



1.2 -1.5 MILLION\*  
PEOPLE AFFECTED



160,422  
# DISPLACED FROM  
MOSUL



2.7 MILLION\*\*  
PEOPLE IN NEED  
OF HEALTH  
SERVICES

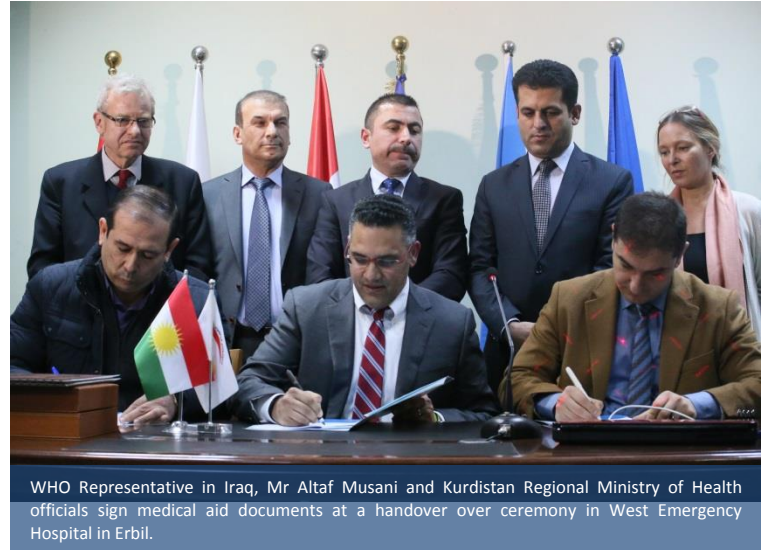
412,520\*\*\*  
PEOPLE  
REACHED



3,426\*\*\*\*  
# INJURED

## Highlights

- WHO, UNICEF and other partners have supported the Federal Ministry of Health, Iraq and Regional Ministry of Health, Kurdistan Regional Government to conduct 5 days National Immunization Days (NIDs) campaign targeting 6.2 million children aged 0 to 5 years of age. The campaign conducted from 22 to 26 January 2016 also targeted 415,000 children in the newly liberated areas of Ninawa governorate.
- To strengthen the management of critical trauma care in Erbil, WHO handed over 20 surgical kits and lifesaving medicines sufficient for 14,000 patients to West Emergency Hospital and Emergency Hospitals in Erbil. These medical supplies are part of the in-kind donation from the Government of France and Norway through the European Union Civil Protection Mechanism.
- To strengthen the delivery of integrated primary health care services for displaced people in internally displaced person's (IDP) camps and host communities, WHO donated 15 Interagency Emergency Health Kits (IEHKs) basic unit sufficient for 15,000 patients, essential medicines including for chronic and respiratory conditions, leishmaniasis and antibiotics sufficient for 38,000 patients to Ninewa, Dahuk and NGO partner Medair.



WHO Representative in Iraq, Mr Altaf Musani and Kurdistan Regional Ministry of Health officials sign medical aid documents at a handover ceremony in West Emergency Hospital in Erbil.

## Situation update

- As the operations in East Mosul scale down, the number of injured patients receiving treatment at Emergency and West Emergency Hospitals have significantly reduced. However with the operations in West Mosul under way, health authorities and partners anticipate higher figures as compared to those seen in the past 3 months. From 17 October to 25 January 2017, a total of 3,426 casualties have been reported in West Emergency Hospital and Emergency Hospital in Erbil. Twelve percent of all casualty cases were children under 15 years of age and 15% were women.
- A total of 3,198 cases were also treated at Trauma Stabilization Points, 281 (9%) of them were children and 892 (28%) are women. The major causes of casualties are mortars (54%) and gunshot wounds (24%).
- The general security situation in West Mosul remains fluid. As such accessibility in these areas is a major concern and challenge for WHO and its partners, this impacts negatively on the delivery of health and humanitarian operations. While the overall trend in the East Mosul has improved benchmarked by the number of the newly liberated villages, access restrictions limit the number of on ground partners delivering services, WHO and partners continuously rely on the support of the Directorate of Health in Ninewa to deliver emergency medical supplies and to access the hard to reach and fragile populations in need.

