



World Health Organization

Situation report no. 14
25 November - 20 December 2014

Iraq crisis



The Representative and Head of Mission, WHO, Iraq speaks to the media, after the handover of eight WHO-procured mobile health clinics. These mobile clinics will help service the health needs of displaced populations in Iraq
Photo: WHO/P Ajello



5.2 MILLION
IN NEED OF HEALTH*



2.1 MILLION
DISPLACED



4 MILLION
TARGETED WITH HEALTH ASSISTANCE*



5.6 MILLION
VACCINATED AGAINST POLIO**

WHO PRESENCE IN IRAQ



Eight mobile medical clinics on arrival at Erbil International Air port
Photo: WHO/J Swan

HIGHLIGHTS

- ⇒ Eight Mobile Medical Clinics have been handed to the Ministry of Health – Iraq as part of WHO’s response to ensure access to health care services for internally displaced people.
- ⇒ Nineteen internally displaced and refugee children with hearing impediment benefit from WHO supported cochlear implants.
- ⇒ Two assessment visits were conducted to Sharia and Domiz Internally Displaced Peoples (IDP) camps in Duhok.
- ⇒ Together with Ninewa and Duhok Departments of Environment, WHO conducted water quality monitoring and testing.
- ⇒ WHO prepositioned health technologies including medicines and other medical supplies to Duhok, Ebil and Sulymaniah.

MEDICINES PROVIDED BY WHO



1.2 MILLION PEOPLE HAVE DIRECT ACCESS TO ESSENTIAL DRUGS AND MEDICAL EQUIPMENT PROCURED AND SUPPLIED BY WHO

FUNDING US\$



187 MILLION FUNDS REQUESTED

133 MILLION FUNDING GAP

VACCINATIONS



5.6 MILLION CHILDREN UNDER FIVE VACCINATED DURING OCTOBER POLIO VACCINATION CAMPAIGN



118,310 VACCINATED AGAINST MEASLES SINCE 6 APRIL 2014 TO 20 DECEMBER***

* Figures cover the period January 2014 to December 2015, (CRP)

**Number of children vaccinated during the October National Polio Immunization campaigns

*** Number of IDP children vaccinated in Erbil, Duhok, Sulymaniah and Kirkuk

Situation update

- During the **pre-June period**, 480,282 individuals were displaced representing 23% of the total populations displaced in 2014. Sixty five percent (65%) of those displaced originated from Anbar and were displaced to: Anbar (313,686 individuals), Baghdad (56,736 individuals) and the Kurdistan Region of Iraq (72,834 individuals).
- **Between June and July**, an additional 23% of the overall caseload were displaced (estimated at 479,958 individuals). During this period the conflict expanded to several governorates forcing 39% of the population to flee from Ninewa, 37% from Salah al-Din and 10% from Diyala. Seventeen percent (17%) of these populations were mainly displaced to Erbil, 16% to Kirkuk, 15% to Najaf, and 11% to Sulymaniah.
- **During the month of August**, up to 890,760 new individuals were displaced (43%); 86% of these are from Ninewa. The main governorates hosting displaced populations are Dahuk, hosting 54%, and Erbil 9%. Also, 15% were displaced within Ninewa.
- **From September 1 to date**, a series of distinct, concurrent crises have been recorded in several governorates causing a less intense yet steady increase in the displaced population numbers. During this period, an estimated 235,256 new individuals have been displaced from eight governorates, contributing to 11% of the overall 2014 caseload. The four top governorates where majority displacement happened are Ninewa (23%), Kirkuk (22%), Anbar (21%), and Diyala (17%). Other governorates that also experienced displacement include; Baghdad (13%) and Sulymaniah (13%). Furthermore, the proportion of intra-governorate displacement also increased, with 55,590 individuals (24%) were displaced within Kirkuk and 41,910 (24%) in Anbar

