



HIGHLIGHTS

⇒ Blocked roads between Anbar governorate’s cities and districts are hampering humanitarian efforts to provide basic needs of food, drinking water and health supplies. Shortages in electricity, fuel, and chlorine for water sterilization are further impacting the living conditions of IDPs in the governorate. In Salah El Din governorate, health facilities are reporting shortages in electricity, water, health supplies and health personnel. Five out of nine hospitals are non-functional.

⇒ The national polio immunization campaign from 4-14 August was unable to cover Sinjar district due to insecurity, lack of qualified health personnel and the absence of electricity required to maintain the vaccine cold chain.

⇒ WHO has provided medicines to Dohuk Directorate of Health sufficient for 60,000 internally displaced persons for one month. Medicines were also delivered to Sinjar through the International Committee of the Red Cross to cover the needs of 40,000 people for one month.

1.5 million	TOTAL IN NEED OF ASSISTANCE
1 million	TARGETED POPULATION
934,300	BENEFICIARIES OF MEDICINES PROVIDED BY WHO
22.5 million	CHILDREN VACCINATED AGAINST POLIO
11	HEALTH CLUSTER PARTNERS
6	WHO OFFICES AND SUB-OFFICES
65	WHO STAFF IN COUNTRY

AS OF AUGUST 18 2014

⇒ WHO has supported the deployment of 10 mobile clinics in Dohuk serving an average of 300 patients per day and per clinic. WHO and Dohuk DOH have recruited and deployed 150 nurses to 20 health centers and hospitals.

CONTEXT

⇒ On 13 August, the Interagency Standing Committee (IASC) declared the crisis in Iraq a Level 3 Emergency in order to generate a more effective and scaled-up humanitarian response to the needs of affected populations.

HEALTH SITUATION

NINEWA GOVERNORATE

Page | 2 Almost 200,000 people from Sinjar district have fled to Dohuk as a result of increased fighting. An additional 50,000 people, mostly women, children and the elderly are reported to be trapped on Sinjar mountain. An estimated 60,000 more individuals have crossed to Dohuk through the Feshkhabour border-point with Syria.

Humanitarian corridors have been established to rescue the families stranded on the mountain which is 100 kilometers long. US, British and Iraqi aircraft are airdropping relief goods at the foot of the mountain.

Prior to the violence, health services in Sinjar district were provided by one General Hospital (139 beds) and 19 Primary Health Care centres (PHCs). These facilities, with the exception of 3 PHCs, are now non-functional. Health authorities in Ninewa governorate have expressed concern over possible outbreaks of measles, polio, cholera, as well as tuberculosis (TB) given that Sinjar is a TB endemic area. In response, the Federal Ministry of Health has supplied Mosul DOH with 70 tons of medicines and medical equipment in addition to two million chlorine/aqua tablets. However, there remain shortages in medicine and medical supplies, as well as shortages in electricity, drinking water and fuel.

The national polio immunization campaign conducted from 4-14 August was unable to cover Sinjar district due to the insecurity, lack of qualified health personnel and the absence of electricity required to maintain the vaccine cold chain.

DOHUK GOVERNORATE, KURDISTAN REGION OF IRAQ

The influx of the Yezidy displaced community fleeing Sinjar through the Syrian border point of Feshkhabour has scaled down over the past two days. The majority of Sinjar IDPs and local communities of Sharia collective town and Sumel district who left their homes on 7 - 8 Aug are reported to have returned back. Estimated 42,000 IDPs from Sinjar were relocated to Sumel district and Bateel sub-district in addition to 38,000 in Khaneq collective town.

<i>IDP locations in Dohuk Governorate and estimated population</i>		
Location	Number of Families	Number of Individuals
Khaneq	6,000	36,000
Sharia	127,000	70,000
Bajed Kandala	8,000	40,000
Shekhan	900	5,400
Ba'adry	750	4,500
Garmawa	467	2,802
Mahaty	800	4,800
Lalesh	400	2,400
Zakho	400	2,400
Akre	780	4,680
Mehad	800	4,800
Bristek	200	1,200
Jra	200	1,200
Misryke	2,000	10,000
Bateel	1,000	5,000

Assessment visits were made by WHO team to the towns of Sharia and Khaneq of the Yazidian community. Each town is served by one PHC supported by Dohuk DOH.

