

In the Name of the Almighty

**Report on measures to meet a refugee influx as a
result of crisis condition in Iran**

**Based on Past Experiences of Iran
During Crisis Conditions in Iraq
in the Health Sector**

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Past Experiences

Under the political and social crises in Iraq during recent years, especially the crisis in the eastern and northern regions of that country, the western provinces of Iran have been heavily confronted with an influx of refugees from Iraq:

- ❖ In 1970, the central government of Iraq's conflict with the Kurds;
- ❖ In 1978, the chemical bombardment of Halabcheh;
- ❖ In 1991, Iraqi government's defeat in the Persian Gulf war;
- ❖ In 1993, the central government's suppression of the Shi'ites;
- ❖ In 1996, conflict among various Kurd factions in Iraq;

The five western provinces of Iran faced in recent years, during crises, from the very beginning, and directly, with the brunt of the influx of refugees, were: West Azarbaijan, Kurdistan, Kermanshah, Ilam, and, Khuzestan. As a consequence of these repeated crises, a total of approximately one million Iraqi refugees fled to Iran. The Table on the next page gives a rough estimate of the number of refugees, their points of entry into Iran, and the initial camps where they were lodged.

Table 1- Points of Entry, the Number of Initial Camps for the Iraqi Refugees

Province	No. of refugee	Points of entry	Initial camps
West Azarbaijan	220,000	Sardasht Oshnavyeh Piranshahr	Bizileh+ Pir Sheikh (Sardasht)
			Barzan Abad+ Martyrs of Halabcheh(Oshnavyeh)
			Dilzeh + Hang Abad+ Lavin(Piranshahr)
			Ziveh (in Urumieh)
Kurdistan	350,000	Marivan (Savoji+ Bashmakh) Baneh (Chouman + Sara Bandar)	Divan Darreh
			Bijar
			Saggez
			Qorveh
			Sanandaj
Ilam	10,000	Dehloran+ Mehran + SalehAbad	Kamyaran(Two camps, of which one is not in use)
			Mehran
Kermanshah	400,000	Sarpol-e Zahab+ Javanroud+Soumar+ Sarvi+ Tang Bemou	Saleh Abad
			Sarpol-e Zahab
			Javanroud
			Sahneh
			Kangavar
Khuzestan	26,000	Shalamcheh+ Fakkeh+ Bassreh+ Sousangerd+ Khorramshahr	Saggez
			Ashrafi Isfahani(Dezful)
			Shahid Motahhari(Dezful)
			Ansaar(Andimeshk)
			Be'sat(Shoushtar)
Bani Najjar(Shoushtar)			

When the crisis died away , the majority of these refugees returned to their home country, and at the present time only less than 46,000 of them are living in the camps. Most of these refugees are Arabs, and a limited number of them are Kurds. The ethnical texture and the number of the remaining refugees are indicated in Table 2:

Table 2- The Ethnical Texture of the Iraqi Refugees Living in The Camps up to 2002

Group	Male	Female	Total
Iraqi(Arab)	19143	17280	36423
Iraqi(Kurd)	4900	4606	9506
Total	24043	21886	45929

These are the refugees who are living in the camps. Of the refugees who are disseminated among their relatives and friends in the Iranian population, there is no accurate data available; nonetheless, the estimates reveal that the today the total number of Iraqi refugees (inside and outside the camps) exceeds 100,000 people. If the real number of the refugees scattered across the population and resident families would be identified and a census could be conducted on them, the ethnical ratio of the refugees might be changed and the Kurds would thus comprise a greater group of the refugees. The refugees were first lodged into camps at their points of entry in the western provinces. Late, after the performance of the due formalities and primary health care, they more moved to other provinces, that is, Lorestan (Azna), the Central Province (Arrak), Zanjan(Abhar), and Fars(Shiraz and Jahrom).The distribution of other remaining refugees in these provinces is shown in Table 3:

Table 3- The location of the camps and the number of the Iraqi refugees presently lodged into each of the camps