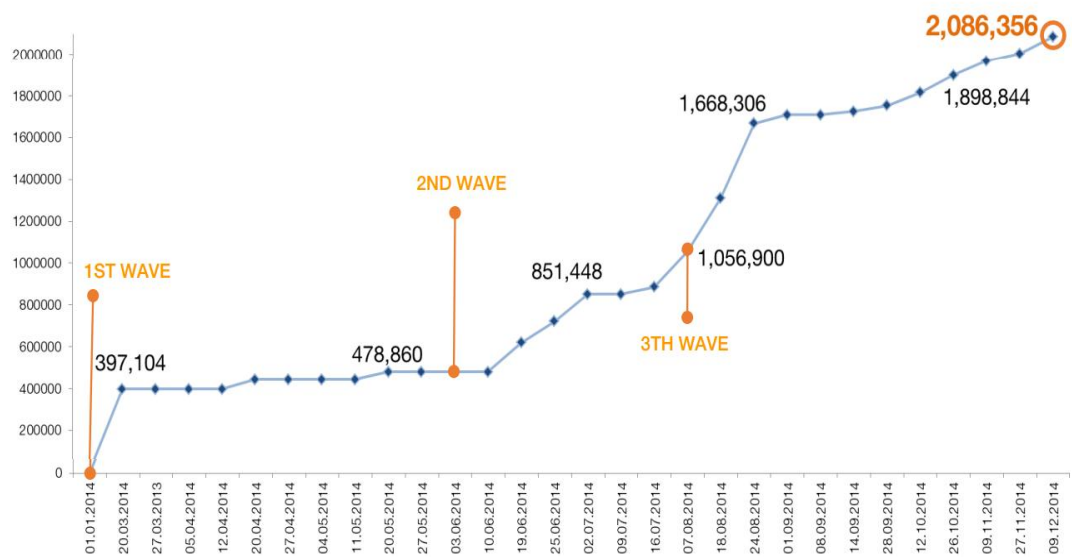


Figure 1: Displacement population trends through 2014 (IDP individuals) Source IOM DTM

Humanitarian health update

- As more areas become accessible, health cluster partners are stepping up efforts to provide emergency support in areas of need. During this period, the road to and from the Sinjar Mountain became more accessible; this led to a new wave of displacement with populations seeking refuge in the neighbouring governorates of Duhok and Erbil. Currently Dohuk hosts more than 50% of the number of IDPS in the Kurdistan region of Iraq. In Al-Khaldia district, the number of displaced persons seeking refuge is estimated at 18,000 families while in Al Qaim district the number of displaced persons is 9,000 families.
- As a result of the influx of Internally Displaced People (IDPs) many healthcare centres are over-stretched and need further support to respond to the increasing numbers of consultations in their facilities. In Haditha city for example, the shortage of health technologies including essential medicines and vaccines continued challenging the health

sector. WHO and other health partners are closely working with the Ministry of Health and respective Directorates of Health to fill these critical gaps. Critical shortages have also been reported from Al Ramadi teaching hospital, Al Fallujah and health facilities in Ninewa. Critical human resources for health gaps have been reported in areas with limited accessibility.

- Health partners are working with the Directorate of Health (DOH) to address the health challenges and gaps identified in Diyala, Khanaqin district. The high influx of internally displaced people is challenging health systems. IOM estimates the number of internally displaced people in Diyala to be over 78,264 IDPs.
- Some health facilities in areas with limited accessibility remained closed. In Sinjar hospital all departments are non-functional with the health facility providing only emergency health services. Twenty-two out of 26 primary health care centers in Sinjar Governorate are currently closed.
- Interruption in water supply and quality and hygiene standards are a challenge in some inaccessible parts of the country. Inadequate water supply has been reported in the western parts of Mosul City, caused mainly by shortage of chlorine gas and broken water pipelines which reportedly contaminated water in the area. Water samples tested for bacteria showed evidence of contamination.

WHO action

- As part of its support to improve access to health services for the internally displaced people in the country, WHO handed eight medical mobile clinics to the Ministry of Health – Iraq. The clinics are the first batch of twelve planned mobile clinics that WHO will provide to the Government of Iraq as part of its response to the needs of the displaced people in the country. The clinics were procured with funds from the Kingdom of Saudi Arabia. They will be deployed to Duhok Governorate currently hosting over 50% of IDPs, Sulymaniah and Erbil. The clinics will provide basic health services equivalent to those of Primary Health Care.

