

Situation report no. 11 23 SEPTEMBER - 20 OCTOBER 2014

Ambulance health care workers in Dohuk Governorate prepare to administer treatment to an internally displaced child living in an abandoned building with his family and suffering from severe headaches

Iraq crisis



5.2 MILLION IN NEED OF HEALTH SERVICES*



1.8 MILLION **DISPLACED**



4 MILLION TARGETED WITH HEALTH ASSISTANCE*



WHO

- 2 **HUBS**
- 2 **SUB - HUBS**
- **STAFF**

MEDICINES PROVIDED BY WHO



From 9 June to 16 October, WHO provided health kits and medical supplies for 1,006,000 beneficiaries.

FUNDING US\$

150 MILLION REQUESTED **52 MILLION** FUNDED

HEALTH SECTOR

VACCINATIONS

35 HEALTH CLUSTER PARTNERS

1.5 MILLION TARGETED POPULATION

POLIO & MEASLES VACCINES TO** CHILDREN BELOW THE AGE OF FIVE FROM 6 APRIL 2014 TO 18 **SEPTEMBER**

28.2 MILLION

HIGHLIGHTS

- ⇒ In Heet district, Al Anbar Governorate, 180,000 internally displaced people are in need of health assistance.
- ⇒ There is a shortage of health workers in a number of crisis-affected areas.
- ⇒ The vaccine cold chain and medicine storage warehouses in some areas have been affected due to fuel shortages.
- ⇒ 19 health facilities are non-functional in Sinjar Governorate.
- ⇒ The influx of refugees fleeing from the Syrian city of Kobane increases the risk of importation of wild polio virus.
- ⇒ Population displacements are over-stretching health facilities in areas housing displaced persons in Al Anbar, Dohuk, Sulymania and Erbil Governorates.

^{*} Figures cover the period January 2014 to December 2015

^{**} Number of polio/measles vaccine doses administered to children below the age of five years since April 2014 until 18 September

- In Heet district, 180,000 displaced persons (according to UNOCHA) who have fled to other governorates or districts within Al Ramadi province are in need of health services. Some health workers have fled from Al Ramadi with their families.
- Health facilities have been damaged in some areas as a result of the violence. In Mosul, Ibn Al Atheer hospital was damaged and in Al Nakheeb district of Al-Anbar Governorate, parts of the operating theater of Ramadi Teaching Hospital were damaged, as well as a number of private clinics. Injuries were reported, including among children.
- As of this reporting period, only Mosul University Hospital was operational with a limited health workforce in Mosul.
- In Sinjar Hospital, only one doctor is available serving more than 200 patients per day as compared to prior to the crisis where the hospital had 19 medical specialists and 20 junior doctors. No surgeries are currently being scheduled as a result of these staff shortages.
- The increased number of Internally Displaced Persons (IDPs) and refugees to the Kurdistan Region of Iraq is challenging health service delivery in areas where populations are concentrated, with reported shortages in health staff, essential medicines and medical consumables. WHO and health partners have established mobile clinics (10 supported by WHO) to provide health services for IDPs, and recruited volunteer health workers (50 nurses supported by WHO) to gap-fill urgently-needed health services.
- Surveillance data from refugee and IDP camps in the Kurdistan Region of Iraq shows an increase in the number of cases of acute respiratory infections and acute watery diarrhea. Acute respiratory infections (ARI) and acute watery diarrhoea (AWD) remained the leading causes of morbidity in both refugee and internally displaced persons camps in this reporting period, accounting for 43% and 19% morbidity among the IDPs respectively. Among Syrian refugees, this accounted for 4.2 % (ARI) and 2.8% (AWD) morbidity. Figure 1 below shows the proportionate morbidity among Syrian refugees in Iraq.
- One case of suspected measles case was reported from Darashakran refugee camp.
- Seven cases of malnutrition were reported this week from Arabat refugee camp compared to five reported in week 39.

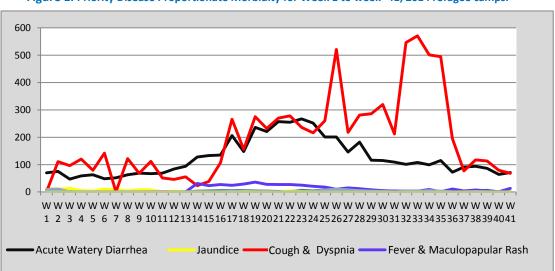


Figure 1. Priority Disease Proportionate Morbidity for Week 1 to week- 41, 2014 refugee camps.

WHO action

In response to the influx of Syrian refugees from Kabone arriving to the Kurdistan Region Iraq, WHO conducted an assessment visit to Gawilan camp for Syrian refugees to assess the health situation and the capacity of **Primary** Health Care Centre. During the assessment the team found the facility in need of medical supplies, medical doctors and reagents to support



laboratory diagnosis. These findings have been shared with health partners and WHO also provided essential medicines and medical supplies. The camp currently accommodates almost 5000 refugees.

 At the Governorate levels, WHO is providing technical and coordination support to ensure all persons in need of health services are effectively reached. At the national level, WHO is coordinating the health response with and international partners through the health cluster.

Public health concerns

- The influx of under-vaccinated Syrian refugees into the Kurdistan Region of Iraq increases the risk of importation of vaccine preventable diseases such as polio and measles.
- Shortage of fuel to run generators for the cold chain and vaccine storage warehouses
 has led to the suspension of vaccination campaigns in Mosul and Sinjar. There are also
 reported shortages of vaccines in Tetra, Kirkuk Governorate.
- In Kirkuk, limited access to safe drinking water due to security challenges is preventing the transfer of chlorine to water stations in Hawija district. In Mosul city, water supply has been cut off, increasing the risk of waterborne diseases such as acute watery diarrhoea.

Core Services

- In response to the new influx of refugees in Dohuk Governorate, WHO provided the Directorate of Health with essential medicines and medical supplies for 50,000 beneficiaries for a period of four months.
- In Anbar, WHO provided the Directorate of Health with medicines, including essential medicines for chronic diseases, for 5,000 beneficiaries for a period of two months.
- In Erbil, WHO provided essential medicines and consumables for 1000 beneficiaries for a period of one month to Habib Malih Primary Health Care Centre in Ankawa.***

^{***}The medical supplies donated include; 70 boxes of ciprofloxacin tabs, 15 boxes of paracetamol, 50 boxes each of aspirin, antacid tabs, and 20 boxes each of Isosorbide dinitrate tabs, furosemide tabs and metformin tabs.

Resource mobilization

	Required funds (US\$)	Funded (US\$)	% funded
WHO****	150 million	52 million	34.6%

**** Funding required by WHO will be used to respond to the health needs of more than 5 million people (1.8 million IDPs and 3.5 million from host communities).

Contact information

For more information on issues raised in this situation report and the on-going crisis, please contact:

Dr Syed Jaffar Hussain **WHO** Representative

Email: hussains@who.int

Ms Pauline Ajello

Communications Officer Email: ajellopa@who.int Mobile: +9647809288618

Ms Ajyal Sultany

Communications Officer Email: sultanya@who.int Mobile: +9647809269506

WHO operations in Iraq are made possible with support from the following donors:

DFID (UK), Italy, Kingdom of Saudi Arabia, Kuwait and South Korea