



1.2 -1.5 MILLION*
PEOPLE AFFECTED



148,092
DISPLACED FROM
MOSUL



2.7 MILLION**
PEOPLE IN NEED
OF HEALTH
SERVICES

329,704***
PEOPLE
REACHED



3,254****
INJURED

Highlights

- On 12 January 2017, a field hospital was launched in Bartalla. The hospital is run by Samaritan's Purse and supported by WHO with financial aid from OFDA. At the time of the launch, the facility had treated up to 45 injured patients from Mosul within 96 hours.
- A total of 3,254 casualty cases from Mosul have been recorded in two emergency hospitals in Erbil since 17 October 2016 to 14 January 2017. A total of 2,406 cases were also served at Trauma Stabilization Points, 196 of them were children and 654 women.



Photo ©: WHO
Paramedics of the Directorate of Health in Erbil transfer a trauma patient to WHO supported ambulance for transportation to Emergency Hospital in Erbil.

- Since the start of the Mosul crisis four hospitals including maternity and pediatric and 3 Primary Health Care Centers (PHCCs) have been destroyed or damaged in Mosul and remain non-functional.
- Emergency medicines including antibiotics, dermatological, ophthalmological and medicines for chronic conditions enough to treat 16,836 patients were donated to Qahyira Primary Health Centre (PHC) in Ninawa and DOH Dahuk. Two trauma kits enough to treat 200 trauma patients were also donated to Local non-government partners WAHA and Frontline Mobile Trauma Team, each received one.

Situation update

- A new Primary Health Care Centre (PHCC) is under construction in Qayara airstrip camp to serve the increasing health needs of IDPs from Mosul. The facility is being established by WHO and the Directorate of Health, Ninawa and will be run by the United Iraq Medical Society (UIMS), a national Non-Governmental Organization. Currently 15,000 people live in this camp. The facility will offer comprehensive PHCC services including: out-patient services, reproductive health, delivery, vaccination and referrals.
- Since 17 October to 14 January, 3,254 casualty cases have been reported in two hospitals in Erbil. Forty eight percent of the total casualty cases are civilians and 11% are children under 15 years of age. A total of 2,406 cases were served at Trauma Stabilization Points, 196 of them were children and 654 women. The major causes of casualties are due to mortars and gunshot wounds.
- Health services in newly liberated areas have significantly been interrupted, leaving hundreds of communities with limited access to health care. Most of these communities are in urgent and immediate need of access to health service assistance, however many partners have not yet supported the DOH Ninawa to set up health service points due to security concerns. Information available from Ninawa DOH indicates that 4 hospitals and 3 PHCCs have been severely affected and damaged since the start of the

* 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

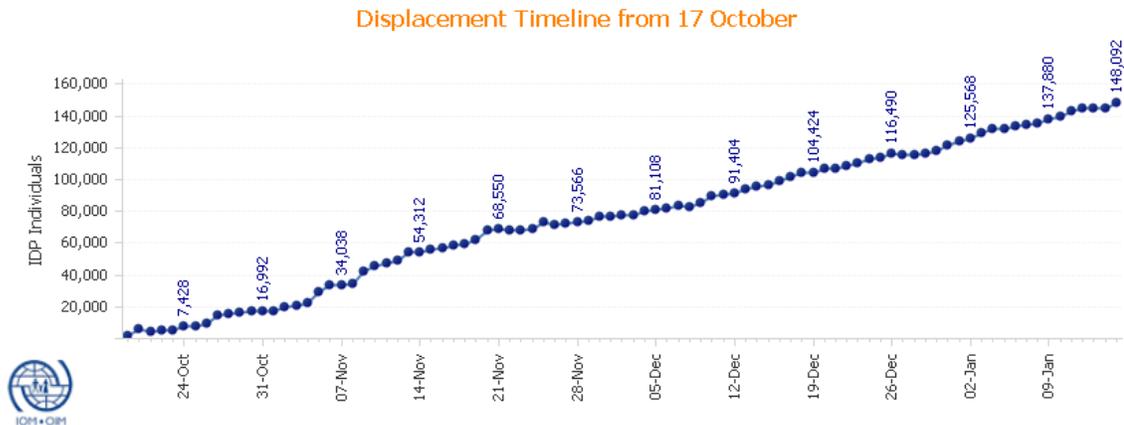
***Number of consultations since 17 October 2016 until 15 January 2017

