Situation Report Number 21
17 March – 06 April 2015

Iraq crisis

WHO PRESENCE IN IRAQ

HIGHLIGHTS

⇒ WHO donated two Interagency Emergency Health Kits to Turmenneli Cooperation and Culture Foundation (TCCF) an Italian Non-governmental Organization to respond to the health needs of internally displaced people (IDPs).

⇒ Medical commodities were donated to Maternity hospital in Sulaymaniah to support management the increasing caseload of patients.

⇒ In Al Anbar governorate, WHO supported the construction of two clinics in Ameriyt Alfallujah and Alnakheeb areas and handed them to the Directorate of Health (DOH).

⇒ To strengthen the storage capacity of the Directorate of Health in Sulaymaniah, WHO supported the renovation and upgrading of three warehouses estimated at to be 1000 square meters each.

WHO DONATED TO TCCF

Photo: WHO

WHO staff check the expiry date of essential medical supplies donated by WHO to the Directorate of Health in Sulaymaniah

MEDICINES PROVIDED BY WHO

2.5 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

5.5 MILLION CHILDREN UNDER FIVE VACCINATED DURING FEBRUARY POLIO VACCINATION CAMPAIGN

3 954 278*** VACCINATED AGAINST MEASLES SINCE 6 APRIL 2014 TO 29 FEBRUARY, 2015

3.7 MILLION****

* Figures cover the period January 2014 to December 2015, (Crisis Response Plan)

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

*** Number of children vaccinated in Erbil, Duhok and Sulaymaniah during the February to March mass measles vaccination campaign

**** Number of children vaccinated in 12 governorates during December mass measles campaign.
In Tikrit, a number of health facilities have been damaged over the past one month. Among those damaged are: Tikirt teaching hospital that is burnt, Dijlah general hospital in Al-Ouja township south of Tikrit) and Salah-Aldeen general hospital north of Tikrit city. All the three hospitals are currently non-functional. This is challenging to the communities in these areas who used these facilities.

In Kirkuk, 34 out of 148 health facilities including hospitals are non-functional. With the increasing and contentious number of displaced persons and limited accessibility in Kirkuk, access to health services possess public health risks to those displaced into areas with damaged health facilities. Table 1 below illustrates functional and non-functional health facilities in Kirkuk as of 6 April, 2015.

<table>
<thead>
<tr>
<th>Districts</th>
<th>Main PHC</th>
<th>Sub main PHC</th>
<th>Medical detachment</th>
<th>Health houses</th>
<th>Total</th>
<th>Hospitals</th>
<th>Partially destroyed health facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirkuk1</td>
<td>18</td>
<td>1</td>
<td>4</td>
<td>23</td>
<td>0</td>
<td>2</td>
<td>Abbasi PHC (Partial)</td>
</tr>
<tr>
<td>Kirkuk2</td>
<td>16</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>23</td>
<td>0</td>
<td>Hawija H (Partial)</td>
</tr>
<tr>
<td>Daquq</td>
<td>6</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Dibis</td>
<td>6</td>
<td>1</td>
<td>16</td>
<td>1</td>
<td>2</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Hawija1</td>
<td>4</td>
<td>13</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Hawija2</td>
<td>5</td>
<td>18</td>
<td>4</td>
<td>1</td>
<td>15</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>2</td>
<td>40</td>
<td>23</td>
<td>8</td>
<td>6</td>
<td>108</td>
</tr>
</tbody>
</table>

WHO action

WHO donated two Interagency Emergency Health Kits to Turmenneli Cooperation and Culture Foundation (TCCF) an Italian Non-governmental Organization to respond to the health needs of internally displaced people (IDPs). TCCF runs mobile medical clinics in Erbil and Debaga supported by Malteser International (MI) that has provided medical supplies, however during the period in focus, the agency run of essential medicines and requested the support of WHO to cover the existing gap.

WHO donated other medical supplies to Maternity Teaching Hospital in Sulyeimaniah to support management of maternal health. The supplies provided are enough to 13 500 people for 17 days.

WHO also delivered five pallets of essential medicines for the treatment of chronic diseases to the Directorate of Health, Dohuk. The supplies are sufficient to treat an estimated 15,000 patients for a period of two to three months based on the caseload and severity of conditions.

In Al Anbar governorate, WHO supported the establishment of two clinics in Ameriyt Alfallujah and Alnakheeb areas and handed them to the DOH. And to support the operationalization of the health facilities, WHO procured and donated essential medicines and four interagency emergency health.

