Situation Report Number 23
29 APRIL – 15 MAY 2015

Iraq crisis

WHO PRESENCE IN IRAQ

HIGHLIGHTS

⇒ The Maternity and Paediatric Hospital in Ramadi resumed on Tuesday 12 May its outpatient services to pregnant and children (morning shift only).
⇒ Three major PHCCs were re-opened inside Ramadi on 6 May to serve the returnees; the PHCCs are: Almalab, Al Tel, & Alwarar.
⇒ One WHO supported Mobile Medical Clinic (MMC) was handed over by MOH to Al Adel district in Baghdad to serve the Ramadi IDPs.
⇒ The Ministry of Health agreed with WHO to allocate one additional MMC to Anbar DOH to be used based on the DOH needs. Additional two MMCs will be ready for mobilization if requested by the DoH.
⇒ Kirkuk governorate relocated the second batch of 50 IDP families from Kirkuk city to Badawa village on 2nd of May. The village is a residential complex built for the IDPs in Kirkuk Governorate by the government.
⇒ WHO is supporting Ministry of Health in implementing a nationwide polio vaccination campaign from 24 to 28 May 2015 in coordination with the UNICEF. This campaign coincides with the completion of one year without polio case in Iraq – a major public health achievement.

MEDICINES PROVIDED BY WHO

⇒ 3 MILLION PEOPLE have direct access to Essential Drugs and Medical Equipment procured and supplied by WHO

FUNDING US$

⇒ 189 MILLION FUNDS REQUESTED
⇒ 135 MILLION FUNDING GAP

VACCINATIONS

⇒ 5.4 MILLION CHILDREN UNDER FIVE VACCINATED DURING APRIL, 2015 POLIO VACCINATION CAMPAIGN
⇒ 658,352*** VACCINATED AGAINST MEASLES SINCE 6 APRIL 2014 TO 28 FEBRUARY, 2015

* Figures cover the period January 2014 to December 2015, (Crisis Response Plan)
**Number of children vaccinated during the April National Polio Immunization campaigns
*** Number of children vaccinated in Erbil, Duhok and Sulymaniah during the February mass measles vaccination campaign
**** Number of children vaccinated in 12 governorates during December mass measles campaign.
Situation update

- On 15 May, Al Ramadi General Hospital building was controlled by the Opposition Armed Group (OAG) and families in the mentioned areas are reported to be trapped with 1000 of them escaped to Al Khalidia district. Al-Khalidia Emergency Hospital reported, same date, receiving 140 injuries of different degrees; cases included both civilians and military forces.

- On 12 May, a sand storm hit Anbar governorate affecting Al Habbaniyah tourist city camp tents. About 40 IDPs tents were damaged causing injuries to more than 50 people including children and women. Severe wounds, fractures, and death of one old woman were reported by the medical staff operating Al Habaniya PHC. Some injuries were treated in the PHC while 3 severe cases transferred by the medical centre ambulance to Ameriate Al-Fallujah General Hospital. Moreover, the health staff in the PHC as well as Habaniya police and Civil Defence forces rushed to the camp site to assist the IDPs in re-fixing the collapsed and/or damaged tents.

- Sources in Anbar Provincial Council confirmed that 180 IDPs families returned on 10 May to Al Malaab City inside Ramadi. Number of returnees to Ramadi city increased to 4000 families as of 9 May 2015. However, access to health services is still limited.

- The security situation in Al Baghdadi and Haditha remains the same and continues to hamper the delivery of 1473kg of WHO medical supplies to Al-Baghdadi and 4,854kg to Haditha. These supplies are one part of seven trucks of food and medical supplies loaded by WHO, WFP, & UNFPA in response to Al-Baghdadi and Haditha emergency call beginning of the crisis.

- Although the approximate of 5,933 families have returned from Baghdad to Anbar Governorate through the Bzebiz Bridge since 21 April, IOM on 30 April installed additional 30 tents at the Bzebiz Bridge Crossing Point, as well as a further 30 tents at al-Shawwaf Mosque in the al-Yarmook neighbourhood of Baghdad on 3 May. Another camp of about 50 tents is under construction by the government near Bzebiz Bridge at the side of Baghdad.

- The directorate of refugees and IDPs in Thiqar governorate (south of Iraq) stated that 51 families (about 306 persons) arrived from Anbar governorate (week 18 of WHC internal report). Additional 400 IDPs families arrived at Babylon province and distributed to houses within the hosting community, mostly north of the governorate. In Missan governorate, moreover, Alrahma camp management rearranged 24 caravan offered by Missan Oil Company to Ramadi IDPs in three sectors (A, B and C) and relocated 56 displaced families who were hosted in tents.