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

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

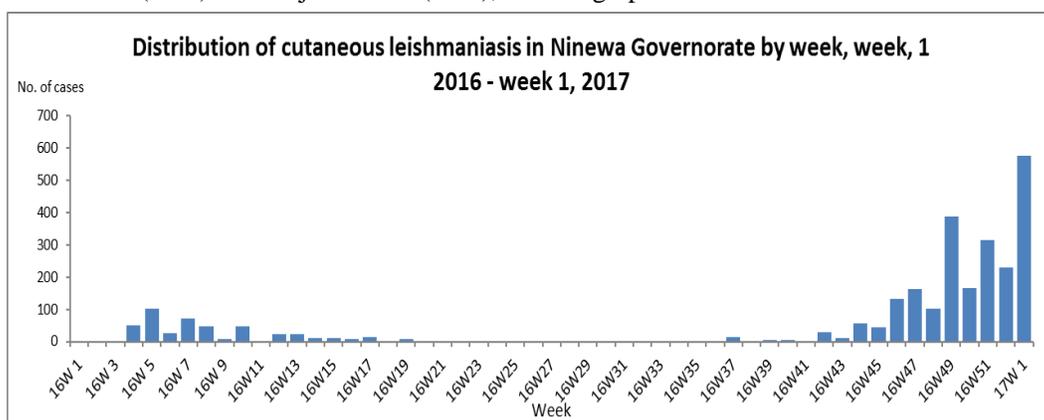
crisis in Mosul, while one PHCC is partially functional. WHO and other health partners are working with the DOH to restore health services in newly accessible areas and rehabilitate some damaged facilities.

- As at 15 January 2017, the number of persons displaced as a result of the Mosul Operation since 17 October were 148,092 individuals. Since 19 October 2017 when IOM started tracking IDP movement the number of persons displaced have been increasing, refer to the displacement timeline. Most of the IDPs are displaced to Erbil, Dahuk, Kirkuk and safer areas within Ninawa, Salhuddin and Baghdad. New areas are increasing becoming accessible to humanitarian actors; as such plans are under way by health cluster partners to support the health authorities in Ninawa to revamp health services with WHO providing the leadership.



EPI updates

- In week 01 ending 08 January 2017, 34 health facilities submitted their Epidemiological (Epi) weekly surveillance reports including 09 mobile medical clinics and 25 static clinics from 11 agencies serving internally displaced persons. A total of 14,249 consultations were recorded across all IDPs camps. Acute respiratory infections (41%), cutaneous leishmaniasis (4%) and acute diarrhea (3%) were the leading causes of morbidity in the IDP camps.
- During epi week 1, Ninawa Governorate recorded an increase in the number of cutaneous leishmaniasis cases. Most of the cases reported were from Gayyara health sector in Mosul district (61%), followed by Telefar district (21%) and Sinjar district (16%), refer to graph for details.



Public health concerns

- Limited access of populations to health services in partially liberated areas and inside of Mosul due security challenges.
- Limited movements of partners to newly accessible areas due to security challenges which makes it hard to conduct quick investigations of suspected cases of communicable diseases in the affected communities.

- Shortage of safe water for populations trapped inside of 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 cold weather as a result of harsh winter season.

Health needs, priorities and gaps

- 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 in Trauma Stabilization Points (TSPs) and field hospitals.
- 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 outside of Mosul city.
- Limited response to medical emergencies in the newly re-taken areas.
- Low capacity of health workers to provide in patient medical care within Ninawa.
- Lack of clarity on the mechanism for post-operative care.

WHO Response

- To support people displaced into Debaga internally displaced person's (IDP) camp, WHO is currently supporting the Directorate of Health (DOH), Erbil to construct Debaga 2 Primary Health Care Centre (PHCC). The expected date of completion will be at the end of January 2016. WHO will also support DOH Erbil with some staff incentives to ensure the facility is fully operational.
- To ensure continued service delivery for host communities and IDPs living in host communities in Qayyarah sub-district, and revitalize the PHCCs outside the camp areas, WHO donated five generators of 7KV each to five health facilities. The selected health facilities do not have regular government power supply.



