Four massive truck bombs exploded

SINJAR

Killed 454
Injured 534
Homes destroyed 500

IN

The worst suicide bomb attack to date in Iraq

14 August 2007

BEFORE

Sinjar Situation

United Nations coordinated efforts to aid Sinjar bombing victims

AFTER

1 HEALTH SITUATION AND ACTION TAKEN

2 ...REPORTS AND STATEMENTS RELEASED ... LONG TERM HEALTH EMERGENCY PLAN

World Health Organization

Sinjar District

Province Ninawa Governorate
Country Iraq
Latitude 32 31 N
Longitude 44 24 E

Description
The city is situated in northwestern Iraq in al-Jazira (the lands between the Euphrates and the Tigris) close to the Syrian border, in the Ninawa district. It was built on two mountain slopes facing each other.

Sinjar City

The Sinjar district, home to the largest Yizidi population in Iraq, is the focus of significant political interest, in that it is currently under the administration of Mosul Governorate, but the Kurdish Regional Government (KRG) claim it on cultural and historical grounds as part of their administrative territory. The area would secure access for the Kurds to Syria if it was to become part of the KRG administration through the Article 140 process. The Yizidi are divided over their political affiliation, with a small percentage loyal to the Arab South, the majority in support of the Kurdish North, and an increasing number requesting to join the Kurdish North but as an independent Governorate. This dynamic is played out in Kurdish politics through the KDP and PUK. Relations with the Peshmerga are complex.

BEFORE

Sinjar City

Ba'aj district

- QAHTANIAH): 35,000 population
- (AL-JAZEERA): 27,000 population
- These two towns located 30 Km to the north of Ba'aj
- located 25-30 Km to the south west of Sinjar
- 30 Km at the Iraqi Syrian borders

FACTS

Nearly 70% of population lives in under poverty level

buildings at the bomb sites were old structures, made of clay

very poor infrastructure (no main power, no safe water, no food rations for the last few months, poor transportation network).

AFTER

1 4 A u g u s t 2 0 0 7

Four massive truck bombs exploded

AFTER

FACTS

Yizidi are not able to organize themselves to coordinate relief in a timely and accurate fashion. The KRG have no emergency coordination structure, and lack experience in formal emergency response mechanisms, they are trying to assist the transport of goods, however there is no clear criteria, prioritization or transparency to how the response is being carried out

community is not taking initiative to organize themselves that machinery is not being used to remove rubble and start clearing destroyed houses. However, affected persons are staying with host families (not in the tents that were distributed) which indicates strong social networks which will presumably help formulate some future organizational structures

HEALTH

HEALTH SITUATION

ACCESS TO HEALTH SERVICES (Public Healthcare centers)

Availability of Public healthcare centers in SINJAR

- Al Kahtaneya:
  One major PHCC run by doctor assisted by paramedical staff poor health services.
- Al Jazeera
  One minor PHCC run by paramedical staff only with poor health services.

Victims were admitted to the following hospitals:

- DUHOK HOSIPTALS
- AZADI GENERAL HOSPITAL .

Number of hospital beds (SInjar H 80 beds and Talafar H. 150 beds) where sever cases referred to Duhok and Azadi hospitals

Killed 454

Corpses were buried by their relatives in the same towns.

Injured 534

Total number of admitted patients in Both Emergency and Azadi Hospitals were as follow :

(15 August 2007)
83 patients admitted to the hospitals

Sixty-four patients (77%) were males admitted to emergency and Azadi hospital, 7 (8%) were under 5-year, 23 (28%) were 4 -15 years of age, 53 (64%) were > 15.

(16 August 2007)
102 patients admitted to the hospitals; additional 19 injured patients and one died on arrival.

Seventy- six patients (74.5%) were males. (16 August 2007), Twenty – six patients (25.5%) were females and three out of the females were pregnant.

