



## PEOPLE AFFECTED

**42 269 129** People affected

**3,000,000**

People in need of health services

**G2** WHO graded emergency

## HEALTH SECTOR

**1040** facilities damaged and destroyed

### Major health risks

- Inaccessibility to life-saving health services
- Water-borne and vector-borne diseases and outbreaks
- Hepatitis A, acute jaundice syndrome, and acute respiratory illnesses

## FUNDING in USD

**7 million** requested

**1.1 million** received

**84.2%** funding gap

## CONTACT

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## Current Situation

On 18 March 2019, a flood hit the eastern part of Mazandaran and Golestan provinces after four days of heavy rain. A few days later, additional floods in the west, southwest, and northeast of the country affected thousands of people. Shortly after, a third wave of heavy rains commenced. As of 9 April, a total of 28 provinces have been affected by the floods (out of 31 provinces in total). **Overall, a total of 42 269 129 people have been affected by the floods across**, almost 392,859 people have been displaced, 84 have died, and around 20,573 persons were injured.

## Health Risks

The total estimated population in need of immediate health care assistance is around 3,000,000 people. The floods have fully and partially destroyed 1040 health facilities and 81 hospitals, leaving **patients with limited access to essential and life-saving health services**.

In some provinces, health facilities are not functional due to inaccessibility due to road blocks, running water, and landslides as well as due to standing water in buildings. **Health workers are not able to reach populations in need**, as transportation and infrastructure has been destroyed.

The worsening water and sanitation situation increases the **risk for water-borne diseases and outbreaks, including diarrheal disease, which may result in high morbidities and fatalities**. There is also an increased risk of hepatitis A, acute jaundice syndrome, and acute respiratory illnesses.



## WHO Interventions

**Coordination and leadership:** In close cooperation with the Ministry of Health and Medical Evacuation (MOHME), WHO will coordinate and manage the health response with sister UN agencies and relevant health stake-holders to ensure an efficient and effective response.

**Communicable disease surveillance and prevention:**

WHO is closely working with MOHME to scale up disease surveillance and fill in gaps of critical medicines to treat patients with communicable diseases in addition to prepositioning supplies for possible outbreaks. As a preventative measure, WHO is also planning to provide Hepatitis A vaccines to mitigate outbreaks.



WHO has delivered life-saving medicines and medical supplies to address urgent health needs and undertake recovery measures

**Life-saving medical supplies:** WHO will provide life-saving medical supplies for the existing health facilities, for the temporarily set-up health facilities, as well as for the supported mobile clinics. Hereby, WHO will work closely with the authorities in regard to the distribution and overall provision of the life-saving items to ensure that the emergency supplies will reach the most affected areas and people in need.

**Mobile clinics:** WHO is planning to support mobile clinics to provide outreach services where health facilities are not functional, in order to reach populations in need, who have limited access to health services. Mobile clinics will be accompanied with a medical team and require pharmaceutical supplies to cover a range of essential health services for children, women and elderly. This response also includes disease surveillance and referral of critical cases to advanced care.

## Health Response Priorities

1. Deliver life-saving and essential health care to affected populations
2. Improve disease surveillance and rapid response
3. Improve access to safe water and prevent water-borne and vector-borne diseases
4. Improve health information and mapping for emergency response
5. Scale up coordination and technical support for effective health response



**FLOODS RESPONSE PLAN**

	<i>Description</i>	Total Cost
<b>1</b>	<b>Deliver life-saving and essential health care to the affected populations</b>	
1.1	Essential and outreach health services scaled up	\$ 1,746,500
1.2	NCD Management and health promotion improved	\$ 300,000
<b>2</b>	<b>Improve disease Surveillance and Rapid response</b>	
2.1	Surveillance and reporting improved	\$ 520,000
2.2	Rapid investigation and response capacity improved	\$ 1,440,000
<b>3</b>	<b>Improve access to safe water and prevent water-borne and vector-borne diseases</b>	
3.1	Water quality monitoring and access to safe water strengthened	\$ 790,000
<b>4</b>	<b>Improve health information and mapping for emergency response</b>	
4.1	Health services accessibility and availability assessed and mapped	\$ 60,000
<b>5</b>	<b>Scale up coordination and technical support for effective health response</b>	
5.1	Coordination mechanisms for effective and efficient response strengthened	\$ 80,000
<b>6</b>	<b>Operational Support and Logistics</b>	
6.1	Supply chain of essential medicines, medical equipment and supplies sustained	\$ 127,000
<b>7</b>	<b>Cross-cutting costs</b>	
7.1	Administration, office salaries, travel and security	\$ 1,182,700
	<b>Indirect Costs</b>	<b>\$ 749,544</b>
	<b>TOTAL</b>	<b>\$ 6,995,744</b>