinjar City. After the genocide, we stayed for one year in a camp for internally displaced people in Kurdistan, then we came here, to the mountain. I live in this tent with my family; my parents, my wife, my brother, my nephews ... It is very, very difficult to live here.*

*The living conditions are very hard. It's either too hot or too cold. The latrines are shared and disgusting. There is no work here. I am never happy. I am always sad. I cannot hang out with my friends because I can't pretend to be happy. Depression is very hard. I feel like I am melting – and indeed I have lost a lot of weight. It affects my whole body. I also forget a lot of things. I keep thinking about things I saw, or heard, about the genocide. Children who died. Children were killed by IS and then IS cooked them and gave the 'meat' to their mothers.*

**“ I KEEP THINKING ABOUT THE THINGS I HEARD, I SAW, ABOUT THE GENOCIDE.**

*I tried to kill myself three times: by drowning, with a gun, and with a knife. Each time, I was stopped. Since then, my family is worried about me and I feel guilty because of that. It just makes things worse.*

*I don't want to take medication because it has too many side effects. I would like a magic pill to make all of what happened disappear, and to make things good again. In these living conditions, it's not easy to get better. Every single night I cry myself to sleep. Nothing makes me happy in life. There is no happiness in this life. If I am alive or dead, it's the same thing."*

## Qayyarah Project

IN 2019

In December 2016, MSF opened its hospital in Qayyara as a 57-bed Emergency Hospital providing emergency and surgical care for war-wounded patients. Since then, the services were expanded to increase the quality of care for the population of Qayyarah sub-district and beyond, including a paediatric ward, neonates, an inpatient therapeutic feeding centre, treatment for burns, physiotherapy, an emergency response unit, an intensive care unit, and mental health care services.

Since it was opened in 2017, our Primary Health Care Center in Qayyara camps is still serving the internally displaced people there providing primary health care services including basic emergency obstetric and newborn care, emergency room services, treatment and follow up of non-communicable diseases, mental health and health promotion.

**29,791** Emergency room consultations

**2,670** Surgical procedures

**522** Malnutrition treatment

**191** Burns treatment



A view of the Qayyarah camp from MSF's primary healthcare clinic in the Airstrip camp, Iraq, May



Inside MSF's Ambulatory Therapeutic Feeding Center (ATFC), a baby undergoes a test to detect malnutrition, May 2019. Photos ©Maya Abu Atta/MSF



*In the hospital, the staff attended to her burns and applied dressings to cover the wounds properly.*

*Bushra Mohammed, one year and four months old, was hospitalised in the burns unit at the MSF hospital in Qayyarah for 20 days. Twelve per cent of her body had burn wounds. After two skin grafts, Bushra had to stay in the hospital for several more days. Doctors preferred to monitor her recovery, due to her young age and the severity of her wounds.*

*"We are from Qayyarah. We came to this hospital because it is the nearest hospital and we knew MSF was working here. Before the war with IS, there were other hospitals, the General and Jumhuri hospitals, but they were shelled and destroyed. It was 8 pm and we were having dinner, all of us, the family. Bushra's five-year-old sister went into the bathroom to wash her hands after eating. She turned the faucet of the hot water and extremely hot water came pouring out. She feared that she could not turn the faucet again to close it, and left it open."*

*At that moment, Bushra came in; she followed her sister's every move. She slipped on the water and fell with her soft skin touching the very hot ceramic floor.*

**KIRKUK GOVERNORATE****Restoring healthcare for internally displaced people and returnees**

IN 2019

In this conflict-affected area, MSF teams provided primary healthcare, maternity and sexual and reproductive health services, treatment for NCDs, mental health support and health promotion activities. Our teams also helped to restore healthcare facilities in Hawija and Al-Abbasi towns, and supported the emergency room, laboratory and infection prevention department at Hawija general hospital. We also provided medical services in Layan displaced persons camp. During 2019, MSF teams enrolled 4,682 patients in NCD health programmes, provided 3,192 sexual and reproductive health consultations, including antenatal and postnatal care, educated 17,398 people through health promotion sessions, and conducted 2,940 individual and 19 group mental health counselling sessions, and 159 psychiatric consultations.

<b>29,217</b>	Consultations for non-communicable disease patients
<b>2,940</b>	Individual mental health consultations provided
<b>3,192</b>	Sexual Reproductive health care consultations
<b>17,398</b>	People attended health education sessions



© Hassan Kamal Al-Deen/MSF

MSF health promoter runs an education session about NCDs in the waiting room at Hawija primary healthcare centre, supported by MSF.

## DIYALA GOVERNORATE

### Helping returnees and host communities in Diyala Governorate

IN 2019

In Diyala, MSF teams addressed the needs of displaced people, returnees and host communities by offering primary healthcare, mental health support, sexual and reproductive health services, treatment for NCDs, and health promotion in Khanaqin and Alwand camp 1 and 2, and through facilities in Sinsil, Sadiya, Al-Muqdadiyah and Jalawla. In September, MSF was able to hand over activities in Jalawla and Sadiya, ensuring an acceptable quality of care, especially for patients receiving psychiatric care.

