



Ministry of Interior
Joint Crisis Coordination Centre

*When a Crisis or disaster strikes, every minute counts;
immediate, coordinated and pre-planned response is Key
to save lives & reduce the impact*

COMMON OPERATIONAL PICTURE

MOSUL OPERATIONS;
HUMANITARIAN RESPONSE IN THE
KURDISTAN REGION OF IRAQ

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Note: Data and statistics presented in this report are extracted from a number of sources. Flaws in the original sources collections, documentation and reporting processes and systems might have affected the accuracy of the data and information presented in this report. For any questions or more information, please contact: Joint Crisis Coordination Center (jcc.moi@jckrg.org).

1. Mosul Crisis Overview:

The Kurdistan Regional Government (KRG) is struggling to absorb and care for tens of thousands of Mosul residents fleeing the ongoing operations to liberate the city from ISIS terrorists, in addition to the 1.8 million people who had previously fled. The dramatic increase in the volume of critically injured people has flooded Kurdistan Region's hospitals, and is overwhelming the Region's already strained healthcare sector. Conducting adequate security screenings for incoming internally displaced persons (IDPs), as well as maintaining internal security for cleared IDPs, is a responsibility that is growing rapidly in size and complexity and will soon surpass the KRG's technical and personnel capacities.

Since the start of the operations on 17 October 2016, as of 28 January 2017, over 194,000 individuals have fled Mosul city and its periphery. The KRG's latest data show that more than 96,000 individuals of these recently displaced people have arrived and are being cared for in Erbil and Duhok governorates.

As military planning and preparations are underway to launch the offensive to liberate the west side of the Mosul city, it is estimated that half a million people are still living in ISIS-controlled Mosul and it is anticipated that the majority of them will flee and need the lifesaving assistance.

BACKGROUND:

The Kurdistan Region today hosts more than 1.8 million; 97% Syrian refugees and 40% internally displaced Iraqis, as a result of the war in Syria, the genocide by ISIS, and the ongoing operations to liberate territory from the terror group.

The displaced have arrived in Kurdistan Region destitute and often with both physical and emotional wounds. Prior to the Mosul operation, hospitals throughout the Region were flooded with refugees and IDPs, who treat those in need without discrimination and at no cost to the individual.

KRG Peshmerga troops have liberated tens of thousands of square kilometers from ISIS, including strategic towns and roads which laid the groundwork for the Mosul offensive. These gains were made at great expense, with 1,600 Peshmerga killed and nearly 10,000 seriously wounded. At the same time, a financial crisis has crippled the region, resulting from the cost of the war and humanitarian crisis, the crash in oil prices, and the federal government's unconstitutional decision to withhold Kurdistan's share of Iraq's federal budget.

As a result, KRG employees, who make up the bulk of the work force, have experienced delays in their salaries and cuts to benefits and pensions. This has had a profound, negative effect on frontline Peshmerga soldiers and civil servants involved in assisting the humanitarian crisis. Additionally, the unemployment rate has increased by threefold from 3% in 2013 to 14% in 2016.

HEALTH SERVICES:

Kurdistan Region's hospitals are already unable to provide sufficient care for the influx of injured Iraqi Security Forces and Peshmerga, as well as thousands of civilian IDP casualties. There are simply not enough intensive care units, recovery beds, and medical supplies to absorb all cases. Since the military operations on 17 October 2016, over (10340) injured civilians have been transferred to the hospitals in Kurdistan Region; (2340 Duhok governorate and 8000 Erbil governorate). This is apart from the huge number of wounded Iraqi soldiers and peshmarga forces. Without immediate international assistance to build the capacity of Kurdistan's medical care, we could be heading towards a catastrophe.

The difficulty in caring for the influx is compounded by an ongoing financial crisis and the insufficient medical supplies being sent by the federal government. The financial crisis has left the KRG struggling to pay salaries of public servants, which is having a negative effect on medical professionals in the region. Qualified medical personnel are unable to work long hours required to support massive influxes of IDPs.

SHELTER:

With the support from the Iraqi Ministry of Migration and Displaced (MoDM) and UNHCR, the KRG has constructed 5 emergency camps for new arrivals from Mosul in Duhok and Erbil. The finished emergency camps are already fully occupied and accommodated over 26,000 families, 96,000 individuals; with support from the MoDM and partners, five additional emergency camps are being finished to create more space for the continuous flow of IDPs from Mosul. KRI can only receive around 10,000 more of displaced families, once all camps finished. Even, the eastern side of Mosul city liberated, displacement continues due to the dire humanitarian and security situation, daily over 1000 individuals are fleeing and more than half resorting to KRI. Without international support, hundreds of thousands of IDPs will sleep rough through the cold winter months and beyond, causing inconceivable suffering and loss of lives.

Furthermore, despite having prepared a Joint Humanitarian Contingency Plan in June 2016 for Ninewa and constant calls for support to Baghdad, UN agencies, and donors, the KRG has not received any direct financial support to care for Mosul's injured. Today the KRG covers all operational, administrative, protection and security costs of the camps and reception centres, totaling more than 3.5 million USD monthly. The KRG has been providing several essential services to IDPs; continuing to provide support at the current level requires direct financial and technical assistance from international partners.

