



Iraq crisis

Situation report no. 5
10 – 24 July 2014

1.5 million TOTAL IN NEED OF ASSISTANCE

1 million TARGETED POPULATION

500,000 BENEFICIARIES OF MEDICINES PROVIDED BY WHO

18.5 million CUMULATIVE NUMBER OF CHILDREN VACCINATED AGAINST POLIO MARCH-JUNE 2014

11 HEALTH CLUSTER PARTNERS

65 WHO STAFF IN COUNTRY

6 WHO OFFICES AND SUB-OFFICES



Baharka IDP transit camp on the outskirts of Erbil
Photo: Osama Ali Maher, WHO CEHA

HIGHLIGHTS

Displaced populations are still sheltered in Sinjar where living conditions are poor. There is a shortage of clean drinking water, shelter and food. Sinjar is experiencing a shortage of doctors and PHCCs are reported to be examining 1,200 patients weekly, on average.

Al-Qaim general hospital incurred damage to three ambulances and two electrical generators. Disruption to power supply halted the operation theater in the hospital for hours.

Cases of respiratory infections and diarrhea have increased in the summer season according to previous years' trends. However, acute watery diarrhea remains a concern and more attention should be given to water and sanitation especially among refugees and IDP populations. Weekly epidemiological reports reflect high numbers of measles cases nationally, with Erbil and Kirkuk provinces particularly affected.

The UN has welcomed the USD 10 million donation from Kuwait for humanitarian aid in Iraq.

HEALTH SITUATION

Thirteen out of fourteen hospitals are functioning in Mosul. Ibn Sena general hospital is under rehabilitation. Primary health care centres (PHCCs) are functioning and providing services including immunization and maternal and child health care.

Mosul is still experiencing shortages in fuel and electricity. Drinking water is adequate and food items are available.

Essential medicines and medical equipment are generally available except for certain medicines for the treatment of non-communicable

diseases and chronic conditions. Routine vaccination activities continue to take place but vaccine stocks are low—enough to last the next month only.

Many PHCCs are unable to share surveillance data with CDC of Mosul due to limited internet connectivity, so the surveillance system is only partly functioning.

Water supplies have been cut off in cities of Hamdaniyah, Bartella and Tall Kayf. Local authorities opened two wells for people of Hamdaniyah and the PHCC of the district has distributed chlorine tablets for use. Reports indicate that people in Tall Kayf collect water from nearby Telskuf. However, some are collecting river water and using chlorine tablets.

An assessment of Hamdaniyah hospital conducted by International Medical Corps (IMC) reported a shortage in oxygen and severe lack of human resources: only 25 staff out of 800 staff are reporting to work on a regular basis.

Displaced populations are still sheltered in Sinjar where living conditions are poor as there is a shortage of clean drinking water, accommodation, food and shelter. Sinjar is experiencing a shortage of doctors and PHCCs are reported to be examining 1,200 patients weekly, on average.

Tal Afer hospital lacks medical staff, in particular, anesthesiologists, gynecology specialists and resident doctors. Baaj hospital requires medical equipment such as x-ray machines, lab kits and trauma supplies.

There is an urgent need for surgeons and anesthesiologists, medicines and medical supplies in Ninewah, Al-Anbar and Sala al-Din governorates. All hospitals and most health care centers in conflict areas need reconstruction. Continuous military operations are seriously disrupting the operations of Beiji hospital. The hospital is now not functioning.

Shirqat general hospital has no anesthesiologists and is unable to provide major surgery, obstetrics and inpatient services.

Three PHCCs have been activated in Shirqat to offer medical support, though this is limited to emergency trauma care and minor surgeries.

Electrical and water supply are still a major problem in Tikrit, Beiji and Shirqat.

There are increasing numbers of physically disabled people in Al-Anbar due to injuries.

Medicines for chronic disease and medical equipment are in deficit in all conflict regions, e.g. Al-Anbar, Ninewah, Sala al-Din and Diyala.

The security situation is reported to have escalated in Haditha. The main road linking Al-Anbar governorate to Kurdistan is closed. This road is the main path for IDPs crossing from Al-Anbar into KRI. Limited road access in the area makes it difficult for health staff to report to work.