- 13,174** Consultations for non-communicable diseases patients
- 3,191** Individual mental health consultations provided
- 5,323** People attended health education sessions



© Hassan Kamil Al-Deen/MSF

*"Our livelihood here is definitely not the same as it used to be in our home. We used to have farms and cattle which provided us a good living, while here we live day by day. Some of my sons work as daily construction workers and whatever other work they can make a living with and that's how we manage to provide for the family. Our houses were destroyed during the conflict and now we can't go back anymore. We can't even afford rent because we don't have the source of income we used to have anymore."*

*Kamil is from Saadiya subdistrict, but has been living in Alwand 2 camp for three years.*

## ERBIL GOVERNORATE

### Medical support to internally displaced people in and around Erbil

IN 2019

MSF maintained medical assistance to Iraqi IDPs who were moved by the war and settled in camps and host communities in and around Erbil, in Hasan Sham U2, U3, M1, Debaga and the communities around Kalak area. Our teams provided primary health services, 1,615 treatment for non-communicable diseases and 6,568 mental health consultations in 2019. The project started in 2015 and in October 2019 it was handed over to other actors in the working in the area.

- 6,568** Mental health consultations
- 1,615** Non-communicable disease treatments

**BAGHDAD GOVERNORATE****Baghdad Medical Rehabilitation Centre (BMRC)**

The focus of activities at the Baghdad Medical Rehabilitation Centre (BMRC) is rehabilitative care, including pain management, physiotherapy and mental health support, for people injured in violent incidents or accidents. After the mass protests broke out in October, MSF increased the capacity from 20 to 30 beds. Our teams also supported MOH surgeons on antibiotic resistance and medical protocols. We also had regular donations of consumables for Medical City hospital laboratory and trained physiotherapists on post-operative rehabilitation practices.

*IN 2019*

**13,452** Physiotherapy sessions  
**3,862** Mental health consultations sessions

**Drug resistant tuberculosis project, Baghdad**

MSF provided human resources, equipment and medications to support the National Tuberculosis Programme (NTP) at the Medical City hospital, Rusafa, and Sadr City to ensure quality diagnosis and treatment. MSF also conducted a workshop for 25 doctors and managers of tuberculosis departments from all governorates in Iraq to support the transition the new shorter and injection free treatment of drug resistant tuberculosis.

*IN 2019*

**236,968** Tuberculosis drug tablets donated  
**2,000** Diagnostic packages donated



Kadhim Dhaygham (16) receives physiotherapy at the BMRC. Kadhim was injured on 27 October when a tear gas cannister slammed into his leg during protests in Baghdad.

## EMERGENCY RESPONSE ACTIVITIES

### Supporting one of busiest Baghdad hospitals

MSF gave mass casualty triage training to 80 doctors and nurses working in the emergency department at Imam Ali hospital in Sadr City, to enable them to cope with the massive number of trauma patients they received resulting from clashes in protests.

Our teams also supported the neurosurgical hospital; the closest hospital to the Tahrir Square. We provided emergency care for patients brought in from the protests and donated supplies to keep up with the ongoing demand at that time.

IN 2019

**80** Medical staff trained for mass casualty events

A Syrian Kurdish boy at a clinic operated by MSF inside the Bardarash refugee camp in Iraqi-Kurdistan.

© Moises Saman/MSF



### Assisting refugees from north east Syria

In October 2019, and in response to the influx of Syrian refugees coming to northern Iraq after the Turkish military operations, MSF started operating mobile clinics at the Sahela reception site. MSF also provided primary healthcare and mental health services in Bardarash camp, where the refugees were hosted. From the beginning of the clashes in October till the end of 2019, more than 17,000 people crossed the Iraqi border.

IN 2019

**5,547** Clinic consultations  
**4,388** Mental health individual consultations

### Response to mass casualties in Nasriyah

When protests started in the southern governorates of Iraq at the end of 2019, MSF started an emergency response in Nasiriyah, providing support to one hospital's emergency department. This included training for mass casualty, training plan preparedness and supporting the emergency preparations of first aid posts in the cities in case demonstrations turned violent.

IN 2019

**80** Medical staff trained on mass casualty care  
**6** Emergency kits donated





© Emilienne Malfatto/MSF

Reehan Saeed, in her thirties, holds her newborn baby in the Sinuni hospital on 4 September 2019. Her older son, Ferman (left), was born in extremely hard conditions on Sinjar Mountain in August 2014, as the family was fleeing from IS.



© Hassan Kamal Al-Deen/MSF

An MSF mental health counsellor talks with newly arrived people who fled from north-east Syria to Iraq.



© Elisa Fourt/MSF

Doctors put a patient under anaesthesia before a surgery begins at MSF's comprehensive post-operative care facility in East Mosul.



© Hassan Kamal Al-Deen/MSF

Al Shifaa hospital for infectious disease in Mosul before it was donated to the Directorate of Health. In the 2017 war, the general hospital in Mosul was completely destroyed, so health authorities had to transform the only infectious disease hospital into a general hospital. Al-Shifaa now is the only infectious disease hospital in the city.

the fact that the *in vitro* and *in vivo* results are in good agreement, it is likely that the *in vitro* results are representative of the *in vivo* situation.

It is interesting to note that the *in vitro* results are in good agreement with the *in vivo* results, despite the fact that the *in vitro* results were obtained from a single donor.

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