The WHO team reported that consultations at the PHC in Sharia town have increased by 50% from around 80 consultations to 120 cases per day, with 40% of cases complaining of diarrhea and vomiting. The team also reported acute shortages in antibiotics (vials and capsules). Similarly, the PHC in Khaneq town currently provides more than 300 consultations per day, compared to 100 consultations prior to the crisis, with 40% of cases complaining of diarrhea and vomiting.

An estimated 40,000- 60,000 persons crossed the Feshkhabour border point via Syria from Sinjar to Dohuk in the last 4 days with more than 15,000 still stranded in the mountain. DOH health teams are working around the clock at the crossing point with 10 ambulances, 2 medical doctors and 10 paramedics supported by WHO. Most of the patients treated were suffering from hypotension and dehydration. Severe cases were referred to hospitals in Zakho and Duhok.

Families crossing to Dohuk reported they had walked all night to cross from one side of the mountain to the other looking for safe corridors out. The families were heading to schools, public halls, open parks and fields, and other empty/under-construction buildings. Dohuk DOH mobile health teams, supported by WHO, are also visiting IDPs living in schools and public places to provide urgent medical care.

ERBIL GOVERNORATE, KURDISTAN REGION OF IRAQ

The flow of displaced populations from Sinjar to Erbil governorate is ongoing with no updated numbers reported. Local authorities previously reported about 65,000 registered IDPs since the beginning of the crisis in June but believe this number has now tripled.

The new displaced population in Erbil is distributed over three main locations:

- i) Under-construction buildings accommodating 890 families from Hamdaniya and nearby areas
- ii) Ainkawa town hosting 850 families mainly from Telkef, Bartallah and Alqws cities
- iii) Baharka camp hosting 400 families from Al-Khazer camp, which was closed due to nearby fighting

In Baharka camp, Medecins Sans Frontieres (MSF) is operating one clinic with one international physician, two local physicians and one nurse. The clinic conducts more than 125 consultations per day. Given that August and September usually see a number of high Acute Watery Diarrhea (AWD) months in Kurdistan, MSF is urging partners to address water, sanitation and hygiene needs. MSF also reported the need for chronic disease medicines (especially hypertension and diabetes).

In light of the increasing number of families arriving in Baharka camp, which has a maximum capacity of 540 families, Erbil government is planning to open two additional camps in Floria city and within the Ministry of Agriculture in Ainkawa.

Nine volunteer medical doctors and one pharmacist are running a two-shift clinic for IDPs in Ainkawa. The clinic is stocked with medicines donated by private pharmacies.

KERBALA GOVERNORATE

Official sources in Kerbala estimate the number of IDPs in the governorate to exceed 50,000 people. Due to the significant burden on the social and health services in the governorate, local authorities have reported there will be challenges in accepting additional IDPs. Health services in the governorate are provided by 6 hospitals, 31 major PHCs and 28 minor PHCs.

Ten new clinics opened this week to cater to the displaced population sheltering at the three entrances to Karbala city, with most clinics working in two shifts and others around the clock. In addition, 25 mobile teams and volunteers physicians visit IDPs located across the governorate. More than 400 private clinics are also extending free medical services to IDPs in the governorate.

On 9 August, a WHO team visited Kerbala Obstetrics & Gynecology Hospital, the only OBG specialized facility in the governorate, and reported that the hospital was overwhelmed with an increasing number of patients.

Figure 3: Patients visiting Karbala OBG Hospital on July 2014

	Service	Total Number	IDPs Number	% of IDPs
1.	Consultations clinics	5576	974	17.5%
2.	Outpatients (night)	2074	129	6.2%
3.	Emergency room	5112	943	18.4%
4.	Ultrasound	1467	871	59.4%
5.	X-ray	57	35	61.4%
6.	NVD	1344	346	25.7%
7.	Caesarian Section(CS)	478	12*	2.5%*

(Low figures of CS are due to no accurate address registration of IDP cases. Updated data will be available in the coming weeks with the progress of the IDPs registration system applied by the governorates).*

Other causes of consultation reported by the health facilities were gastroenteritis, skin diseases (allergies, itching, and scabies), respiratory infections and allergies, high fertility rates among IDPs, antenatal examinations and deliveries. IDPs also suffered from exhaustion, stress and psychological trauma.