SECURITY CONCERNS:

In cooperation with the Government of Iraq and humanitarian partners, the KRG upholds the humanitarian principles of impartiality in protection and continues to support the well-being of displaced people, including providing safe passage to civilians fleeing the battlefield to reach safe areas. Peshmerga troops have liberated thousands of square

kilometers from ISIS, and have secured, cleared, and repopulated dozens of villages in Nineveh.

Recent IDP arrivals from Mosul have lived under ISIS rule for more than two years, and our assessments suggest ISIS is attempting to infiltrate Kurdistan through them. Consequently, arriving IDPs must be properly screened before they are permitted to enter displacement camps in Kurdistan. This task is complex and time-consuming, and as IDP influxes increase, KRG security services are concerned that it will overwhelm their capacity.

In addition, ISIS' campaign of genocide in Iraq shattered trust among local communities, particularly between the numerous ethnic and religious groups who lost their homes to the terror group. As a result, the potential for a conflagration of retaliatory and revenge attacks between groups is very high. Preventing this is our priority but it needs international assistance.

Since the start of violence in Syria began displacing people to Kurdistan, the KRG has been on the front lines of sheltering and caring for displaced people. Today, Kurdistan hosts more than 1.8 million displaced Iraqis and Syrians, representing a 32% increase in the region's population. The operations to liberate Mosul have displaced (194,000) people and this number is increasing daily. The responsibility to care for them is shared by the KRG, the GoI, and the international community.

The KRG has not only supported and hosted fleeing IDPs, but also provided leadership in planning humanitarian response and advocacy for resource mobilization. The purpose of this message is to alert the international community of an impending humanitarian catastrophe and to request additional resources to be provided immediately to deal with the increased burden.

I call upon all partners, the Iraqi government and all donor countries and members of the International Coalition to act with urgency in providing funds and material and technical assistance directly to the KRG to mitigate risks and minimize human suffering. Urgent financial support is critical for KRG institutions to respond effectively and efficiently to the massive humanitarian emergency that continues to unfold.

Karim Sinjari
Minister of the Interior
Kurdistan Regional Government-Iraq

2. Humanitarian Preparedness:

In anticipation of the large population movement fleeing from the ISIS controlled Mosul city and the neighborhoods as direct consequences of Mosul liberation operation. The KRG's Ministry of Interior- Joint Crisis Coordination Centre developed a joint Contingency plan to be prepared to respond to the influxes of IDPs from Mosul. The plan was launched on June 2016 and calling for urgent support and assistance to make the proper preparedness to respond to the humanitarian emergency. Since the start of the free Mosul liberation operation, KRG has mobilized all its human and technical resources and available financial resources to respond to the influx of IDPs and provide leadership to all partners to ensure close coordination and cooperation among all partners, government and non-government.

KRG has allocated ten sites; five in Erbil, and five in Duhok governorates to construct camps for the IDPs, both governorates have done extremely everything possible to prepare the shelters for the IDPs within a very short time and limited resources.

As Table 1 shows, the Duhok Governorate has prepared five camps to provide shelters to 96,876 displacement individuals. The Qaymawa camp is fully occupied by IDPs while Nargizlia-1 camp begun to receive IDPs with additional available spaces to provide shelters to new arrivals. As until January 28, 2017, (2,464, families, 13,248 individuals) have been provided shelter in the two mentioned camps. When other camps are fully established, there will be additional 12,600 plots available to receive and accommodate new arrivals.

Table 1: Shelter preparedness, Duhok Governorate:

Governorate	Camps	Plots	Capacity / individual s	Status	Plots Occupied	Plots Available
Duhok	Amala	3,032	18,180	Opened	-----	3,032
	Qaimawa	1,030	6,180	Opened	1,030	-----
	Nergizli 1	2,662	15,972	Opened	1434	1,228
	Nergizli 2	4,080	24,480	Under construction	-----	4,080
	Zelikan	4,344	26,064	Under construction	-----	4,344
Total	5	15,148	96,876		2,464	12,684

Erbil Governorate prepared five camps with the capacity of (24,036 plots) which can provide shelter for 144,362 IDPs from Mosul. Since the start of Mosul Operation on 17 October 2016, Erbil has received the largest influxes and on daily basis has received IDPs and continues to receive, so far it has welcomed (16,740 families, 100,440 individuals) in which over 85,000 IDPs have been sheltered in newly established camps in Khazir and Hassansham. The remaining shelter capacity is 7,252 families.

Table 2: Mosul preparedness, Erbil Governorate:

Governorate	Camps	Plots	Capacity / individuals	Status	Plots Occupied	Plots Available
Erbil	Khazer M1	7,000	42,000	Opened	6006	994
	Hassansham U2	2,000	12,144	Under construction	-----	2,000
	Hassansham U3	1,930	11,580	Under construction	1816	-----
	Hassansham M2	6,000	36,000	Opened	4852	1148
	Chamakor	2,400	14,400	Opened	-----	2,400
Total	Debaga	4,706	28,238	Completed	4,032	674
	6	24,036	144,216		16,740	7,252

Thus, the Mosul Operations as predicted has further increased the financial, security and humanitarian burden on the Kurdistan Region. The latest figure of the IDPs and refugees in KRI as of January shows that 1,809,413 IDPs and refugees are now hosted in Kurdistan. The earlier number of refugees and IDPs was 1,718,429, with additional 98,284 new arrivals from Mosul, Hawija etc. the total number of IDPs and refugees stands at 1,816,677 individuals as shown in (Table 4).

