



1.2 -1.5 MILLION*
PEOPLE AFFECTED



161,886
DISPLACED FROM MOSUL



2.7 MILLION**
PEOPLE IN NEED OF HEALTH SERVICES

437,645***
PEOPLE REACHED



3,924****
INJURED

Highlights

- The Ministry of Health in collaboration with WHO, UNICEF and partners vaccinated more than 5.8 million children under the age of 5 years against polio during the National Immunization Days campaign held in January 2017.
- WHO supported three Non-Government Organizations (NGO) partners, Medair, Doctors Aid Medical Activities (DAMA) and Women and Health Alliance International (WAHA) with essential medicines and Interagency Emergency Health Kits (IEHKs) sufficient for a population of 38,000 people to support the delivery of primary health care services for internally displaced people (IDPs) in Ninewa governorate including in newly liberated areas.



- WHO handed over one full trauma kit sufficient for 100 trauma patients and 5 surgical kits sufficient for 500 surgical interventions to the NGO partner NY Medics and Erbil Teaching Hospital respectively. The supplies are meant to enhance the management of critical trauma care and surgical interventions in Erbil.
- In Dahuk, WHO through the Directorate of Health, Dahuk continued supporting Mobile Medical Teams (MMTs) delivering curative and preventive health services to IDPs newly arriving at Nargizlia screening site in Shikhan district. This week, of the 909 IDPs that newly arrived, 398 received consultation services, 76 of these were among children less than 5 years of age.

Situation update

- A total of 108 trauma cases were recorded in Emergency Hospital and West Emergency Hospital in Erbil. In addition 390 trauma patients were treated in Bartalla field Hospital for the period 8 to 31 January 2017. The cumulative number of casualty cases treated in the three hospitals since 17 October is 3,924. Readiness efforts have been scaled up in West Mosul where trauma cases are expected to be high. Plans are under way to establish addition three field hospitals.
- WHO and partners are also working to establish several Trauma Stabilization Points (TSPs) on around the western parts of Mosul to improve the referral pathways. While plans are under way to continue operating the previous TSPs on the eastern part of Mosul as primary health care facilities to deliver service for the host communities and some internally displaced persons. Since 17 October 2016, a total of 3,198 received treatment in the various TSP centers set up by WHO and partners.

EPI updates

- In epidemiological (epi) week 4 ending 29 January 2017, a total of 55 health facilities submitted their epi weekly surveillance reports including 20 mobile medical clinics, 34 static clinics and 1 hospital from 15 agencies serving internally displaced persons in Ninewa. A total of 29,699 consultations were recorded

* 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

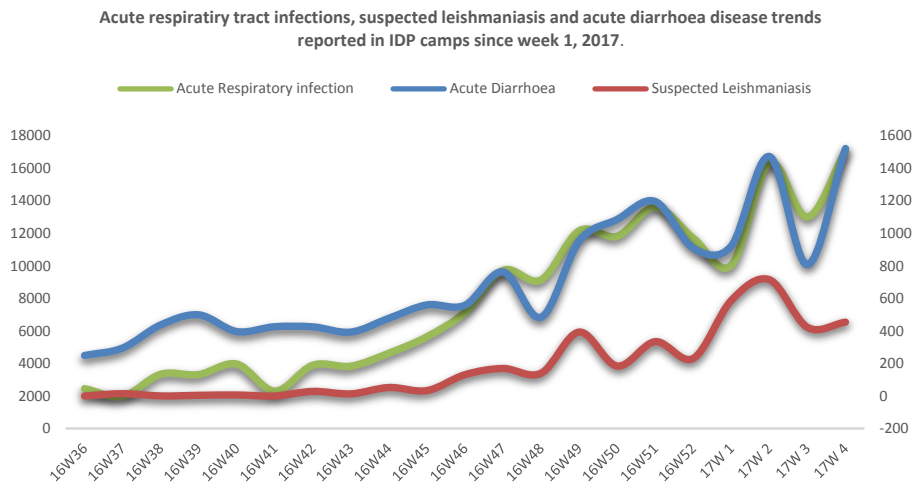
***Number of consultations since 17 October 2016 until 21 January 2017

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

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

across all Mosul IDP camps. Acute respiratory infections (57%), acute diarrhea (5%) and cutaneous leishmaniasis (2%) were the leading causes of morbidity in the governorates.

- During epi week 4, Ninewa Governorate recorded an increase in the number of acute respiratory infection cases. Most of the cases were from Ayser Health district in Mosul (29%), Gayara health district (27%), Al-Hamdaniya district (13%), Al-Shikhan, Makhmur & Telafar health district (8%), Tilkaif health district (4%), Bardarash health district (2%), Mosul, Sinjar health district (1%). Refer to graph for details.



- One acute flaccid paralysis (AFP) alert was generated through EWARN following the defined thresholds from Gayyara airstrip IDP Camps during this reporting week. The alert was investigated after 72 hours by Gayyara DOH. Samples have been collected and sent through Erbil Public Health Laboratory and the results are pending investigations.

Public health concerns

- Limited access of populations to health services in newly 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 western Mosul remains a concern. This is a potential risk for outbreaks of water borne diseases such as acute watery diarrhea.
- Increase in acute upper respiratory tract infections due to 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 seen 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 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.
- Inadequate existing capacity for post-operative care.