Province	City	Camp	No. of refuge
West Azarbaijan	Urumieh	Ziveh	1698
	Piranshahr	Dilzeh	756
	Sardasht	Bizileh	672
Kermanshah	Kangavar	Halabcheh	1126
	Saqgez	Shahid Rajaei	796
	Sahneh	Sefid Chaqa	542
Kurdestan	Marivan	Bahram Abad	815
		Dezli	1054
	Saqgez	Sara	427
	Kamyaran	Varmahang	953
	Qorveh	Karim Abad	277
Khuzestan	Andimeshk	Ansar	6191
	Dezful	Ashrafi Isfahani	10677
	Shoushtar	Shahi Motahhari	3818
	Fakkeh	Be'sat	2964
	Shalamcheh	Bani Najjar	2260
Lorestan	Azna	Abazar	1812
Central Provice	Arrak	Shahid Gharibi	2024
Fars	Shiraz	Shahid Beheshti Sarvestan	1882
		Shahid Dastgheib	4785
Zanjan	Abhar	Soltanieh	400

Total: 45929

The Present Situation in the Western Provinces

1- West Azarbaijan

Number of Refugees: Over the first few days of the incident, about 220 thousand persons.

Points of Entry: Sardasht (Bitoosh Village/Majan Abad/Doleh Tou); Piranshahr (the Silveh district and Mashkan); Oshnavyegh (Doroud on the route of Sheikhan Village/ Bimazarteh, on the route of Sangam Village).

Place of lodging at the initial camps: Sardasht (Bizileh and Pir Sheikh Camps); Piranshahr (Dilzeh, Hang Abad, and Lavin Camps); Urumieh (Ziveh Camps).

Thus, the entry routes of these refugees were five points and their places of initial lodging were eight Camps. After a comparative lull, some of them returned to their own places of living, while others were transferred to other provinces (such as Azna in Lorestan). Currently, only 6 other Camps (Ziveh, Dilzeh, and Bizileh) are active. From among 220 thousand refugees that entered the country at the outset, close to 3126 persons live in these camps. Among these residents, there are 34 children under 5 years of age, and 809 married women in the age group of 15 to 49. There is no unaccompanied child among this population. There are unconfirmed reports to the effect that nearly 600 other refugees live outside the camps, in the villages around Piranshahr.

2-Kurdistan

Number of refugees: About 350 thousand persons

Points of entry: Marivan (Saveji – Bayveh) / Baneh (sarsoul – Champarav)

Places of lodging at the initial camps: Marivan, 5 camps, two of which are currently active.

Kamyaran , two camps , one of which is currently active.

Qorveh and Saqqez, each having a camp, and both are currently active.

Divandareh, Saqqez, and Bijar, each having a camp, currently not in use.

Of the 350 thousand refugees of this province , only 50 thousand of them have been lodged at the camps in the province, and the rest have returned to their homeland, or, have been moved to other provinces. Among the first 350 thousand refugees, about 70 thousand of them belonged to vulnerable groups (pregnant women, children below the age of five, and the elderly). There were 500 unaccompanied children among the refugees.

Refugees not living in the camps could not be counted because of the cross – border family relationships.

Presently, there are only 3526 Iraqi refugees who live in the caps in Kurdistan.

3-Ilam

As Ilam is a poor province and also due to some other reasons , this province is not much favoured by the refugees.

Number of refugees: About 5 to 10 thousand persons.

Points of entry: Mehran and Saleh Abad

Places of lodging of the refugees: Camps of the same regions, that are immediately moved to other provinces.

The vulnerable group and children without guardians have not been counted and registered. Currently, no refugee has remained in the province.

4- Kermanshah

The number of the first arrivals of refugees was approximately 400 persons. The points of entry were Ghasr-e Shirin (Sarvi),and Javanroud (Sheikh Sele).During the first few days, only 40 thousand of them were lodged locally.of the remainders, nearly 3,000 were children under 5 years of age;500 were pregnant women: and nearly 3200 were women who had volunteered for family planning. No child without guardian was cautioned.