Around 1,500 families are being hosted in Al-Habbaniya tourist village, one of the major shelters for the displaced population from nearby Falluja city. This number is increasing progressively. Each unit of the tourist village hosts more than four families. Overcrowding is increasing the risk of communicable disease spread.

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Kurdistan Region of Iraq

Approximately 1,220 IDPs are residing in Garmawa camp. The PHCC is run by DoH doctors and the costs of salaries and medicines are supported by IMC. An average of 80 consultations per day are seen in the PHCC and vaccinations against polio and measles are regularly conducted.

Essential medicine stocks in Zumar are almost depleted particularly adult antibiotics, diabetes medicines and anti-hypertensives. The availability of other essential medications are reported to cover one month only.

Intravenous fluid and vaccines are not available. The most prevalent diseases reported by Zumar PHCC are diarrhea and upper respiratory infections. No stool samples are able to be sent to public health labs due to the current security situation.

The water supply in Zumar is from wells and tracking drinking water. Both residents and IDPs are receiving chlorine tablets to treat the drinking water.

The number of the IDPs hosted by the community is still unknown. However, reports from the local PHCC indicate that one third of the monthly consultations are for IDPs.

HEALTH RESPONSE

Mobile clinics are delivering PHC services in IDP camps in Khanaqin and Sinjar supported or run directly by International NGOs.

WHO has supplied 2 million chlorine/ aqua tabs to Sinjar and Zumar, for the treatment of drinking water.

Vaccines are being transported to Mosul from Erbil ahead of a national immunization day campaign for polio in August.

Five mobile medical teams comprising one doctor, two paramedics and five health education officers are visiting IDPs in Sinjar camp and providing them with the necessary medical services. The mobile clinics are run by the DoH and supported financially by UNICEF.

Médecins Sans Frontières (MSF) started supporting OPD in Sinjar General Hospital to provide 24 hour services for IDPs and residents in the area.

The DoH of Al-Anbar governorate has opened a new health clinic to support the needs of displaced families.

WHO visited Al-Khalidia and Al-Ramadi to assess health situations. Due to difficulties faced by the main hospital in Al-Ramadi city in delivering rapid emergency treatment, DoH is cooperating with Al-Rashed private hospital in Al-Khalidiya district, to provide

alternative free emergency treatment for IDPs.

Al-Anbar DoH organized a vector control campaign in Al-Ahraqiya, Al-Khalidiya, Al-Sufiya, Al-Sjaria Hit, Husaybah and areas within the city of Ramadi. The campaign involved spraying of houses, shops and swamps.

IMC is supporting PHCC service provision in Al Khazer camp where over 1,600 IDPs reside.

COMMUNICABLE DISEASES

According to Sinjar district hospital in Ninewah governorate, one suspected case of measles was reported. No blood samples are collected for lab tests due to the difficulty of transportation amid the current security situation.

Cases of respiratory infections and diarrhea are increasing in the summer season according to the latest communicable disease epidemiological update. The update reflects that acute watery diarrhea remains a concern and more attention should be given to water and sanitation especially among refugees and IDP populations. The epidemiological report further indicated that high numbers of measles cases were reported nationally, with Erbil and Kirkuk particularly affected.

COORDINATION

The delegation of the Federal Ministry of Health recently visited Erbil and requested WHO to coordinate a meeting with all UN Agencies working on the Iraq crisis. The meeting was held at the federal MoH Office in Erbil with the attendance of almost all international agencies and NGOs working in the relief effort. Delegates discussed the current situation of IDP camps in KRI and the best mechanisms for coordinating international efforts and service delivery.

WHO also met with the DG of Erbil DoH and discussed issues related to warehousing of medicines and medical supplies and the constraints faced in these areas.

DONORS AND FUNDING

The Government of Kuwait has donated USD 1.5 million to WHO to respond to the health needs of IDPs in Iraq. This is part of the USD 10 million Kuwaiti contribution channeled through the UN to support humanitarian assistance in Iraq. These funds will ensure that WHO is able to support the Ministry of Health with essential health services and supplies for IDPs.

