Situation report no. 9  
15-24 AUGUST 2014

Iraq crisis

**WHO**

<table>
<thead>
<tr>
<th><strong>MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the period 9 June to 31 August, WHO provided medicines and medical supplies for 950,000 beneficiaries for three months.</td>
</tr>
</tbody>
</table>

**HIGHLIGHTS**

The security situation inside Mosul City is relatively stable. Fuel and electricity supplies to the governorate remain disrupted. Medicines and medical equipment are available in functional hospitals and Primary Health Care centres with the exception of medicines for chronic diseases, chemotherapy and anaesthetics.

Official sources in Kerbala governorate announced that the total number of IDPs has exceeded 60,000 people. The governorate council decided on 17 August to stop accepting new IDPs due to overburdened social and health services.

The Federal Ministry of Health in Baghdad has delivered medicines and medical supplies to affected governorates throughout the country.

WHO is working with Salah Al-Din Directorate of Health to activate the national tuberculosis programme in the governorate.

**MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS***

**FUNDING US$$**

<table>
<thead>
<tr>
<th><strong>150 MILLION</strong></th>
<th>REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>51.17 MILLION</strong></td>
<td>FUNDED</td>
</tr>
</tbody>
</table>

**HEALTH SECTOR**

<table>
<thead>
<tr>
<th><strong>1.5 MILLION</strong></th>
<th>TARGETED POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11</strong></td>
<td>HEALTH CLUSTER PARTNERS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>VACCINATIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22.5 MILLION</strong></td>
</tr>
</tbody>
</table>

IDPs in Khanik town, Dohuk
Photo: Mohamed Hamasha/WHO
**NINEWA GOVERNORATE**

The national polio campaign conducted in Ninewa achieved a coverage rate of 87% ranging from high coverage inside Mosul, Ba'aj, Hadhar, Talafar and Qayara to low coverage in Sinjar, Hamdaneya, Talkeif, Sheekhan and Makhmoor due to on-going violence in these areas.

The security situation inside Mosul City is relatively stable. Fuel and electricity supplies to the governorate remain disrupted and a shortage of cooking gas is reported. Medicines and medical equipment are available in functional hospitals and Primary Health Care centres with the exception of medicines for chronic diseases, chemotherapy and anaesthetics. Female doctors and paramedics went on a general strike on 15 August.

WHO has coordinated with health officials in Sinjar district for the re-opening of two Primary Health Care centres and supporting six paramedics. The General Hospital was re-opened on 15 August and is managing a daily average of 15 minor emergency cases. Patients from Sinjar are also currently served by Tal Afar and Bleej hospitals.

**DOHUK GOVERNORATE, KRG**

The Federal Ministry of Health in Baghdad has supplied the Dohuk Directorate of Health with 42 tons of medicines and medical supplies, twelve tons of which were allocated to Sinjar in Ninewah governorate.

The active public health surveillance of water quality and communicable diseases among IDPs in Dohuk governorate is on-going through visits of WHO-supported teams to schools. Health facilities are reporting acute shortage of medical staff which was improved to a limited degree by the recruiting of 50 nurses and 10 mobile teams by WHO. The table below shows the average number of patients visiting the Primary Health Care centres in the IDP camps in Dohuk.

![Average of patients visiting the PHCs in the three camps of Batel, Sharia, and Khanek for a period from 6-16 August.](image)
The estimated numbers of IDPs in Duhok Governorate per district as of 15 August are shown in the table below:

**Distribution of IDPs in Dohuk (source: WHO)**

<table>
<thead>
<tr>
<th>District</th>
<th>No. Families</th>
<th>No. Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duhok City</td>
<td>14292 families</td>
<td>71459 persons</td>
</tr>
<tr>
<td>Amedi District</td>
<td>1200 families</td>
<td>6000 persons</td>
</tr>
<tr>
<td>Sumel District</td>
<td>24000 families</td>
<td>120000 persons</td>
</tr>
<tr>
<td>Zakho District</td>
<td>32000 families</td>
<td>160000 persons</td>
</tr>
<tr>
<td>Akre District</td>
<td>3400 families</td>
<td>17000 persons</td>
</tr>
<tr>
<td>Shikhan District</td>
<td>1570 families</td>
<td>7850 persons</td>
</tr>
<tr>
<td>Bardarash District</td>
<td>3449 families</td>
<td>17246 persons</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79911 families</strong></td>
<td><strong>399555 persons</strong></td>
</tr>
</tbody>
</table>

**ERBIL GOVERNORATE, KURDISTAN REGION OF IRAQ**

The number of families arriving in Baharka camp is steadily increasing; approximately 2000 individuals currently live in the camp. The Medecins San Frontieres-supported clinic in Baharka camp was moved to another location within the camp due to structural damage in the original building. The previous location of the clinic saw approximately 70 patients a day. Following move to the new location, the clinic staff currently sees 50 patients a day. Cases include diarrhea and musculoskeletal pain. WASH facilities in the camp are limited.