Places of lodging at the initial camps: Sonqor,Kangavaar, Sahneh, Sarpol-e Zahab, Javanroud.

Now, there are only 2464 refugees lodged at three camps(Table 3) in this province.

5-Khuzestan

Number of refugees: 25910 persons

Points of entry: Shalamcheh, Fakkeh, Andimeshk, Dezful, and Shushtar.

Places of lodging: Dezful (Ashrai Isfahani and Shahid Motahhari Camps)/ Andimeshk(Ansar Camp)/ Shushtra(Be'sat and Bani Najjar Camps).

Among the refuges, there were some 4600 children below the age of 5 years, and 588 pregnant women. No children without guardians have been registered among the refugees

Estimates of Population Structure of the likely Refugees

Based on previous experiences, it is expected that the following ratios (as vulnerable groups) may be seen among the likely refuge seekers:

- Pregnant women 25 per thousand
- Children under one years of age 25 per thousand
- Children under 5 years of age 150 per thousand
- Women volunteering for family planning 160 per thousand
- Students 300 per thousand
- Unaccompanied children 1 to 2 per thousand
- Elderly persons , 65 years and above 30 per thousand

Problems Common to all Camps Regarding their Health Issues

First – Health Issues

In respect to the situation and knowledge of health, no significant difference is seen among the Arab and Kurd refugees.

The programme on family planning is poorly received among the refugees; that is , of the total eligible women, merely 5818 of them participated in the programme. The majority of volunteers used Progestron Pills, especially LD; next to oral contraceptive pills, condom has a higher level of use .

The weight/age ratio of children under 5 years of age among the Arab and Kurd/Iraqi refugees ,based on their ethnicity , is reflected by Diagram 1:

Diagram-1: The weight/ –age ratio of Arab and Kurd (Iraqi) children under 5 years of age (among those children who possessed Growth Card)

In view of the past experiences, it is expected that the following diseases will be prevalent in the Camps:

- ◆ Diarrheal diseases
- ◆ Broncho pneumonia(especially broncho pneumonia resulting from measles)
- ◆ Depression
- ◆ Snake bites and scorpion bite(6 cases during the last two years)
- ◆ Accidents resulting from left over mines
- ◆ Accidents resulting from mines not exploded
- ◆ Leschmaniasis (5 cases during the last two years)
- ◆ Meningitis (5 cases during the last two years)
- ◆ Typhoid (5 cases during the last two years)

Based on the previous experiences, it is recommended that the same as the health system of Iran, the health situation of the camps should be supervised by one or several health units (Behdasht Sara: equivalent to local health houses) . Health workers (Behvarz) are the best manpower to work in such health units. With training for several days it seems that the health workers with the health work in the camps, it is better to think of training efficient manpower from among the refugees and plan for it from the very beginning, (i.e., a group the same a health workers (Behvarz) with limited training, similarly a those health assistant (Behbaksh).

Each health house will be composed of four tents or caravans: working place/ dining place/ resting place/ and storage.

The equipment needed for the resting place of the health units is provided through two sources :

A: The general equipment and part of the personal equipment is to be provided through both the local and provincial health centre.

B: Part of the personal equipment to be provided by the refugee himself.

Note 1: It is necessary to place an ambulance for sending the patient to a health centre or hospital (whether the camp possesses one or more health units).

Note 2 : If for some reasons, it becomes necessary to establish more than one health unit in a camp, the population resident in the camp should be divided between these health units (every two thousand persons covered by one health units).The equipment material necessary for health units, which has been

listed in the Appendix, has been envisaged on the same assumption.

Note 3 : The duties of each health units towards the refugee seekers, are the same as the duties of the health house towards the populace under its cover. It would be better to extract these duties from the existing documents, organise, and announce them to the health units.