WHO estimates that approximately USD 130 million is required to respond to the health needs of 5 million beneficiaries (1.5 million IDPs and 3.5 million from host communities).

For more information, contact:

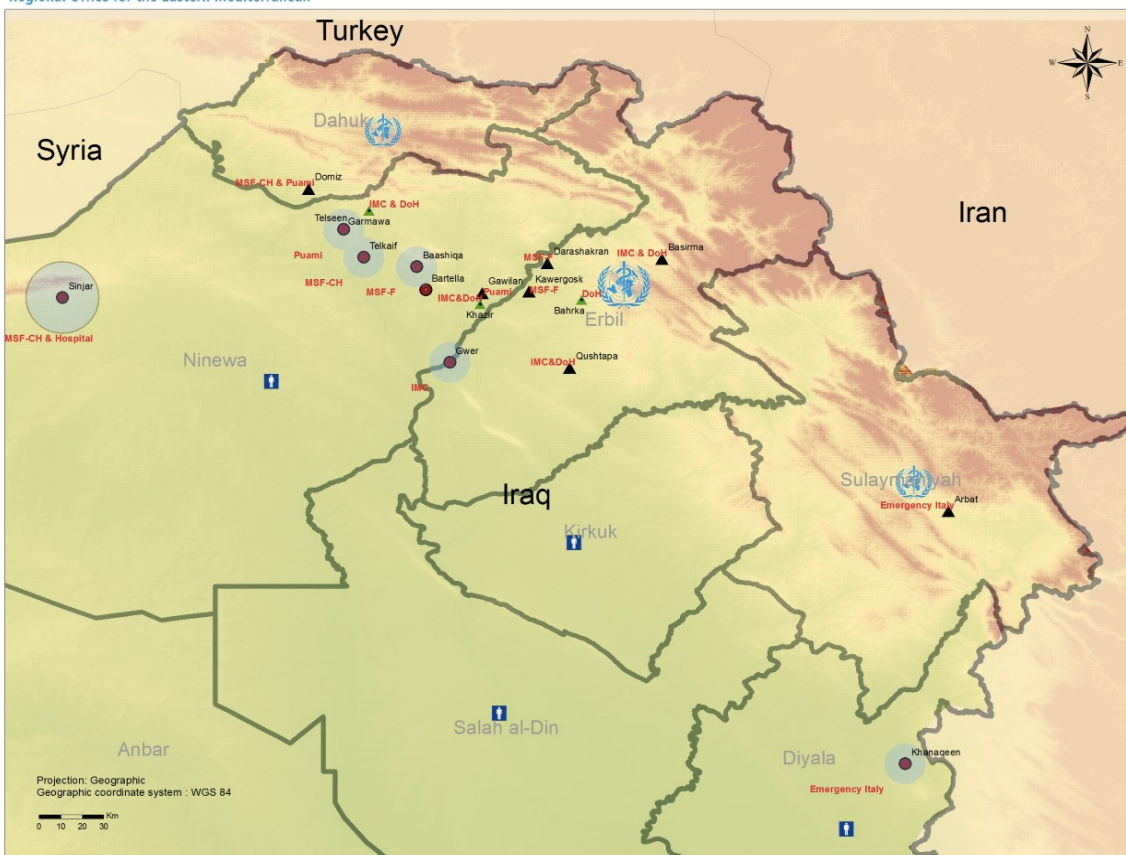
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An overview map of health services for IDPs/Refugee camps and IDP concentrations in north Iraq



Legend

- IDP_concentration
- ▲ IDP_camps
- ▲ Refugee Camps
- Hospital coverage
- Mobile clinic coverage
- WHO Office
- f WHO focal point
- Governorate boundary

Data Source: UNHCR, WHO, OCHA, IOM
Notes:
1-This map is only showing refugee camps within KR-I
2-Refugee settlements, transit camps, contingency camps or camps under construction are not shown in this map
3-Number of house holds includes families in the camps which are not yet registered by UNHCR

Further information
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