Health experts from WHO and UNFPA visited Baharka camp to follow up on the provision of health services. Discussions are on-going between health partners and Erbil Directorate of Health to identify a suitable location for a Primary Health Care centre in Baharka. Handicap International is conducting an assessment in the camp to support the needs of patients with chronic diseases, disabilities and thalassemia.

A WHO mission to Habib Al Malah Primary Health Care centre in Ankawa reported that the clinics are operational, although overcrowded. The daily influx of patients has increased from 40-50 cases to almost 170 cases per day and the clinic’s management indicated that medical stock shortages may occur soon due to this increase.

**KIRKUK GOVERNORATE**

Urgent medicines and medical supplies have been requested by the health authorities to aid displaced persons from Amerli and there is an acute shortage of medical and health staff in the health facilities in a number of districts.

**AL-ANBAR GOVERNORATE**

200 newly displaced families have arrived to Al-Anbar governorate. Road closures between Anbar-Salah Al Din and Anbar-Baghdad are further impacting the movement of people and emergency referrals. Electricity and fuel supply disruptions are on-going.

Anbar Directorate of Health has received 10 trucks of medicines and medical supplies dispatched by KIMADIA (Medicines and Medical Supplies Directorate) in the Federal Ministry of Health. WHO is coordinating with Anbar Directorate of Health to continue the polio immunization campaign to cover the remaining targeted children.

**SALAH AL-DIN GOVERNORATE**

The Iraqi Minister of Health visited Al-Tooz district in Salah Al-Din governorate on 18 August and met with doctors and health staff. Three Primary Health Care centres were
established in Shirqat district, increasing the number of functional centres to nine; four PHCs were also activated in Tooz district resulting in a total of seven functional centres.

**KERBALA GOVERNORATE**

Official sources in the governorate announced that the total number of IDPs has exceeded 60,000 people. The governorate council decided on 17 August to stop accepting new IDPs due to overburdened social and health services. All health facilities reported significant shortage of medical doctors. Almost 40% of the 80 to 100 patients visiting the clinics are IDPs, and scabies is commonly reported.

**COMMUNICABLE DISEASES**

During the reporting period, 1 case of suspected measles was reported in Ramadi paediatric teaching hospital in Anbar governorate, as well as 4 cases of hepatitis A and 8 cases of meningitis. Of these 8 meningitis cases, 1 was identified as pneumococcal meningitis. WHO is coordinating with the hospital paediatrician regarding cases management and the availability of lab cultures for the investigation of communicable diseases.

One suspected case of measles was reported in Kirkuk.

WHO is working with Salah Al-Din Directorate of Health to activate the national tuberculosis programme in the governorate.

- Kerbala Directorate of Health has established 16 new fixed clinics and deployed more than 30 mobile health teams supported by eight to ten ambulances for emergency referrals.
- WHO technical experts are following up with the Directorates of Health of selected governorates to ensure smooth Oral Polio Vaccination (OPV) campaign administration to targeted populations.
- Dohuk Directorate of Health is coordinating with WHO in conducting an assessment of the humanitarian and health situation in Zumar district following the new wave of violence in Sinjar and Zumar districts of Mosul governorate.
- Sinjar General Hospital has developed a cooperation program with MSF to pay the two months delayed salaries for hospital doctors and resident general practitioners. The program also included opening an outpatient clinic to minimize the burden on Tawar hospital.
- WHO organized a training course for Erbil DOH staff on the EWARN system.

**Resource mobilization**

- WHO estimates that approximately USD 150 million is required to respond to the health needs of more than 5 million beneficiaries (1.8 million IDPs and 3.5 million from host communities).
- Since the beginning of the IDP crisis in June 2014, WHO has received support from DFID (UK), Italy, Kingdom of Saudi Arabia, Korea and Kuwait.

For more information:
Dr. Syed Jaffar Hussain, WHO Representative in Iraq and Head of Mission, hussains@who.int
Dr. Illiana Mourad, Health Cluster Coordinator, Iraq, mouradi@who.int
Ms Ajyal Sultany Communications Officer, Iraq sultanya@who.int