(18 August 2007)
107 patients admitted to hospitals

(19 August 2007)
104 patients admitted to hospitals

(22 August 2007)
81 patient admitted to hospitals

The main site of injuries were (head injury = 24%, acute abdomen = 7%, lower limb = 27%, face and neck = 12%, upper limb= 12%, back, chest, eye and other sites= 18%)

Majority of the patients are severely traumatized

All the injured received psychological first aid through psychological support and providing of medical care.
Early assessment of injured done and tens of injured selected for trauma counseling.
All the accompanies to injured people are undergoing psychological debriefing sessions in group of 15

HEALTH

ACTIONS TAKEN

By WHO

Intermediate recovery phase

WHO two technical officers visited the sites and are on direct contact with governors, families, doctors and hospitals

All emergency update situation reports from the sites were managed and prepared by WHO Medical Officers

a) WHO technical officer provided technical support to Dohuk hospital in the area of the case (reporting, management and dissemination of monitoring data) based on which all the information was generated.

b) WHO technical officer visited Sinjar area with the governorate of Mosul and assisted in the estimation of immediate needs; technical support monitoring and implementing the emergency response plan.

Initial emergency phase

Committed

For the Iraqi Red Crescent:

- 2 New Emergency Health Kits (includes medicine, disposables and instruments)
  (Each kit sufficent to support 20,000 people during the a three months period) 3,781 EUR/Kit.
- 6 Basic Units (includes 60 boxes, each consist of drugs, renewable supplies and equipments)
- 10 Burn & Dressing modules (each consist of instrument box with lid, forceps dissecting, forceps artery pean and scissors)

For the Ministry of Health:

- 3 Surgical Supply Kits 100/10 (tx 100 inpatients for 10 days x 3)

Proposed

1. WHO: Mosul is conducting rapid assessments (communicable diseases)
2. Ensure provision of essential medicines and supplies (antibiotics, IV fluids) to DOH Mosul

Assisted victims of the Sinjar bombing

By other UN agencies

Intermediate recovery phase

UNICEF 1.5 tones Bandages and related supplies + one pickup Dohuk hosp 16-17/08. UNICEF facilitated a meeting with DG/Dohuk, WHO & NGO & UNICEF delivered emergency health kits & 1st aid kits + other medical items to Talafar hosp. on 21/08

By NGOs and Multi National Forces-Iraq

Intermediate recovery phase

ICRC 5 War wounded kits (2 tons/each)- Dohuk x1, Shigarx3,Talafar x1 (18 Aug.) IMC $5000 worth medicines Dohuk Hosp and Med Team to Shingar Qandil $5000 worth medicines Sinjar Hosp. (18/08) & Dohuk Hosp (19/08) and Med. Team to the area-TBC) NGO & UNICEF visited Dohuk hospital IRCO 250 boxes of sanitary items

CF provided 3 pallets of MASCAL/Medevac Medical supplies

Initial emergency phase

Committed

CF is ready to provide 8 pallets of MASCAL/Medevac Medical supplies
(in case of need)

Proposed

MCI Strengthen the PHC/TBAs by (Equip., medicine, infrastructure & training)

<<< FOR MORE INFORMATION >>>

Infrastructure, water, Education, Cash grants ...

ACTIONS TAKEN ON

Sinjar Summary of Access Update
26August 07

Update on provision of assistance
23 August 07

United Nations' Coordinated Efforts To Aid Sinjar Bombing Victims
August 07 23

For more information

DOWNLOAD

irq.emro.who.int

Affected families in both towns received adequate amount of food, blankets, jerikan, cash grants but still there are needs for rebuild their houses, creation of jobs and maintenance of health services.

Emerging Long-term issues

Although the immediate emergency situation has passed, there remains the risk of further attacks. The heightened threat level exacerbates the already challenging issue of accessing the affected area.

There is a planning to train the Medical staff on
1- Management of health emergency situation including field evacuation of casualties
2- Management at emergency reception ward.

There is a planning to provide the Hospitals with stockpile of medical supplies for rapid action.

20 medical assistants and psychologist will have training for one week in MHC-Dohuk in next Saturday to help in psychological support and to work as team of crisis intervention at time of emergency.

There is a planning to have three different team to work in the three camps of displaced people due to Singar disasters

Emerging Long-term issues