Note 4 : These health units must be supported and supervised by a health centre (team of physicians and consultants). This support should better be carried out in two ways:

A: Daily and /or alternate day visits, by a team of physicians. The goal of all these visits should be :

- Supervision of the work, and the manner of the performance of duties by the personnel of the health unit.
- Supervision of the sanitation of the public places and the health units.
- Procurement of the deficiencies reported by the health units.
- Listing the present deficiencies of the health units.
- Visiting the sick.
- Receiving the statistics of the previous day.

B: Sending the sick by the health units to the relevant health centre. Every day one of the physicians of the health units should therefore be on standby duty to visit the sick. (This makes it necessary for an ambulance car to be always there at every camp).

Note 5 : The health centre supporting the health unit may be the nearest urban /or rural health centre, and /or the unit established by physicians sent from other provinces or by international centres. In the first case, the said centre should be reinforced technically, in medicine, and in personnel. All its personnel should also be trained, and all the necessary vaccines should be applied to them (Hepatitis, meningitis).

If the number of camps or the health units in one region are extra, every health centre may supervise 10 health units every day.

Note 6 : As to the establishment and equipment of hospitals too, like the previous case, steps may be taken in two ways :

A - Reinforcing the nearest regional hospital, and the reservation of some of its wards for cases pertaining to camps. (It is natural that this reinforcement should include personnel,

technical, and service support as well as support in the field of equipment and consumer material).

B – A field hospital established by the Red Crescent or international centres.

In any of the above cases, the training and safety of the personnel in the hospital should not be forgotten.

It is felt that for every 40 thousand refugee at least one 50-bed field hospital is necessary. These hospitals should have a minimum of the following technical manpower :

- 2 Surgery teams
- 1 Internist team
- 1 Gynecology and delivery team
- 1 Pediatric team
- 1 Anaesthetic team
- 10 Nurses

For the laboratory and radiology of the hospitals also, steps may be taken in one of the two manners " A" and " B" outlined above for a hospital.

Physicians, dentists, nurses, technicians in various health fields, pharmacists, environmental health staff, and drivers can be provided through the provincial health centre affiliated to the provincial medical university. These staff are usually placed in the provincial capitals and the district centre— both in the government and in the private sectors. If necessary, the university in the related province can ask for assistance of the other provinces. It must be taken into account that none of these staff are trained to work at the camps; though except for some general recommendation, there is no need for primary training.

Important Point : In addition to the medicines and disinfectant mentioned in the Appendix the following equipment and materials should also be available and ready for use at each of the health units and health centres:

- Toxins such as perchlorine, lindane, helamid, and chloride
- Anti-lice such as permethrin and copex
- Anti- snake and scorpion bite serums
- Lam and lamel for examination of blood samples for Malaria
- Rectal swab
- Various oral contraceptive pills
- Condom
- Cotex
- Petroleum
- Gas

Electric fan or cooler(as one of the major problem o the area is hot weather)

First Caution : Health unit and safe water equipment are generally installed by6 the Construction Campaign. At least one toilet and one shower is needed for every four families, and there will be need for at least 40 litres of safe water per person.

Second Caution : If the camps are located in the former war zones, the help of the arm and the revolutionary guards would be necessary for mine sweeping and the control of the camp area as ell as its surrounding areas.

Third Caution : Although the logistics for the food supply of the camp would be from an external source, it is suggested to prepare and store non-perishable nutritional materials for at least one daily meal of the population under coverage of each healthy unit. An example of such food supplies would be as follows :

- Dry rations
- Packaged foods
- Dates
- Biscuites
- Granulated sugar and sugar cubes
- Tea
- Rice
- Packaged bread
- Tinned fruit

Fourth Caution : In addition to the camp electric supply, it is necessary to provide an emergency electricity generator for each health unit.

Fifth Caution : The provision of vehicle/ cold chain for transport of the vaccines/ refrigerator for the health units/ and procuring of the deficiencies of vaccines which cannot be provided in the country (the provision of Measles vaccine for instance), may face difficulty. Accordingly, the storerooms of the health centres of the relevant provinces should be strengthened in regard to the storage of the equipment and instruments. The reason for the above is that currently the reserve of these centres only suffices for one or two months. If enough financial support is available, it seems that the health management system of each region would be able to handle all health services.