Table 3: IDPs and refugees in Kurdistan Region:

	#of individuals in Duhok	#of individuals in Erbil	#of individuals in Slemani	Total
Refugees	81,024	109,149	29,295	219,468
IDPs	649,085	560,320	289,556	1,498,961
New Arrivals (Mosul)	13,248	85,000	-----	98,248
Total	743,357	754,469	318,851	1,816,677

3. Emergency Response:

The KRG's Ministry of Interior Joint Crisis Coordination Centre in close coordination and cooperation with the Iraq Ministry of Migration and Displaced and UNOCHA has developed several mechanisms to ensure there is a coordinated and concerted efforts to help the civilians fleeing the war areas during the operations. For this purpose, the Joint Working Group at the regional and provincial levels have been established and at the Federal level, the High Advisory Team have been formed to oversee the entire humanitarian preparedness and response to the influxes of IDPs.

The priorities have identified including; Food and Nutrition, Emergency Shelter and Non-food Items, Water, Sanitation and Hygiene, Health and Security and Protection. In close coordination and cooperation with the Peshmerga and security forces, on daily basis, thousands of families have been received and assisted with life-saving assistance, especially ready to eat food and water provided to them upon their arrival in the frontlines. Then, they have been provided transportation to the nearest reception centres and camps. KRG has provided all lifesaving and basic services for the IDPs including shelter, security and protection, food, non-food items and medical services in coordination and cooperation with the Iraqi Ministry of Migration and Displaced, UN agencies, local and international NGOs. JCC has worked hard with the partners to ensure all IDPs are assisted and provided with most needed items. The main assistance and support provided to all IDPs arrived in the camps in the KRI without any discrimination include:

Food and Nutrition:

- Hot meals and ready to eat meals to all IDPs for the first days.
- Family food baskets composed of basic food
- Baby formula to the families with infants and children

Emergency Shelter and Non-food Items:

- Land allocation and camps and reception centres construction in the safe areas far away from the frontlines.
- Bedding, kitchen sets and other items such as buckets, jerry cans and kerosene and heaters and cookers.

Water, Sanitation and Hygiene:

- bottled and potable water for the first three days immediately upon arrival
- Water trucking where regular supply of safe water is not reachable to IDPs or distribution of water purification tablets.
- Installation of common/family latrine, bathing facilities with access to water and hygiene supplies.
- Establishment of adequate drainage and sanitation facilities, garbage and solid waste collection and disposal of waste.

Health:

- Emergency medical treatment and care for the injured and chronically ill persons arrived in KRI.
- Established health post (mobile or static) at the camps with nurse and paramedics to provide initial diagnosis, treatment and referrals to the nearest medical facilities.
- Reproductive health and MCH care support programs
- Periodic immunization of children of eligible age groups
- Several ambulances were attached to each reception centers to transport people in camps or from camps to the nearest KRI health facilities as advised by the camp health personnel.

Security and Protection:

- Deployed civilian security personnel for the security and protection of IDPs in camps and reception centres and surrounding areas.
- Maintained the law and order situation in camps, and avoided infiltration of armed elements, thus far, no single incident was reported in IDP camps across KRI.
- Ensured security of humanitarian workers for the assessment, visits and delivery of humanitarian assistance.
- Ensured continuous access to humanitarian supplies and services for all IDPs without discrimination.
- Assisted the IDPs registration and access to information relevant to IDPs camps and surrounding areas for service sectors.
- Set-up monitoring and follow-up mechanism for IDPs rights and protection of IDPs against abuses and exploitations including GBV.
- Continued identification of separated children and children with special needs, advocacy for the guardianship and reunification of the children with their families and support services.
- Protection of children rights and prioritization of children needs in IDP camps.

Civilians Remained in the Liberated Areas:

The JCC has exerted all its efforts to identify the civilians in the liberated areas to dispatch assistance to the civilians who remained in their homes in the war zones and liberated areas in the Ninewa plain and neighborhoods inside Mosul. Since the beginning of the operations, JCC has dispatched the food and non-food items to over (150,000 individuals) in close cooperation and coordination with Peshmerga and security forces. It has given access and facilitated hundreds of humanitarian missions of UN-agencies and local and international NGOs including (889) trucks carrying thousand tons of humanitarian assistance to the civilians remained in their homes. JCC continues to focus on the families remained in the liberated areas to ensure the assistance is sent to them to help them staying in their homes unless there will be direct threat on their lives. Furthermore, JCC has continued to help the IDPs in the camps to return to their homes in the liberated areas voluntarily with dignity and respect. So far over 10,309 IDPs returned to the liberated areas in the Ninewa plain and districts inside Mosul city.

One Stop Shop (OSS):

Upon the request of the logistics clusters and WFP, the KRG's Council of Ministers decided to establish one stop shop (OSS) in the JCC to further provide facilitation and fast-track the custom clearance and movement for all humanitarian assistance which will be brought into KRI by the humanitarian communities. The purpose of the OSS is to reduce the custom clearance processes by half. KRG's Ministry of Interior through JCC has provided office facility; staff and other relevant Ministries, such as Ministry of Finance and Economy, Ministry of Health and Department of Foreign Relations as well as other departments have appointed their senior representatives to work in the OSS. The OSS is already operational that has given approvals and cleared thousand tons of humanitarian assistance including all types of items into KRI and other parts of Iraq.