- Reports from Al-Anbar DOH that there was a fire in Al Ramadi General Hospital on 5 May without details on the cause or size of damage.
**Humanitarian health update**

- **Al Habaniya tourist city:** The only health facility in the city is Al-Habanyia PHCC that works 24/7. The PHCC lacks a delivery room, laboratory, radiology, and dentistry units. Al-Habanyia tourist city hosted new displacement of about (650) families to raise the number of families accommodated in it to (2750 families) equal to approximately 13750 individuals as of 29 April. IDPS in the city are occupying the different housing facilities including the 528 tourist houses, the 350 room hotel and many halls, and 652 tents. Additional 500 tents are scheduled to be installed the third week of May to accommodate an expected wave of returnees from Baghdad to Al-Anbar. Drinking water in the city is a challenge as the water supply is provided through pipes from Habaniya Lake directly without purification. The spread of insects and rodents is another problem in the city; the last pesticide spraying campaign was in July 2014.

- **Al Khalidiya City:** a field hospital is currently operating in the city with emergency services only. Based on Anbar DOH request, WHO is working on providing the DOH with four pre-fabs to operate the out-patient clinic in the city. The medical staff and part of Al-Ramadi General Hospital equipment were moved to operate in the temporal location of Al-Rasheed private 75-bed hospital in Al-Khalidiya; the hospital is also equipped with four surgical theatres, laboratory and radiology units, in addition to four-bed emergency room. The hospital management rented a warehouse nearby and is planning to add additional 25 beds. WHO supplied the said hospital with the items listed in the table below:

<table>
<thead>
<tr>
<th>Supplies distributed</th>
<th>Al-Khalidia</th>
<th>Estimated no of beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>IEHK (1 Basic + 2 Supplementary units)</td>
<td>1</td>
<td>80,000 for 3 months</td>
</tr>
<tr>
<td>IDD (Diarrheal basic Module)</td>
<td>1</td>
<td>500 for 3 months</td>
</tr>
<tr>
<td>Trauma Kit A</td>
<td>2</td>
<td>200 for 3 months</td>
</tr>
<tr>
<td>Trauma Kit B</td>
<td>2</td>
<td>200 for 3 months</td>
</tr>
<tr>
<td>Surgical Kit</td>
<td>1</td>
<td>300 for 3 months</td>
</tr>
</tbody>
</table>

- **Amiriyat Al Falluja:** Amiriyal Al Falluja General Hospital is one of two functioning general hospitals in Al-Anbar governorate besides Haditha Hospital that are still under governmental control. This health facility of 100 bed capacity comprises eight different specializations units and six surgical theatres. It presented significant number of services including surgeries to patients during the recent crisis before opening Al-Khalidia emergency hospital. Acute shortage of medical oxygen supply is reported due to increased demand and caseload.

- **The two WHO supported clinics in Amiriyat Al Falluja & Nikhaib,** services continue and number of consultations in Amiriyat Al Falluja clinic was 551 and in Nikhaib 958 as of 29 April, (see figure 1 below)
WHO action

- WHO provided the clinic in Al-Habaniya Tourist City with four pre-fabs to use as a lab and dentistry units. Related equipment is in Anbar DOH warehouse scheduled to be transported to the site within a week.

- WHO worked with the Federal Ministry of Health as well as Baghdad and Anbar Directorates of Health (DOH) to deploy six ambulances, essential medicines and health workers to treat IDPs on transit on both Bzebiz Bridge sides.

- Director General of Anbar directorate of Health, and members from Anbar provincial Council visited the Maternity and Paediatric Hospital in Al Ramadi City on 9 May to assess the damage inflected upon the hospital and the measures to rehabilitate the part of it delivering labour and emergency services. Findings were:
  - The city security situation is still unstable
  - The hospital lacks health staff and anaesthetist to maintain its operations (in-patient & surgery)
  - Outpatient services are resumed for pregnant and children (morning shift only) starting Tuesday 12 May 2015.

- A team from Numanyha health district with another from Numanyha PHCC visited on 10 May the new IDPs displaced from Anbar and provided them with preventive and curative services.

- A team from communicable diseases control unit in Al-Ahdamiya district in Bagdad visited the IDPs in Al-Nida’a mosque in Bagdad on 10 May as well. The team sprayed all the mosque’s rooms with the Virkon antiseptic.