Second – Water and Environmental Health

It is estimated that in general a daily allowance of 60 litres per person is sufficient for drinking ,personal hygiene, cooking , washing of clothes and caring for animal purposes. The Construction Campaign or the Ministry of Energy usually assume this responsibility.

Third – Provision of Electricity and Petrol

Usually, the electricity of the Camp is provided through a mobile electricity generator motor. This is the reason behind the frequent power failures. Although no money is charged for the provision of the electricity, it is extremely important to provide the connection between the camp's electricity and the whole county electricity network.

Petrol is available at the nearest petrol pump at the current petrol rate of the country.

Fourth – The Security of the Staff and the Facilities

Neither the immigrant population nor the staff working in the camps are in any danger that would make their protection necessary.

There is no imaginable security and protection problem.

Regarding the social aspects, noting the Islamic nature of the atmosphere the society, if the foreigners do not drink alcoholic beverages and cover theirs and their body properly, no threat would endanger them.

Regarding the region, if it was previously among the war zones, the unexploded mines are among the major dangers. To this end, the army and the revolutionary guards can sweep the region clear of the mines.

Regarding the eco - system, the only problem may be the hot weather of the area.

Regarding health issues, Malaria, snake and scorpion should be observed especially in Khuzestan and Ilam.

Fifth – Roads, Logistics, Connections

The connection with the towns is usually by asphalt roads. The camp's destination from the road is short, and usually it is in the form of dirt road. For logistic purposes, the presence of a van in the sector responsible for then logistics of the health units is necessary.

Important Point : As it was already emphasized, all of the arrangements should be in place beforehand, and the co-ordination among the relevant organisations should be made. Fulfillment of the above would need many co-ordination meetings.

The head of the provincial medical universities/ the health deputy in charge of the provincial health centres/ heads of the district health networks are the key people regarding the health issues.

The equipment needed for a health unit is mentioned in Appendix 1, while the drugs used in the health units are mentioned in Appendix 2.

Organisations Working in Partnership

Regarding such issues, in addition to the security and information resources, the following mechanism may come to be influential in the procurement and provision of facilities in the camps: The Ministry of the Interior(through office of governor general, governor's office, and the office of the governor of districts), the Ministry of Health and Medical Education, the Red Crescent, Construction Campaign, the Ministry of Education (Rural and Urban Water Supply Organisation). There is no potential for the participation of the private sector in the country. Some governments in the world, such as the governments of Germany, Italy, Japan, European countries, Russia, and China, that cooperate in the procurement of the required medicines, materials, and equipment. As well, the United Nation's Bureau of Refugees, the World Health Organization, UNICEF, the MSF, other NGOs across the world cooperate in providing help for the refugees' affairs. As no coordination is usually made in this area, some organisations offer similar help. Thus, it is recommended that from now, an initiative be made on conducting a coordination meeting, and each organisation delineate its mandate.

Suggestion for Administrative Measures

It is felt, that the following measures are to be adopted at the present stage:

- 1.Coordination with the Ministry of the Interior, the Ministry of Health and Medical Education, the Ministry of Agriculture, the Ministry of Energy, the Red Crescent, and the agencies of the said organisation in those provinces likely to be involved with the issues, and also in those provinces the refugees may be moved to, that is, Lorestan, Zanjan, and the Central Province.
- 2.Agreement with the organisations working in partnership to share duties.
- 3.Agreement in estimating the number of refugees likely to seek asylum as a consequence of future events.
- 4.Procurement of deficiencies at the camps currently in use as well as those that formerly were active, and offering a plan for the development of the camps or establishment of new camps.
- 5.Agreement on the procurement of materials, food supplies, and facilities that are likely to be needed urgently over the first few days.
- 6.Assigning the personnel who are to be sent to the health units , and training them.
- 7.Providing a list of facilities needed for the continuation of the work.