Since December 2016, the OSS has fast tracked the clearance for over (88) humanitarian cargos and shipments arrived at the border gates and international airports which composed of thousand tons of assistance. Furthermore, the OSS has given around (200) access letters to facilitate the internal movement of the humanitarian assistance, composed of over (889) trucks/vehicles), within/from KRI to the liberated areas in Ninewa Plain and Mosul city as well as other provinces.

Camp and Reception Centers Construction:

The camp situation and IDPs are not a new phenomenon in the KRI. The KRG supported by the partners, has been managing IDPs and refugees for the last several years. KRG already established 32 camps for the internally displaced people and Syrian refugees. Additionally, it has constructed 10 more camps and five receptions centres near frontlines for the influxes of civilians from Mosul.

Currently, KRI has 46 camps for the IDPs and refugees including ten new camps constructed for the Mosul IDPs. The administration, operation, security and protection and basic services are all provided by KRG which estimated at millions of US dollars monthly. Government of Iraq and the international community's support have very moderate in comparison to the size and scale of the displacement and the economic, financial and security consequences incurring KRG roughly 120 million US dollars monthly for caring the displaced people.

Reception Centers

The reception centers are the assembly points and initial resting place for people who had struggled to reach the safety. The purpose of the reception centers is to receive IDPs in one location, to facilitate their access to immediate lifesaving assistance such as food, water and other needs. Five reception centers have been established in five identified exit routes in Hassansham, Nergizli, Karez, Nawaran, and Mandan and in addition to the existing one in Makhmur. Ambulances have been attached to each reception center for transporting

sick and injured persons from the entry points and or the center to mobile clinics or the health facilities. A standby capacity of 30 buses is available and continuously transporting IDPs from the front lines to the reception centers and in most of the situations Peshmerga forces transported IDPs with their cars. The reception centers have been managed by the Governorate/District officials and humanitarian actors. The KRG civilian security forces are fully engaged to maintain security and order in the reception centers.

Table 4: Reception Centers

Location Reception Centre	Capacity/setup type
Mandan-Bardarash	80 tents + 2 rub halls + wash facilities
Nargizli	80 tents + 2 rub halls + wash facilities
Abu- Jarboa-Nawaran	5 rub halls + Wash facilities
Karez- Zumar	80 tents + 2 rub halls + wash facilities
Hassansham	9 rub halls + wash facilities

5. Resource and Funding Overview:

KRG’s Ministry of Interior-JCC has been extensively working hard in close cooperation with government and non-government partners, on behalf of the displaced people, to advocate for financial and material assistance. It has exerted all efforts to provide leadership and ensure a close coordination among all governmental and non-governmental partners in terms of proper utilization and mobilization of available resources and to avoid the duplication and overlap of the assistance and response among the partners.

Despondently, KRG has received only (43 billion Iraqi dinners; 20 for Duhok and 23 for Erbil) from the Ministry of Migration and displaced to construct two camps in Erbil with the capacity of (13000 plots) and three camps in Duhok with the capacity of (10,000 plots). KRG has covered all costs related to the administration and provision of security and protection to the IDPs in camps and reception centres. KRG has deployed thousands of security personal, police, civilian staff and equipment to ensure the displaced people are well received and assisted immediately with dignity and respect as well as keeping law and order. The estimated monthly cost for the administration and operation of the new camps and reception centres constructed for Mosul IDPs is one million US dollars. So far KRG has received no financial support to cover these costs, and only for January it has received around (740,000 USD) from the Ministry of Migration and Displaced.

While each IDP costs 3.70 US dollars daily for the provisions of assistance and civic services in the camps. So far, in close coordination and cooperation with the government departments, humanitarian communities, local and international NGOs, all IDPs are cared for. However the continuation of the displacement and the protracted displacement will further cripple KRG’s ability to continue providing security, protection and civic services to the IDPs, if immediate financial assistance is not provided.

6. Response Coordination:

The KRG's Ministry of Interior-Joint Crisis Coordination Centre have established and activated several coordination mechanisms to ensure the close coordination and concerted efforts among all government and non-government partners to respond to the Mosul humanitarian crisis. The mechanisms established include the Joint Working Group at the governorate levels to ensure coordinated response and at the regional level to ensure policies and strategies are implemented successfully and also to ensure a fair distribution of the available assistance and resources among the IDPs and affected people.

Additionally, the role of the regional level Joint Working Group is to bridge between the operational and technical level with the federal High Advisory Team (HAT) to ensure two way information exchanges and also to provide added value information, reports and assessments about the preparedness, response and resource gaps to the HAT to make decisions on time.

KRG Ministry of Interior, Joint Crisis Coordination Centre and governorates have been actively leading the coordination and response to the humanitarian crisis in Mosul. They have actively engaged to provide maximum assistance that they can to the partners to ensure timely preparedness and response. Thus, the preparedness and response to the Mosul humanitarian crisis has been an example so far, all the displaced people and also those who have remained in their homes are assisted and helped without any discrimination and prejudice based on ethnicity, religion, and political background.