Photo ©: WHO
Mobile medical teams supported by WHO deliver health services to displaced persons in Nargizila Shikhan district

- WHO continues to support the health sector in Ninawa, Dahuk and Erbil with medical supplies to support health service delivery for communities displaced from Mosul. Medicines including antibiotics, dermatological and ophthalmological and for chronic conditions enough to treat 16,836 patients with various health conditions were donated to Qahyira PHC in Ninawa (4,286 patients) and DOH Dahuk (12,550 patients).
- A national non-government organization, WAHA was also supported with full trauma kit (A+B) enough to treat 100 casualty cases. WAHA managing health service delivery in Al Zahraa PHCC for displaced persons from Mosul. Frontline Mobile Trauma Team was also supported with a full trauma kit enough to treat 100 casualty cases. On average WAHA records over 6,000 consultations a week.
- As part of its bigger trauma plan to establish additional Field Hospitals to manage trauma care including referral pathways, WHO visited Qayyara and Bartalla Field Hospitals. Consultations between WHO and Samaritan's Purse and with Qayyara are still ongoing to exchange experiences on establishing a field hospital.

- In Dahuk WHO:
 - ✓ A total of 2,555 individuals newly arrived in Nargizlia in Shikhan district. Through WHO supported Mobile Medical Teams (MMTs), 852 consultations including children under 5 years of age were recorded. Additional 164 consultations including 54 consultations in children less than 5 years were also registered through the MMTs in Drej village, Telkyef district. In Duhok Emergency and Azadi general hospitals 2,200 patients received health care services. WHO supports the referral system in both hospitals.
 - ✓ WHO delivered a shipment of essential medicines used for the treatment of chronic diseases and other conditions to DOH-Duhok pharmacy department. The medicines that include antibiotics, dermatological and ophthalmological treatment are enough to treat 12,550 patients. The donation is part of the organization's support to strengthen Dahuk DOH response to the IDPs from Mosul.

Partnership
and
coordination

- In Dahuk WHO participated in a joint assessment mission with others clusters to newly liberated areas of Abojarboa and Drej villages in Telkyef district, Ninawa Governorate. The team found an urgent need for essential primary health care services and recommends an urgent deployment of MMT or fixed teams to Abojarboa village. There is currently MMTs supported by WHO that delivers health services to displaced persons in Drej village.
- The Health Cluster participated in an interagency assessment mission to Gogjaly to assess the state of health facilities and services. **Findings** show that four hospitals East of Mosul city have been damaged due to the ongoing crisis, these include: Al-Salaam, Al-Khansaa – maternity hospital, Rabee private hospital and Ibn-Athir hospital and all are non-functional. All cases from Gogjaly that require secondary care are sent to Hamdaniya (25kms) or to Erbil (60kms). **Urgent needs at the PHCCs include:** human resources for health, ambulances for referrals, emergency and routine vaccination services, Labour and delivery units at the PHCC, and emergency room services at each PHCC to deal with injuries that don't require surgical interventions. Other needs are: electricity and fuel at all PHCCs, coordination of all partners and with the DOH and revitalization of hospitals that are partially damaged.
- In partnership with Samaritan's Purse, a field hospital was launched in Bartalla on 12 January 2017. The hospital is run by Samaritan's Purse and supported by WHO with financial aid from the Office of Foreign Disaster Assistance (OFDA). It is established as part of a larger trauma care plan by WHO, national health authorities and partners to address the short-term challenges of providing trauma and surgical support to people in conflict-affected areas. The field hospital is fully equipped to allow medical staff to manage critical trauma and emergency cases that may not survive transportation times to Erbil and Dahuk.
- The weekly national health cluster meeting was held in Erbil on 9 January. Discussions focused on the Mosul crisis, indicators for the Humanitarian Response Plan (HRP) and a briefing by WHO on chemical awareness.

Resource
Mobilization

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	5,00,000	5,000,000
CERF	9,000,000	9,000,000
Total	14,000,000	14,000,000

Contacts:

1. Mr Altaf Musani Country Representative and Head of Mission, WHO Iraq, email: musania@who.int
2. Dr. Wael Hatahit, Technical Officer, Mobile: +9647510101456, email: hatahitw@who.int
3. Ms Pauline Ajello, Communication Officer, mobile: +9647510101460, email: ajellopa@who.int
4. Ms Ajyal Sultany, Communication Officer, mobile: +9647510101469, email: sultanya@who.int