- In Duhok, WHO together with the Directorate of Health (DOH) are supporting a project to build the capacity of surgeons to provide cochlear implants for displaced children with hearing impediments. In Early December, a world class trainer was hired to provide on the job training for Ear Nose and Throat (ENT) surgeons in Dohuk. Nineteen children aged between 1 and 5 years benefited from the project and were



A team of ENT surgeons carry out Cochlear implant for child at a hospital in Duhok as part of disability reduction for internally displaced and refugee children
Photo: WHO

operated in December, among them two Refugee children and 17 IDPs. Additional 50 children are scheduled to be operated in the coming weeks, those to benefit include Syrian refugee and IDP children residing in Erbil, Dohuk and Suleymaniah.

- WHO continues to assist health systems' strengthening through technical support and capacity building of health workers. In this reporting period, the Organization supported the training of 30 medical staff from the DOH, primary health care centers and hospitals in Erbil on family planning. A



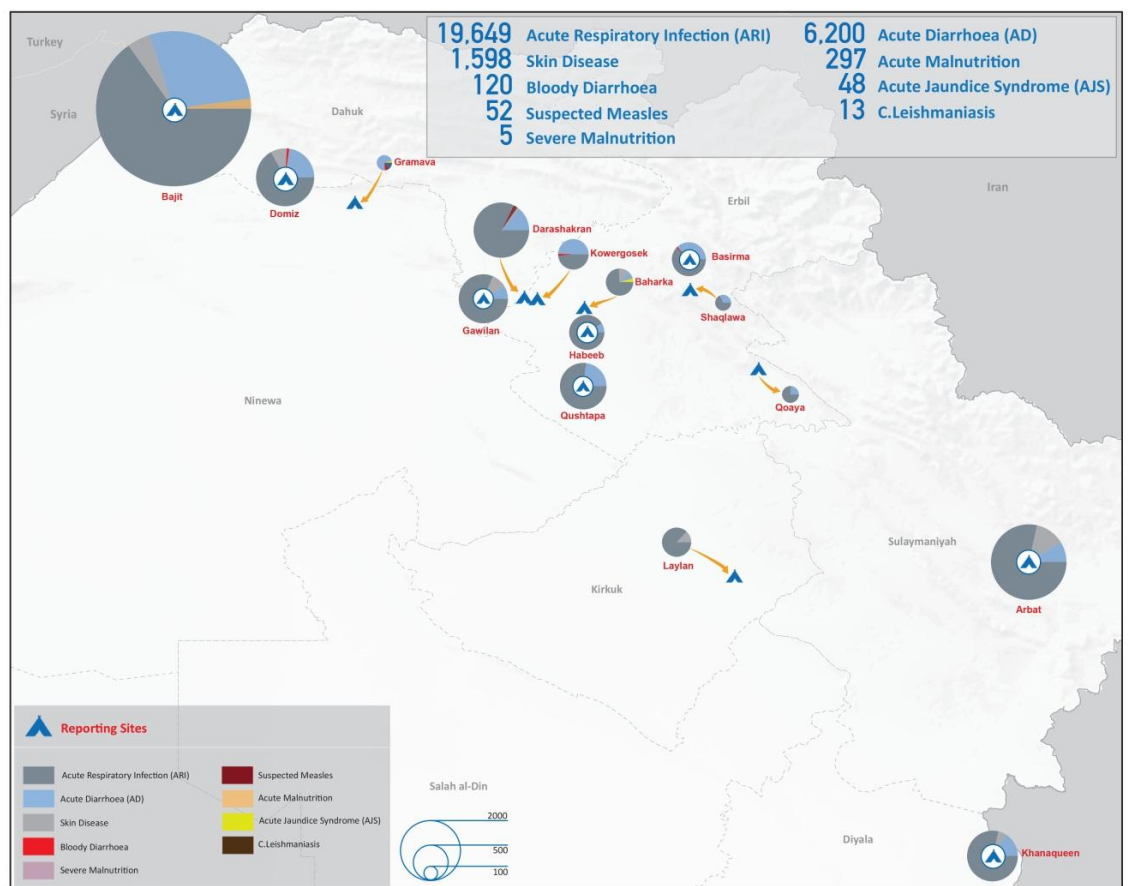
A child who benefited from WHO supported Cochlear implant and a team of surgeons who carried out the operation; the picture shows the boy in good health after his recovery
Photo: WHO

