As of 14 January 2015, the number of people reported to be displaced in Iraq was up to 2.1 Million (IOM, Displacement Tracking Matrix). Of this number, approximately 576,846 (27.5%) of the internally displaced population are sheltered in Dahok governorate, a significant percentage of them are housed within host families, 17 IDP camps, in unfinished buildings and informal settlements like schools. Five governorates are affected by the ongoing instability in the country, including: Salah Adin, Dijla, Kirkuk, Anbar and Nineveh. However most displaced population in Dahok are from Nineveh and Kirkuk. The number of people who need life-saving assistance such as health care and protection in the governorate is deemed to continue increasing.

The influx of refugees into Dahalu also continued during the reporting period; an estimated 15,038 refugees were reported to have arrived between June and December, 2014; 41.5% of 15,028 were reported to have settled in Dahok. This increased the pressure on the health system and services in the governorate.

2.16M POPULATION

759,260 POPULATION REACHED WHO AND OTHER HEALTH PARTNERS

ASince AUGUST 2014

15,142 SURGICAL OPERATIONS

3,229 DELIVERIES

PUBLIC HEALTH CONCERNS IN DAHOK GOVERNORATE

Given the displacement of 27.5% of half of these living in unstructured settlements, and with health system stretched, the IDPs, refugees and host communities in Dahok face numerous public health concerns among them:

- The population displacement has resulted in overcrowding in resettlement areas, raising the risk of transmission of many communicable diseases, such as; Acute Respiratory Infection, measles and meningitis that are transmitted person-to-person, the risks are increased when shelters are over crowded and inadequately ventilated. The currently available surveillance data from the IDP camps shows that 25% of all reported morbidity in Dahok is respiratory tract infection.
- The risk of measles outbreak is high because of population movement and the overcrowding in IDP settings. Data from IDP camps have reported over 26% cases of measles that were clinically confirmed from Dahok.
- Supplementary immunization activities are periodically conducted in Iraq, however coverage is variable by area, and the ability to independently monitor the activities is compromised due to insecurity and inaccessible in some areas. In April 2014, an outbreak of polio was declared in Iraq, although no cases have been recorded in Dahok, the unvaccinated children remain at risk of infection due to population movements.
- The current level of violence, danger, loss, social changes and human rights violations are likely cause an increased and wide range of mental health issues such as grief, non-pathological distress, tobacco and substance abuse, depression and anxiety disorders including post-traumatic stress disorder (PTSD) which need to be urgently addressed so that they do not complicate into longer term or severe mental disorders.
- Cardiovascular diseases (hypertension, ischemic heart disease, cerebrovascular disease and heart failure) accounted for 6% of non-communicable diseases. Non communicable diseases need to be medically managed to avoid increased mortality or complications which places a substantial burden on health services an impoverished drain on families and communities.
- Limited access to health services in hard to reach areas of displacement as most mobile medical services visit.

IMPACT OF CRISIS

WHO RESPONSE ACTIVITIES IN DAHOK

5 POLIO CAMPAIGNS

Five Oral Polio Immunization Campaigns for children under 5 years were conducted. A total of 60,000 IDP children received all the five doses of the polio vaccine.

204,328 CHILDREN VACCINATED AGAINST MEASLES

204,128 children aged 9 months to 15 years were vaccinated against measles. 34,907 children less than 5 years were vaccinated against mumps, 169,421 children (9 months - 15 years) were vaccinated during the emergency measles vaccination campaign.

EWARN

Early Warning and Rapid Response Network system (EWARN) initiated, 17 reporting sites have been included as a result of ongoing submission of weekly reports including 7872 people 10 IDP camps. A total number of 10 coordination meetings have been conducted.

HEALTH CLUSTER

As a cluster lead, the agency is supporting government with coordination of health cluster partners in the public health. Since August 2014, a total of 10 coordination meetings have been conducted.

SAFEP WATER

To ensure that DPV have access to safe water, a fully equipped Mobile Water Quality Monitoring Laboratory that conducts chemical and physical tests was provided to the Directorate of Environment (DOH). Using 56 teams, WHO and DOE conducted water quality monitoring visits to IDP camps in Dahok, eight teams also conducted a similar activity in Nineveh. 1,635 water samples were collected and tested.

LAB REAGENTS

Procurement and delivery of Laboratory reagents for water quality control were done for DOH.

2.2 MILLION CLINICAL DATA

Two million Chlorine tablets for water purification were delivered to Sinar and Talater DOHs.

Cochlear Implant

Twenty children aged between 1 and 6 years received cochlear implant surgery as part of disability reduction among IDPs and Syrian Refugees children.

Support Vector Control

Support Vector Control for IDP locations mainly for schools, unfinished buildings, and Garmawa IDPs camp.

Mental Health

Psychosocial support targeting 67,000 IDP children school age was provided.

CoCHIAR IMPLANT

WHO AND OTHER HEALTH PARTNERS

Iraq Country Office:
Ministry of Health/WHO, IOM/DTM

PUBLIC HEALTH CONCERNS IN DAHOK GOVERNORATE

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90 WHEELCHAIR

Ten medical mobile teams (3 doctor, 4 paramedics, 2 drivers) were procured to assist internally displaced persons and host communities live dignified lives by easing their mobility WHO. These were recorded through the reporting sites.

COCHLEAR IMPLANT

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