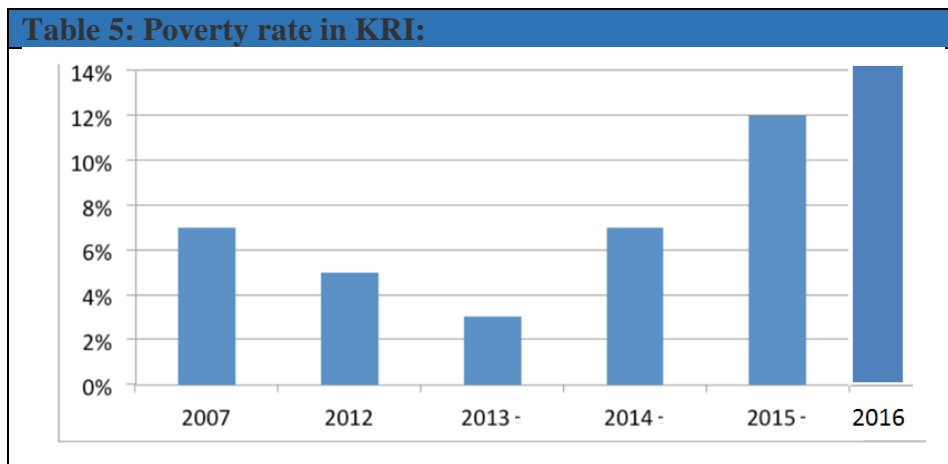
Furthermore, KRG has worked hard to ensure the return of IDPs have been successful and sustainable. So far, it has helped over (10,309 IDPs) who voluntarily decided to go back to their homes in the liberated areas. KRG holds a clear and consistent position that return must take place under safe, voluntary and dignified conditions for the displaced populations. It has worked hard to ensure a successful and transparent return process with the best interest of the civilian population in mind. In respect with International Humanitarian Law and in order to guarantee the safe, voluntary and principled return of displaced populations. KRG very much welcomes the return of IDPs to their places of origin and we will continue to do everything in its power to support and facilitate their voluntary return upon their free choice.

7. Conclusion:

KRG has opened its doors for the displaced civilians since the civil war in Syrian in 2011, and invasion of ISIS in Iraq in June 2014. For all those families that resorted to the KRI, we have provided security, protection and services without discrimination based on ethnicity, religious background, political affiliations for almost 1.8 million IDPs and refugees. Currently KRG hosts 40% of the Iraqi displaced people and 97% of the Syrian refugees in Iraq.

Subsequently, since the start of military operations to liberate Mosul on the 17th of October 2016, KRG and its various institutions have played a lead role in receiving and providing life-saving assistance and shelter to the civilians that have fled the war zones and ISIS-controlled territories to seek refuge in the Kurdistan Region of Iraq as well as dispatching life-saving assistance to the families remained in their homes in the liberated areas in Ninewa and Mosul City.

Despite the financial crisis and heavy burden of this huge number of displaced people, KRG has received no direct financial assistance to fill the budget gaps for the humanitarian crisis. KRI's capacity to absorb more IDPs and manage the humanitarian crisis on its own is almost non-existent anymore and the situation is reaching a breaking point. Therefore, the Government of Iraq and the International Community should step up to provide direct assistance to enable KRG's institutions to sustain the provision of humanitarian assistance and basic service delivery to the Mosul IDP families and the entire IDPs populations who are already hosted in KRI and its populations. Currently, KRI's citizens have been bearing most of the burden and they have been suffering equally and the poverty rate has sharply increased to 14% as the table below shows:



Finally, without immediate assistance to KRI, KRG will not be able to continue receiving new displaced people and sustain the provision of the basic services to the IDPs and refugees as well as to its own citizens. Helping IDPs and refugees is a shared responsibility which requires the government of Iraq and International community to do more to ease the unbearable burden on the people and civic services in KRI.

8. Annex 1: Most Needed Medicine and Drugs:

	High Priority	
	Medium Priority	
	Low Priority	
Most Needed Medicine and Drugs		
#	CARDIOVASCULAR SYSTEM	TOTAL Quantity/ MONTH/UNIT
1.	Digoxin 250 mcg scored Tablet	77778
	DIURETICS	
2.	Fruzemide 40mg Tablet	333333
3.	Hydrochlorothiazide 50mg scored Tablet	444444
	BETA-ADRENOCEPTER BLOCKING DRUGS	
4.	Atenolol 100mg Tablet	555556
5.	Atenolol 50mg Tablet or (scored tab)	444444
6.	Propranolol Hcl 40mg Tablet (or scored Tablet)	155556
7.	Metoprolol tartrate 50mg Tablet	222222
8.	Metoprolol tartrate 100mg Tablet	155556
	ANTI-HYPERTENSIVE DRUGS	
9.	Captopril 25mg Tablet	355556
10.	Captopril 50mg Tablet	355556
11.	Enalapril maleate 20mg Scored Tablet	333333
	VASODILATORS	
12.	Glyceryl trinitrate 0.5mg sublingual Tablet	444444
13.	Isosorbide dinitrate 20mg (s/r) Tablet	333333
14.	Isosorbide dinitrate 20mg retard Capsule	444444
15.	Isosorbide mononitrate 10mg Tablet	
16.	Isosorbide dinitrate 10mg Tablet	
	ANTACIDS	
17.	Aluminium hydroxide (dried) gel 200mg +Mag.hydroxide 200mg+Simethicone 25mg Tablet	888889
	ANTISPASMODICS	
18.	Chlordiazepoxide 5mg + Clidinium Bromide 2.5mg Tablet	666667
19.	Hyoscine butylbromide 10mg Tablet	666667
	DRUGS THAT PROMOTE HEALING OF PEPTIC ULCERS	
20.	Omeprazole 20mg Enteric Coated Tablet	666667
21.	Omeprazole 20mg pellets in capsule (i.e. enteric coated granules of omeprazole filled in empty gelatin Capsule).	
22.	Omeprazole 40mg Enteric Coated Tablet	
23.	Omeprazole 40mg pellets in capsule (i.e. enteric coated granules of omeprazole filled in empty gelatin Capsule).	
24.	Ranitidine as Hcl 150mg Tablet	666667
	DIRECT ACTING SPASMOLYTIC	
25.	Mebeverine Hcl 135mg Tablet	333333
	MOTILITY STIMULANT (PROKINETIC DRUG)	