WHO Response

- More than 5.8 million children aged 0 to 5 years were vaccinated in the National Immunization Days campaign held in Iraq in January 2017. Children in the newly accessible areas of east Mosul and the surrounding districts were also vaccinated. WHO provided logistics and operational costs for micro-

planning, supervision; monitoring and incentives for vaccinators in which 26,000 vaccinators including 2,242 in the Kurdistan Region and 13,000 fixed and mobiles teams participated in the campaign.

- Partners providing basic health services in IDP camps such as Hassan Sham and Khazar are reporting high number of consultation and shortage in medication. Lack of ID and family cards among IDPs makes tracking patients utilization of medications almost impossible. Many of those residing in camps are suffering medical and or chronic non trauma conditions such as Thalassimia, hypertension which entails the availability of specialized care and medications to support continuum of care. Other facilities such as Alzahraa inside Mosul have reported more than 700 consultations per day, since the host populations were deprived of services for a long time. To ensure continued delivery of primary health services for the IDPs and host communities in newly accessible areas in Ninewa Governorate, WHO supported three Non-Government Organizations (NGO) partners, Medair, Doctors Aid Medical Activities (DAMA) and Women and Health Alliance International (WAHA) with essential medicines and Interagency Emergency Health Kits (IEHKs) sufficient for 38,000.



Photo ©: WHO/P Ajello
Pharmacist in Qayyara airstrip primary health care clinic dispensing drugs for hundreds of internally displaced persons seeking health services.

- The numbers of injured patients seeking trauma care in Trauma Stabilization Points (TSPs) and the two hospitals in Erbil have drastically reduced over the past two weeks, partly due to the reduced operations in east Mosul and Bartalla Field that is strategic positioned on the road from Mosul to Erbil and is treating trauma patients from the east of Mosul. Despite the reduction, WHO continues to strengthen the capacity of hospitals in and around Erbil and in Ninewa hospital to deliver trauma and emergency services for patients seeking critical trauma care and other emergency services. During this reporting period, the organization donated one full trauma kit sufficient for 100 trauma patients and 5 surgical kits sufficient for 500 surgical interventions to the NGO partner NY Medics and Erbil Teaching Hospital respectively.
- And to enhance service delivery at the Dahuk – Ninewa boarder for the newly displaced persons from Mosul, WHO through the Directorate of Health, Dahuk continues supporting the Mobile Medical Teams (MMTs) to deliver curative and preventive health services at Nargizlia screening site in Shikhan district. This week, out of the 909 IDPs that newly arrived, 398 received consultation services, 76 of these were among children less than 5 years of age. Through the three WHO supported mobile medical clinics and teams in Nargizlia and Mandan reception centers and entry villages, a total of 7,846 consultations including 978 children less than 5 years old have been received health consultation services for different illnesses.
- WHO is supporting 12 Medical doctors in Duhok Emergency and Azadi general hospitals under the Directorate of Health, Dahuk to fill the gap in the shortage of medical personnel while strengthening the referral system for IDPs who require emergency and specialized health services in the governorate. This week, the medical doctors treated 750 IDP received treatment in the two hospitals, making the cumulative figures of patients treated since WHO commenced its support on 1 November 2016 to 15,874 patients.
- As part of its mandate and support of strengthening disease surveillance and reporting, WHO visited Bartalla Hospital to discuss modalities of reporting on trauma patients who are seeking services at the hospital. To ensure quality of health service delivery and to assess the status of Al- Qayyara hospital to offer post-operative care for trauma patients, WHO visited the hospital. Findings show that renovation work by the partner NGO WAHA has commenced, however these are still in initial stages.

Partnership and coordination

- As new places become accessible, WHO through the health cluster joined other partners on an interagency mission to the most recent accessible town of Telkyef to assess primary health care (PHC) services and water and sanitation (WASH) services in the area and identify gaps and challenges that require urgent actions to restore health services for the communities. The teams visited Telkyef water project and primary health care facility. Findings show that the physical PHC structure is partially damaged; furniture and some medical equipment and devices have been looted and the facility had limited supply of clean drinking water. **Urgent needs:** simple renovation and rehabilitation of the PHC, office furniture, essential medicines, medical supplies and medical devices, a generator and vaccines to support immunization. Others are: revitalize the referral system and the delivery room and safe drinking water supply to prevent water borne diseases. WHO will provide essential lifesaving medicines and other medical supplies. Other partners that participated in the assessment include UNICEF, OCHA, and Protection Working Group.



- A National Health Cluster meeting was held on 25 January 2017, and was attended by 62 participants. Discussions focused on feedback on the 2017 Humanitarian Response Plan portfolio for the health cluster, health cluster revised indicator, Mosul crisis update including an introduction to the planning scenario for West Mosul, and updates from Early Warning Response and Alert Network (EWARN), Expanded Programme for Immunization/Polio, Reproductive Health Working Group, Nutrition Working Group, and Communication with Communities (IOM).

Plan for the coming weeks

- WHO has procured three field hospitals to support the MOH response to west Mosul operations. The hospitals will be installed in strategic areas to ensure relevance and effective response to trauma needs.
- Several Trauma stabilization points are being established in the southern side of Mosul to support primary stabilization and referral of trauma cases to the nearest hospital.
- WHO has procured thirty ambulances and the process of shipment are under way. Fifteen of these ambulances are expected to arrive the country within 10 days and will be used to support the DOH response during West Mosul operations.

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

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