workshop for 25 Paramedics from Duhok, Sulymaniah, Shikan and Amedi health districts and hospitals was also carried out to strengthen epidemiological surveillance and control of communicable diseases. It's expected that this will improve the provision of family planning services for communities in Erbil and strengthen the surveillance system and reporting in Duhok.

- In Kirkuk, WHO together with the Directorate of Health, UNICEF and other cluster partners supported vaccination campaign in Laylan camp targeting children under 15 years. A total of 1,150 children were vaccinated against polio and measles.
- WHO in collaboration with the Ministry of Health and other health cluster partners conducted assessments missions to Sharia and Domiz IDP camps in Dohuk as well as primary health care centers in Sulymaniah. Support supervision and monitoring visits were also conducted to Baharka camp, Erbil following confirmed cases of Hepatitis A. The visit was part of monitoring process of health education and hygiene and promotion activities in the camp.
- In Together with the Directorate of Environments in Ninewa and Duhok, WHO also conducted water quality monitoring and mobile water testing in five villages north of the city. Water samples collected and tested from Ninewa showed contamination following bacteriological examination.
- During this reporting period, WHO provided health technologies including essential medicines and other medical supplies to Duhok and Sulymaniah as part of its support to displaced people and host communities. Ten (10) wheel chairs, one Interagency Diarrhoea Disease Kit (IDDK), three ORS modules, eight boxes of basic unit Interagency Emergency Health Kits (IEHK), two surgical kits and seven boxes of Trauma Kit A were donated to Duhok. The supplies provided are worth treating over 10,000 people for a period of three month.
- In addition, one IDDK, two boxes of ORS module, seven boxes of basic IEHK, 5 boxes of surgical kits, one Trauma Kit A, three Trauma Kits B, 10 wheel chairs and an assortment of medicines were supplied to the DOH in Sulymaniah. Erbil DOH also received two boxes of ORS module, 5 boxes of IEHK and 2 trauma kits. Since June, WHO has provided medicines worth treating over 1.2 Million people.
- A total number of 11,959 consultations were reported from 13 reporting sites in week 48

namely; Baharka, Bajit, Gawilan, Domiz, Qushtapa, Basirma, Darashakran, Kowergosek, Arbat 1 and 2, Gramava, Khanaqueen and Laylan. This brings the number of consultations recorded in the reporting sites since the EWARN system was initiated to 98,631. Of these consultations recorded 2,825 cases (24%) were Acute Respiratory Tract Infection (ARI) and 539 cases (5%) were Acute Diarrhoea (AD). Refer to map 1 for more information.

- Banjit Kandala camp accounted for the highest caseload of ARI, 866 (31%) and AD, 324 (62.3%) in week 48, Darashakran and Arabat I and II reported 19% and, 12.4% of ARI cases respectively, while Kowergosek and Domiz reported 8% and 6.1% of AD cases respectively.
- The Majority of cases of ARI (47.1%) and AD (40%) during this week 48 were registered among children under five years. The highest numbers of cases of AD among under five children were recorded from Bajit Kandala (25%) while the highest number of ARI cases was reported from Darashakran (10.2%). The increase in the number of ARI cases among children under five, could be associated with the harsh winter conditions in the northern part of Iraq since late November; as the cold weather continues in most of the areas hosting IDPs in Iraq, ARI cases are more likely to increase, constituting a public health risk on children and other vulnerable groups. The Ministry of Health in collaboration with WHO and other Health partners have stepped up surveillance during the winter season. **Refer to Iraq EWARN weekly bulletin Issue number 48 and EWARN Snapshot No 2 for more information.**
- Acute viral hepatitis outbreak was detected on the 23 November 2014 in Baharka camp. While the outbreak is not escalating, it is not yet over; in week 48, two cases were recorded, bringing the total number of cases reported since the first cases were detected to 48 from nine reporting sites. Health and WASH partners operating in the camps are conducting hygiene and health education and promotion. As well as strengthening the surveillance system and the case management.