26.	Metoclopramide Hcl 5mg/ml, (2ml) IM or IV inj Ampoule	77778
27.	Metoclopramide(as Hcl) inj 5mg/ml (2ml)Ampoule	
28.	Metoclopramide (base) inj 5mg/ml (2ml)Ampoule	
29.	Metoclopramide Hcl 10mg Tablet or Scored Tablet	
30.	Domperidon as maleate 10mg Tablet (Anti emetic)	44444
31.	Domperidon base 10mg Tablet (Anti emetic)	
	RESPIRATORY SYSTEM	
32.	Aminophylline hydrate 225mg (s/r) Tablet	444444
33.	Salbutamol (as sulphate) 2mg Tablet	333333
	ALLERGIC DISORDERS	
34.	Chlorpheniramine maleate 4mg Tablet	444444
35.	Diphenhydramine Hcl 25mg Tablet	444444
36.	Loratidine 10mg Tablet	444444
	RESPIRATORY STIMULANTS	
	MUCOLYTICS	
37.	Bromhexine Hcl 8mg tab	177778
	ANTIPSYCHOTICS	
38.	Chlorpromazine Hcl inj 25mg/ml, (2ml) Ampoule	1333
39.	Olanzapine 10mg Tablet	88889
40.	Olanzapine 5mg Tablet	88889
	DRUGS USED IN NAUSEA AND VERTIGO	
41.	Cinnarizine 25mg Tablet	44444
42.	Ondansetron as Hcl or as Hcl dihydrate inj 2mg/ml (4ml) Ampoule	66667
43.	Ondansetron 8mg lyophilisates oral Tablet	111111
44.	One pocket contains : Aprepitant 1 cap: 125mg/cap Aprepitant 2 cap: 80 mg /cap	22222
	ANTIEPILEPTICS	
45.	Carbamazepine 200mg Tablet	444444
46.	Carbamazepine 400mg (c/r) Tablet	111111
47.	Sodium valproate 200mg/5ml Syrup	1111
48.	Sodium valproate	222222
49.	Sodium valproate 200 mg enteric coated tab.	
50.	Sodium valproate	66667
51.	Sodium valproate inj (Powder) 400mg Vial with 4ml ampoule water For inj	111
52.	Sodium valproate solution 200mg/ml Drop	889
53.	Pregabalin 75 mg capsule	17778
	Cephalosporins	
54.	Cefotaxime (as sodium salt) inj I.V. 1g vial + solvent water for injection(10 ml) (stability 24 hr after reconstitution)	44444
55.	Ceftriaxon as Sodium or as disodium salt 1g I.M. Injection + solvent 1% lidocaine Hcl	66667
56.	Ceftriaxon as Sodium or as disodium salt 1g I.M. Injection + solvent 1% lidocaine Hcl	22222
	Sulphonamide and trimethoprim	

57.	Co-trimoxazole 480mg Tablet	888889
58.	Co-trimoxazole 240mg/5ml, Suspension	48889
59.	Nitrofurantoin 100mg Tablet	111111
60.	Nitrofurantoin 25mg/5ml oral solution	667
	ANTIPROTOZAL DRUGS	
61.	Metronidazole 400mg Tablet	888889
62.	Metronidazole 500mg Tablet	44444
63.	Metronidazole 5mg/ml, (100ml) I.V. Infusion Vial	333333
64.	Metronidazole 200mg Tablet	333333
	ANTIHELMINTHIC DRUGS	
65.	Albendazole 200mg chewable or plain Tablet	222222
	THYROID HORMONES AND ANTITHYROID DRUGS	
66.	Thyroxine sodium or anhydrous Levothyroxin Sodium tab 50mcg.	66667
67.	Thyroxine sodium or anhydrous Levothyroxin Sodium tab 100mcg.	111111
	CORTICOSTEROIDS	
68.	Dexamethasone 0.5mg Tablet	66667
69.	Dexamethasone phosphate as di sodium salt or(as sodium salt) inj 8mg/2ml (2ml Amp) IM , IV. IV infusion or intralesional	
70.	Dexamethasone phosphate as di sodium salt or(as sodium salt) inj 8mg/2ml (2ml vial) IM , IV. IV infusion or intralesional	
71.	Hydrocortisone as sodium (hydrogen succinate) eq. to 100mg hydrocortisone (I.M.,slow I.V.,I.V. Infusion) 2 ml-Amp with 2ml ampoule water for inj	66667
72.	Hydrocortisone (hydrogen succinate) eq. to 100mg hydrocortisone (I.M.,slow I.V.,I.V. Infusion) vial with 2ml ampoule water for inj	
73.	Hydrocortisone (hydrogen succinate) eq. to 100mg hydrocortisone I.V ,I.M,inj:100mg -ACT-O-VIAL SYSTEM (SINGLE DOSE VIAL)	
74.	prednisolone 5mg Enteric Coated Tablet	133333
75.	Prednisolone 5mg Tablet	
	TREATMENT OF VULVAL AND VAGINAL DISEASES	
76.	Clotrimazole 1% topical Cream	15556
77.	Clotrimazole	55556
78.	Clotrimazole	44444
79.	Miconazole nitrate 200mg Vag. Suppository	44444
80.	Miconazole nitrate 200mg Vag.Ovules	
81.	Miconazole nitrate 400mg Vag.Ovules	
82.	Miconazole nitrate 400mg Vag.Suppository	
	ANTICOAGULANTS AND PROTAMINE	
83.	Enoxaparin sodium 60mg Injection (6000 IU anti Xa(anti thrombotic effect)) /0.6ml prefilled syringe S.C	11111
84.	Enoxaparin sodium 40mg (4000 IU anti Xa(anti thrombotic effect))/0.4ml S.C/ intra arterial Injection prefilled syringe (intravasular i-e intra arterial line only in(extra corporeal circulation))	15556
	ANTIPLATELET DRUGS	
85.	Clopidogrel 75 mg	555556
	DRUGS USED IN CHRONIC RHEUMATIC DISEASES	
86.	Diclofenac sodium I.M. Inj 25mg/ml (3ml) Ampoule	222222
87.	Ibuprofen 200mg Tablet	1777778
88.	Mefenamic acid 250mg Tablet	888889