\* As of 23 December 2016, 1.2-1.5 million people could be affected by the military operations – Data source, UNOCHA

\*\* Proposed figures for Humanitarian Response Plans 2017

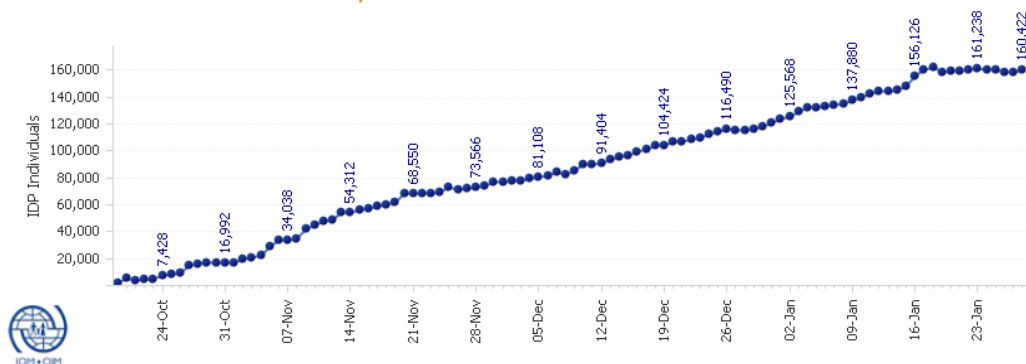
\*\*\*Number of consultations since 17 October 2016 until 21 January 2017

\*\*\*\*Casualty cases for patients referred to Emergency hospitals in Erbil, this number could be higher

\*\*\*\*\* Only funding status for the Mosul Operations.

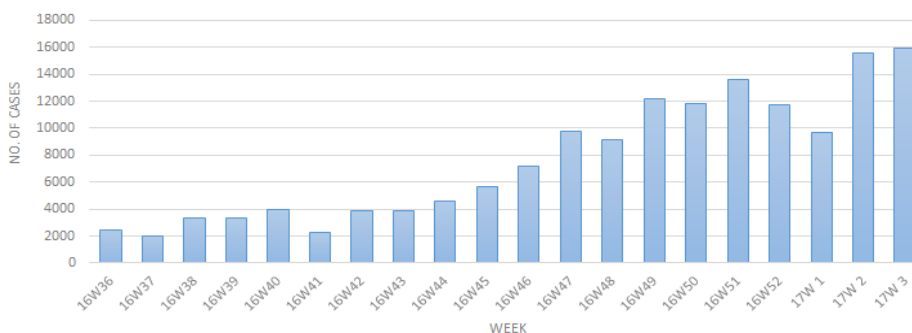
- As at 28 January 2017, the number of persons displaced since 17 October were 160,422 individuals. Since 19 October 2017 when IOM started tracking IDP movement the number of persons displaced has been increasing, refer to the displacement timeline.

Displacement Timeline from 17 October



- In epidemiological (epi) week 3 ending 26 January 2017, a total of 45 health facilities submitted their epi weekly surveillance reports including 15 mobile medical clinics, 31 static clinics and 1 hospital from 12 agencies serving internally displaced persons in Ninewa. A total of 32,941 consultations were recorded across all IDP camps. Acute respiratory infections (48%), acute diarrhea (4%) and cutaneous leishmaniasis (2%) were the leading causes of morbidity in the governorates.
- During epi week 2, Ninewa Governorate recorded an increase in the number of acute respiratory infection cases. Most of the cases were from Gayyara district in Mosul (45%), telafar district (17%), Al-Hamdaniya district (16%), Tilkaif health district (9%), Makhmur health district (7%) and Al-Shikhan district (4%). Refer to graph for details.

Distribution of Total Acute Respiratory tract infection in Ninewa Governorate by week 36 in 2016 to week 3 in 2017



- Limited access of populations to health services in partially liberated areas and inside of Mosul due to security challenges.
- Limited movement of partners to newly accessible areas due to security challenges which makes it hard to conduct timely investigations of suspected cases of communicable diseases in the affected communities.
- Shortage of safe water for populations trapped inside Mosul remains a concern. This is likely to cause outbreaks of water borne diseases such as acute watery diarrhea.
- Increase in acute upper respiratory tract infections due to harsh winter season.

- Provision of primary health care services to the affected population in newly accessible areas.
- Management of trauma cases which are steadily increasing.
- Inadequate human resources to support the high numbers of trauma cases seen in Trauma Stabilization Points (TSPs) and field hospitals.

EPI updates

Public health concerns

Health needs, priorities and gaps

- Insufficient stock of controlled substances needed for pain management and sedation of patients with severe trauma injuries.
- Shortage of fuel and ambulances to refer trauma cases out of Mosul city.
- Limited response to medical emergencies in the newly re-taken areas.
- Low capacity of health workers to provide inpatient medical care within Ninawa.
- Lack of clarity on the mechanism for post-operative care.



## WHO Response

- As part of WHO's support and plan to strengthen management of critical trauma care and other health emergency for all people in Erbil and Ninawa, the Organization handed over 20 surgical kits sufficient to conduct 2,000 surgical procedures, medicines and other medical supplies used in surgical operations sufficient to serve the needs of 12,000 patients to West Emergency and Emergency Hospitals in Erbil. Also donated was one operations bed and wheel stretcher. One surgical kit sufficient for 100 surgical cases was also donated to the DOH sulaymaniyah. The medical supplies are part of the in-kind donation from the Government of France and Government of Norway through the EU Civil Protection Mechanism.