AL- ANBAR GOVERNORATE

Violence in Anbar reached Al Fullujah General Hospital resulting in the death of 3 aid workers and the injury of 5 patients, in addition to heavy damage to infrastructure.

Page | 5 In another incident, the Ambulance Services Center building in Albu Alwan town near Falluja district was damaged, with no casualties reported.

4 camps in the governorate are hosting a total of more than 54,000 IDPs. Health facilities are functioning at half capacity: 12 hospitals are technically operational with six beyond the governorate control. Similarly, ten PHCs are functioning with 5 out of the control of Anbar DOH.

The blocking of of main roads between the governorate cities and districts is hampering humanitarian efforts to provide basic needs of food, drinking water and health supplies. Shortages in electricity, fuel, and chlorine for water sterilization are further impacting the living conditions of IDPs in the governorate.

SALAH AL-DIN GOVERNORATE

Health facilities are reporting shortages in electricity, water, health supplies and health personnel. Five out of nine hospitals are non-functional.

Contact with directors of the health sectors of Shirqat, Baiji, Tooz and Tikrit is maintained by WHO focal point in Tikrit City to reactivate the routine immunization schedule in these districts. The governorate reported an absence of central health management, decline in Al-Tooz health sector performance and the unavailability of services for persons with disabilities (including cases of amputations).

PUBLIC HEALTH CONCERNS

COMMUNICABLE DISEASES

According to the epidemiological report for week 29, 100% reporting was achieved by 14 out of 18 DOHs. The reporting of Anbar, Diyala and Kirkuk was (25%), (77, 8%) and (97, 2%) respectively. No reports were received from Ninewa and Salah Al Din. A summary of diseases reported on this week include:

1. Confirmed measles: 862 cases
2. Fever with maculo-papular rash (suspected measles and rubella): 31 cases.
3. Pertussis: 27 cases
4. Visceral leishmaniasis: 2 cases
5. Cutaneous leishmaniasis: 4 cases
6. Zero reporting for the following diseases: hemorrhagic fever, h5n1, rabies, diphtheria, anthrax, confirmed H1N1, confirmed corona virus, neonatal tetanus, cholera, malaria, and confirmed cholera carrier.

7. Polio: A national sub-national polio immunization campaign was launched 10-14 August by MoH, WHO, and UNICEF covering 13 governorates including the three governorates in the Kurdistan region. The campaign targeted over 4 million children under 5 years old and achieved a coverage rate of more than 85%.

HEALTH RESPONSE

- ⇒ In response to medicine shortages in several health facilities and governorates DOHs, including in the Kurdistan Region of Iraq, MOH/Kimadia continue to facilitate the delivery of medicines and medical supplies from Baghdad to the rest of the country. During the reporting period, 264 tons were delivered to Erbil; 175 tons to Suleiymaniyah and 75 tons to Dohuk.
- ⇒ Kerbala DOH opened an additional 16 fixed clinics and deployed over 30 mobile health teams supported by eight to ten ambulances for emergency referrals.
- ⇒ Kirkuk DOH received 44 refrigerators and other vaccine equipment from UN partners in support for the polio and measles immunization campaign on 10-14 August.
- ⇒ Dohuk DOH is coordinating with WHO to conduct an assessment of the humanitarian situation of populations in Zumar district following the new wave of violence in Sinjar and Zumar districts of Mosul governorate.
- ⇒ Sinjar General Hospital has developed a cooperation programme with MSF to pay two months delayed salaries for doctors and resident general practitioners. The programme also included opening an outpatient clinic to minimize the burden on Tawar hospital.
- ⇒ UNICEF supported Sinjar hospital with 20,000 liters of gasoil, Sinonu hospital with 10,000 liters, and the health sector with 20,000 liters.

RESOURCE MOBILIZATION

- ⇒ WHO estimates that approximately USD 150 million is required to respond to the health needs of more than 5 million beneficiaries (1.8 million IDPs and 3.5 million from host communities).
- ⇒ Since the beginning of the IDP crisis in June 2014, WHO has received support from the Saudi Arabia, Kuwait, DFID (UK), Italy and Korea.

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An overview map of IDPs locations/ movements in Dahuk, Ninewa, Kirkuk and Erbil, from June - Aug 2014