89.	Mefenamic acid 250mg Capsule	
90.	Naproxen 250mg Tablet	1111111
	Disease modifying drugs	
91.	Infliximab 100mg I.V inj Vial	1333
92.	Adalimumab 40 mg/0.8 ml S.C injection prefilled syringe	1000
93.	Etanercept S.C 50 mg pfs	1111
94.	Etanercept S.C 50 mg prefilled pen	
95.	Etanercept S.C 50 mg vial	
96.	Etanercept S.C inj 25 mg.vial	1111
97.	Etanercept S.C inj 25 mg PFS	
98.	Atropine sulphate inj 0.6mg/ml (1ml Ampoule)	17778
99.	Ephedrine Hcl inj 3% 30 mg / ml, slow I.V. injection 1ml ampoule (limited amount)(hypotension prevention in epidural/spinal anaesthesia) لا لمعتسب الا بعد افيفختلا	1000
	CHEMOTHERAPY OF CANCER AND IMMUNOSUPPRESSION	
	CHEMOTHERAPY OF CANCER	
	Alkylating agents	
100.	Chlorambucil 2mg Tablet	4444
101.	Cyclophosphamide 50mg Tablet	3333
102.	Dacarbazine 200mg inj (I.V. Infusion and Intra-arterial perfusion) Vial Note: the drug after reconstitution and during infusion should be kept out of light	333
103.	Melphalan 2mg Tablet	4444
104.	Temozolomide 20mg capsule	1111
105.	Temozolomide 100mg capsule	2222
106.	Bendamustine hydrochloride inj 100mg vial powder for reconstitution	111
	Antimetabolites	
107.	Cytarabine injection 100mg I.V. S.C, intrathecal vial	2400
108.	Cytarabine 1 g vial I.V. S.C,intrathecal (as a powder or as a solution)	4444
109.	Fluorouracil 250mg Injection (5 FU)	4667
110.	5-Fluorouracil inj 500mg/10ml Vial	4000
111.	6 - mercaptopurine 50mg Tablet	66667
112.	Methotrexate 2.5mg Tablet	44444
113.	Methotrexate inj 50mg / 5ml Ampoule	4444
114.	Methotrexate inj 50mg / 5ml Vial	
115.	Methotrexate inj 50mg (Lyophilized) 50mg/vial	
116.	Methotrexate 500mg/5ml(vial of 5ml),concentrated for solution for infusion ,I.V,I.M,Intrathecal and Intraventricular use	444
	Antibiotics	
117.	Daunorubicin 20mg I.V. Injection (Cerubidin Hcl)	444
118.	Doxorubicin Hcl 10mg I.V. inj powder / Vial	667
119.	Doxorubicin Hcl 10mg I.V. inj (5ml solution)Vial	
120.	Doxorubicin Hcl 10mg rapid dissolution I.V. inj powder/ Vial	
121.	Doxorubicin Hcl 50mg I.V. inj powder / vial	889
122.	Doxorubicin Hcl 50mg I.V. inj (25ml solution in vial)	
123.	Doxorubicin Hcl 50mg rapid dissolution I.V. inj powder / Vial	