As part of its support to strengthen the Early Warning and Alert Network (EWARN) and disease surveillance in the country, WHO supported the DOH to conducted training on Surveillance and communicable disease control in Emergencies, and electronic reporting system for 50 persons (38 medical doctors and 12 nurses) from the DOH Duhok and Erbil and INGOs. The training was conducted for three days, 17 to 19 March 2015.
WHO in collaboration with the Ministry of Health, conducted a four-day national workshop on health technology, with focus on ensuring improved access, quality and safe use of medical devices in Erbil. The workshop aimed at piloting health technology assessment (HTA) and management (HTM) tools, which were developed by WHO to address accessibility, affordability, appropriateness and availability of core medical devices required to target the health needs, particularly those that address the Millennium Development Goals, non-communicable diseases and emergencies. Nineteen (19) staff from the Federal Ministry of Health, the Ministry of Health, Kurdistan Region and Directorates of Health of Duhok, Erbil, Sulaymaniah, Kirkuk, Baghdad/Rasafa and Medical City/Baghdad. The Medical Devices Management is a fundamental part of managing a biomedical engineering department, this includes the business processes used in interaction and oversight of the medical equipment involved in the diagnosis, treatment, and rehabilitation and monitoring of patients.

As part of its support for the upcoming second round of the national mass polio vaccination, WHO supported the Ministry of Health to procure and preposition vaccination supplies to all governorates including finger markers and refresher trainings for supervisors and vaccinators.

To strengthen the storage capacity of the DOH, Sulaymaniah, WHO supported the renovation and upgrading of three warehouses estimated to be 1000 square meters each. WHO handed over the warehouses to the DOH and department of Agriculture. These will enhance the logistics, storage and distribution capacity of the DOH.

During this period 34 438 consultations were reported through Early Warning and Alert Network (EWARN) from 22 reporting sites (16 camps and six mobile clinics). Acute Respiratory Infection (ARI), scabies (SCB) and Acute Diarrhoea (AD) were the leading causes of morbidity in week 11 with 4474 (44%), 616 (6%) and 200 (2%) cases respectively reported from all the camps reporting to EWARN.

The proportion of AD remained steady ranging between 1% to 4% (week 11=2%). Skin diseases trend remained constant from week 2-11 (week 11=6%). ARI proposition shows a steep decrease of 3% in the caseload since week 10 (w10=48% and w11=44%).

Communicable disease updates
Refresher training on EWARN is underway to strengthen proper diagnosis and filling of EWARN forms. Therefore in the coming weeks the proportion of Lower acute respiratory infection will reduce due to the correct syndromic diagnosis of cases based on the EWARN case definitions.

Acute Diarrhoea (AD) cases trend has remained constant most of the camps and on-job training on EWARN has helped the healthcare providers to differentiate between Acute Diarrhoea and Acute Watery Diarrhoea.

In Arbat camp, Sulyeimaniah measles campaign was completed following reports of an outbreak reported in the camp in February 2015. Since the campaign, a gradually decrease has been noticed as shown in the table below. The clinic in Arbat camp is managed by Emergency Non-governmental Organization (NGO).

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases &gt; 5yrs</th>
<th>Cases &lt; 5yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Feb</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>17-Feb</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>24-Feb</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>3-Mar</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>10-Mar</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>17-Mar</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>24-Mar</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>31-Mar</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7-Apr</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

There is a need to do on-job refresher trainings on case definitions of the healthcare providers working in camps to avoid false diagnosis of cases therefore training session is planned for of the displaced Governorates of KRG starting from next week.
2.5M beneficiaries    4M targeted for Health

30% funded    70% funding gap

Since the start of the emergency in August 2014 WHO has supported the following activities listed on the right corner of this text. An estimated 1.5 million people have benefited from WHO support.

If WHO does receive additional funding all the activities listed here will be supported.

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

1. Dr Syed Jaffar Hussain
   WHO Representative and Head of Mission
   Email: hussains@who.int

2. Ms Pauline Ajello
   Communications and Donor Relations
   Email: ajellopa@who.int
   Mobile: +9647809288618

3. Ms Ajyal Sultany
   Communications Officer
   Email: sultanya@who.int
   Mobile: +9647809269506

The operations of WHO in Iraq are made possible with support from the following donors: DFiD (UK), Italy, Kingdom of Saudi Arabia, Kuwait and Republic of Korea.

**** 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).