Map 1: Disease distribution in IDP camps in week 4

Public health concerns

- WHO continues to support Ninewa and Duhok Departments of Environment with teams that conduct water quality monitoring. However, in Mosul, continuous interruption of water supplies coupled with the shortage of chlorine and the merging of water and sewage lines is posing a threat of water borne diseases for the community in the city. Al Qadeseya and Al-Amal sites have been broken over the past three weeks. Water samples collected and tested from Mosul showed contamination following bacteriological examination.
- The Winter season that began in October continues to cause increases in respiratory infections and constitute a public health risks to IDPs especially those who continue to live in unstructured buildings like unfinished buildings and schools. As the weather conditions continue to worsen, Acute Respiratory infections are more likely to increase as evidenced in week 48, with 2,825 cases reported from 13 reporting sites with 16.1% increase compared with the previous weeks (week 47).

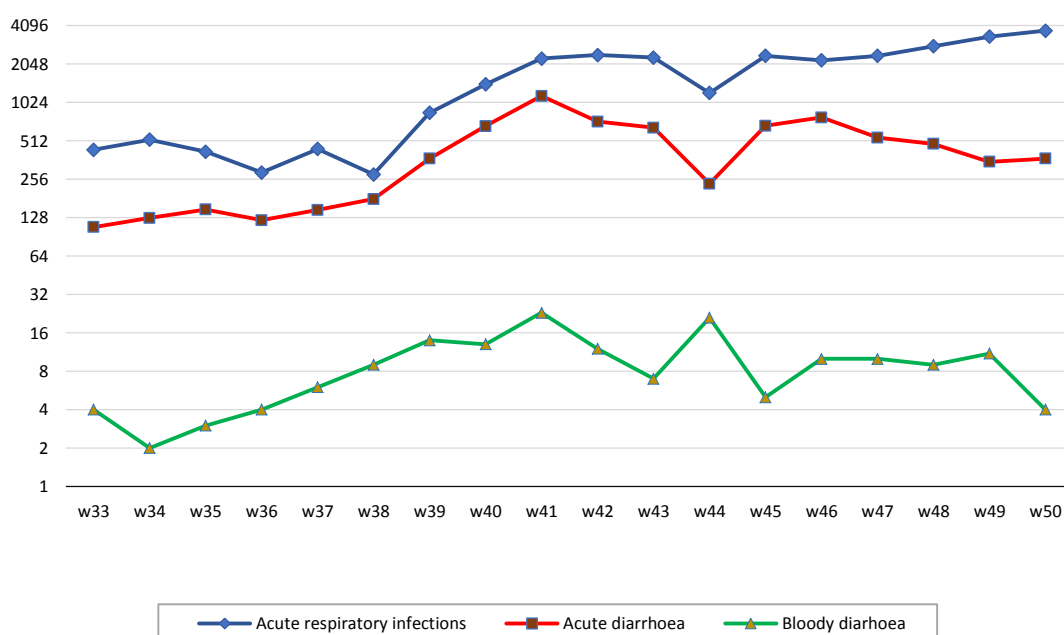


Figure 2: Disease trends of leading communicable diseases by weeks ****

Resource mobilization

	Required funds (USD)	Funded (USD)	% funding gap
WHO****	187 Million	54 Million	71%

**** The funds WHO requires will be used to respond to the health needs of more than 5 million people (1.9 million IDPs and 3.5 million from host communities).

Contact information

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