124.	Mitomycin 10mg I.V., bladder instillation Injection	233
125.	Mitoxantrone as Hcl 2mg/ml inj (10ml vial)	111
126.	Epirubicin Hcl 50mg (50ml vial)	111
127.	Epirubicin Hcl powder for reconstitution 50mg vial	
128.	Doxorubicin Hcl (pegylated liposomal)conc.for i.v infusion 2mg/ml(10ml vial)i.e inj pegylated Doxorubicin Hcl 2mg /ml incapsulated in liposomes	222
	Vinca alkaloids and etoposide	
129.	Etoposide 50mg Capsule	1111
130.	Etoposide 100mg Capsule	1111
131.	Etoposide inj. 20mg/ml, 5ml or 100mg/5ml Vial	1778
132.	Etoposide inj. 20mg/ml, 5ml or 100mg/5ml Ampoule	
133.	Vincristine sulphate Injection 1mg (I.V.,I.V. infusion not intrathecal) I.V. only	2222
	Enzymes	
134.	(L-asparaginase) 10000 IU I.V. I.M. inj (I.V. route with isotonic glucose water or physiological solution)(crisantaspase)	222
	Miscellaneous agents	
135.	Cisplatin inj 50mg I.V. infusion or Cisplatin inj 50mg/50ml I.V. infusion Vial	1000
136.	Carboplatin inj 10mg/ml (45ml) Vial i-e 450mg/45ml	667
137.	Capecitabine 500mg tablet	44444
138.	Hydroxyurea 500mg Capsule	55556
	Hormones and antagonists	
139.	Anastrozole tab 1mg.	12222
140.	Tamoxifen as citrate 20mg Tablet	26667
141.	Bicalutamide 50mg tablet	2222
142.	Abiraterone acetate 250 mg tab	1111
	Drugs that alter immune responses (Drugs affecting the immune responses)	
143.	Azathioprine 50mg Tablet	44444
144.	Cyclosporine (Microemulsion) 100mg Capsule (limited amount)	4444
145.	Cyclosporine (Microemulsion)100mg/ml oral Solution	1111
146.	Interferon alfa-2a (Recombinant) 9 million units prefilled syringe (HSA free solution) Injection	127
147.	Interferon alfa 2b (Recombinant) 18 MIU (6 dose x 3 MIU) S.C Multi dose self inj pens (HSA free solution)	111
148.	Peginterferon alfa 2a inj (Recombinant) 180mcg/1ml solution 1ml-vial (Human serum albumin free) (1ml) Vial	4444
149.	Peginterferon alfa 2a (Recombinant) 180mcg/0.5ml prefilled syringe	
150.	Peginterferon alfa 2a (Recombinant) 135mcg/1ml solution (Human serum albumin free) (1ml) Vial	778
151.	Peginterferon alfa 2a (Recombinant) 135mcg/0.5ml solution (Human serum albumin free) prefilled syringe	
152.	Recombinant Interferon Beta. 1b . inj.Vial of 0.3 mg (9.6million IU).(s.c)	2222
153.	Interferon Beta 1a 30mcg (6 million I.U) vial (I.M)	2222

154.	Interferon Beta 1a 30 mcg (6 million) I.U / 0.5 ml pre-filled syring solution for I.M. inj.	1333
155.	Recombinant interferon Beta 1a inj 12 million I.U (44 mcg) PFS	1333
156.	Imatinib as mesylate (Protein – Tyrosine kinase inhibitor) 100mg Capsule	27778
157.	Mycophenolate mofetil 500mg Tablet	88889
158.	Imatinib as mesylate (Protein – Tyrosine kinase inhibitor) 400mg tab	33333
159.	Imatinib as mesylate (Protein – Tyrosine kinase inhibitor) 400mg Capsule	33333
160.	Tacrolimus 1mg Capsule	8889
161.	Tacrolimus prolonged release 3 mg hard gelatin cap.	8889
162.	Tacrolimus 500mcg Capsule	2222
163.	Mycophenolic acid as sod.Salt i.e Mycophenolic acid as mycophenolate sod.360mg Tablet	44444
164.	Rituximab(Recombinant)100mg/10ml-Vial	1111
165.	Thalidomide 50mg cap	13333
166.	Thalidomide 50mg tab	13333
167.	Everolimus 10 mg tab	1556
168.	Erlotinib as Hcl 150mg Tablet	1533
169.	sunitinib (as malate) 50mg cap	911
170.	Peginterferon alfa 2b (Recombinant) 50mcg /0.5ml when reconstituted-singl dose vial (without blood addatives) s.c injection	222
171.	Dasatinib as monohydrate 100 mg tab	1667
172.	Nilotinib as Hcl monohydrate 200 mg cap	3333
173.	Nilotinib as Hcl monohydrate 150 mg cap	3333
174.	sorafenib (as tosylsate) 200mg tab	2222
175.	Lenalidomide 10mg tablet	667
176.	Lenalidomide 10mg capsule	667
177.	Lenalidomide 25mg tablet	667
178.	Lenalidomide 25mg capsule	667
179.	Natalizumab 20mg/ml 15ml injection	556
	DRUGS USED IN NEUTROPENIA	
180.	Filgrastim 300mcg(30MU) /1ml S.C/I.V infusion inj (solution) Vial	11111
181.	Filgrastim 300mcg /0.5ml S.C/ I.V infusion inj (solution) prefilled syring	11111
182.	Lenograstim 33.6 million IU (263 µg) powder in vial	11111
	TAXANE GROUP	
183.	Docetaxel 40mg/ml (0.5ml vial) inj	467
184.	Docetaxel 10mg/1ml 2ml vial	467
185.	Docetaxel 20mg/1ml,1ml vial	467
186.	Docetaxel 10mg/1ml ,8ml vial	133
187.	Docetaxel 20mg/1ml ,4ml vial	133
	CYTOSTATIC TOPOISOMERASE (1) INHIBITOR	
188.	Irinotecan Hcl or Hcl Trihydrate I.V infusion : 20mg/ml (5ml-vial)	556
	others	
	IMMUNOLOGICAL PRODUCTS	

	vaccines & Antisera	
189.	Human Rabies Immunoglobulin syringe-single dose	444
190.	Tetanus Immunoglobulin Ampule -single dose	11111