- In Muthana governorate on 9 May, a team from Muthana DOH paid a field visit to 20 families displaced from Anbar and are staying in rented houses. An assessment for the health situation was done and preventive measures like use of insecticide to control the vector and zoonotic diseases were taken.

- As of 10 May 2015, WHO conducted health assessments in many other parts of Ramadi covering locations inhabited by 3771 families (18844 individuals) living in...
2302 shelters, mostly tents - (excluding those living in Habaniya tourist city hotel & houses.) The assessments findings reflected the following:
- Challenges in general include medicines, drinking water, electricity, human resources, health lab facilities, etc.
- Most of the IDPs complain from inadequate drinking water which is usually supplied either in bottles or through water tank trucks.
- Food distributed is mostly of dry items and insufficient.
- Health services are delivered through PHCCs and mobile clinics.
- The main health services provided include outpatient, immunization (using Polio, Measles and BCG only), dressing, and referral.
- Latrines and solid waste management services are available at assessed sites.

Communicable disease updates

- In Missan governorate, more cases of suspected measles were reported in Alamara Kumait sub districts. EPI and surveillance units in PHCCs and teams from Health V Section continued tracking patients' contacts and vaccinating the neighbourhood. estimated 250 people under 24 years were vaccinated with measles containing vaccine (MMR). Missan governorate had measles vaccination campaign in December 2014 continued presence of measles infection reflects inadequate quality of campaign. focus should be efforts to ensure 90% vaccination rates for MCV1 and MCV2 at the level and sensitive surveillance for reporting all suspected measles cases.
- In Najaf, routine follow up activities of defaulters was conducted among IDPs in the governorate.
- In Wasit governorate, the following communicable diseases reported during the last week:
  - 15 cases of C. Leishmaniasis were reported among hosting community in the last week of April, of which seven cases in Numanyha and eight cases in Azyzia district. Nine cases of age group 5-14 years were treated.
  - Three cases of kalaazar were reported among hosting community as well, of which two cases in Azyzia and one in Numanyha districts.
  - One pertussis case was reported among hosting community in Kut district.
  - A total of 649 cases of acute diarrhea were reported in Wassit last week. 150 were tested for vibrio cholera; negative results.
- In Kirkuk governorate:
  - 12 cases of C. leishmaniasis were reported, of which 11 were among IDPs from Salahaddin and Anbar.
  - Sex cases of suspected measles were reported, of which two were among the hosting community and four among IDPs. Blood samples were collected from patients and sent to CPHL for confirmation.
  - In Sinjar area, reports demonstrated an increase in scabby cases. Treatment drugs were provided from DOHs of Duhok and Nenawa.
- In Thiqar governorate last week of April:
  - One pertussis case was reported
  - Three cases of Cutaneous and one Visceral leishmaniasis
  - One AFP case; samples were taken and sent to CPHL in Baghdad for
Public health concerns

- A total of 1510 acute diarrheal cases
- In Basrah governorate same reporting period:
  - 62% of IDPs children were administered oral polio vaccine (OPV) in the second round of the immunization campaign.
  - Two cases of Leishmaniasis among the IDPs were reported.
  - According to surveillance unit of Public Health Directorate in Basra DOH, two cases of AFP and one case of suspected measles were reported last week of April as well.
  - Four cases of suspected H1N1 were reported by CDC centre of Basrah Public Health Directorate; notification was sent to CDC Baghdad.

- In Najaf governorate, number of acute diarrhea cases scaled up compared to previous weeks. Three cases of measles were reported as well in addition to six cases of C. leishmania and one V.leishmanisis.
- Number of acute diarrhea in Muthana governorate slightly increased the first week of May. 421 acute diarrheal cases were reported and 218 stool samples were collected for vibrio cholera test. Negative results.
- Tetanus toxoid vaccine remains in shortage in DOHs of Almuthana and Wassi governorates.

Resource mobilization

The table below gives an overview of funding requirements for WHO and the Health cluster until 31 December 2015 to respond to the needs of 4 Million IDPs

<table>
<thead>
<tr>
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<th>Required funds (USD)</th>
<th>Funded (USD) %</th>
<th>funding gap</th>
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<tbody>
<tr>
<td>WHO***</td>
<td>189 Million</td>
<td>54 Million</td>
<td>71%</td>
</tr>
<tr>
<td>Health Cluster</td>
<td>314 Million</td>
<td>96 Million</td>
<td>70%</td>
</tr>
</tbody>
</table>

**** 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).

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

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