- To increase the immunity of children and sustain polio free status of children in Iraq, WHO, UNICEF and other partners supported the Federal Ministry of Health, Iraq and Regional Ministry of Health, Kurdistan Regional Government to conduct 5 days National Immunization Days (NIDs) campaign that targeted 6.2 million children aged 0 to 5 years of age. The campaign conducted from 22 to 26 January 2016 also targeted 415,000 children in the newly liberated areas of Ninawa governorate. WHO supported more than 26,000 vaccinators including 2,242 in the Kurdistan Region and 13,000 fixed and mobiles teams who participated in the campaign. The number of children reached during will be shared in the subsequent situations reports.



- To strengthen integrated primary health care services in the internally displaced person's camps and host communities, WHO donated 5 Interagency Emergency Health Kits (IEHKs) basic unit sufficient for 5,000 patients and another 10 IEHKs basic unit sufficient for 10,000 people to support health service delivery in Khabat health district. Medicines enough to treat 36,000 cases of Leishmaniosis were also donated to Qayyara health district, while essential lifesaving medicines including antibiotics, medicines for chronic



and respiratory conditions sufficient to treat 1,400 patients were also donated to the NGO partner Medair. WHO continues to support all DOHs and partners to fill in gaps of critical shortage of lifesaving medicines for communities in need in IDP camps and host communities.

- Given its close proximity to Ninewa governorate, the DOH Dahuk supports the delivery of health services to IDPs from the crisis affected areas of Ninewa. Since 17 October 2016, WHO has worked with health authorities in Dahuk to ensure that those fleeing to receive the much needed health assistance. This week, 1,085 individuals newly arrived at Nargizlia in Shikhan district. Through WHO supported Mobile Medical Teams (MMTs), 357 consultations including 92 children under 5 years of age were recorded. The MMTs also visited Telusquf village in Telkyef district to treat patients; 57 consultations including 18 consultations for children less than 5 years old were registered.
- In Duhok Emergency and Azadi General Hospitals, where WHO is supporting 12 medical doctors to manage referrals, 990 patients were treated with different conditions. The most common conditions reported among the IDPs were acute respiratory infections, acute diarrhea cutaneous leishmaniasis and scabies.

- To assess and monitor the provision of health services for IDPs as well support environmental health activities, WHO visited Shikhan hospital and Nargizlia IDPs camp. Priority needs and gaps were discussed with the teams managing health services and how WHO in collaboration with other health cluster partners and DOH Dahuk will provide support. Quality water monitoring and testing was conducted in both sites.



WHO staffs conduct quality water monitoring and testing in Nargizlia IDP camp at the Dahuk – Ninewa border.

- WHO continues to enhance its supervision role by visiting health facilities in the newly liberated areas of Mosul and the neighboring districts. This week the organization visited three health facilities in Qayyara district to establish the state of health facilities and services and to strengthen disease surveillance and reporting. **Findings:** most facilities reported adequate stocks of medicines and medical supplies, functioning laboratories and availability of ambulances to facilitate referrals and reproductive health services. The surveillance system and reporting was found to be adequate. Other facilities however reported shortage of medicines for used for treating fevers, cough and cold. **Urgent needs:** medicines for analgesics, antipyretics, cough and cold. WHO in collaboration with the DOH Ninewa will support the health facilities with the missing medicines.

- To fully support health needs resulting from the Mosul operations, WHO requires a total of US\$ 65 million of which US\$ 14 million (21%) has been received. Refer to table 1 for details on WHO funding status.

Table 2: WHO Funding status in US\$ since 1 December 2016\*\*\*\*\*

| Donor                | Funds Requested US \$ | Funded Awarded US \$ |
|----------------------|-----------------------|----------------------|
| Government of Kuwait | 5,000,000             | 5,000,000            |
| CERF                 | 9,000,000             | 9,000,000            |
| <b>Total</b>         | <b>14,000,000</b>     | <b>14,000,000</b>    |

Resource  
Mobilization

#### Contacts:

- Mr Altaf Musani Country Representative and Head of Mission, WHO Iraq, email: [musania@who.int](mailto:musania@who.int)
- Dr. Wael Hatahit, Technical Officer, Mobile: +9647510101456, email: [hatahitw@who.int](mailto:hatahitw@who.int)
- Ms Pauline Ajello, Communication Officer, mobile: +9647510101460, email: [ajellopa@who.int](mailto:ajellopa@who.int)
- Ms Ajyal Sultany, Communication Officer, mobile: +9647510101469, email: [sultanya@who.int](mailto:sultanya@who.int)