



1.2 -1.5 MILLION*
PEOPLE AFFECTED



254,880
**# DISPLACED FROM
MOSUL**



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

574,846 ***
**PEOPLE
REACHED**



5057
INJURED

Highlights

The health needs in Mosul are fast evolving; more areas are becoming accessible, leading to an influx of internally displaced persons (IDPs) to safer areas with basic social services, including health. To respond to the immense primary health care needs, WHO is working with health authorities and implementing partners to scale up its support. During this reporting period:

- WHO delivered four fully furnished and equipped caravans to four transit sites near west Mosul to offer primary health care services for IDPs fleeing from west Mosul on arrival.
- Through its implementing partner Dary, WHO established and operationalized a primary health care centre (PHCC) in Hammam Aleel 1 camp to provide health to new arrivals, those living in Hammam Aleel 1 IDP camp and in the nearby transit sites. In addition, WHO prepositioned five mobile medical clinics (MMCs) in different locations in Hammam Aleel area to ensure easy and timely quick access to health services for the IDPs.
- In Dibaga 2 IDPs, WHO together with the Erbil Directorate of Health (DOH) opened PHCC that will serve the needs of 6,500 IDPs. The PHCC commenced its operations on 16 March 2017 offering comprehensive primary health care services to IDPs including those from Qayara and Hawija. The facility is run by 27 health providers from the Erbil DOH.
- A total of 10,736 consultations, including 2,649 children under the age of 5 years were recorded through WHO supported mobile medical clinics (MMCs) and static primary health facilities run by WHO implementing partners. Twenty five percent of all the total consultations were due to acute respiratory tract infections (ARIs). A total of 597 complicated cases were referrals to specialized health facilities through ambulances donated by WHO to the Directorate of Health in Ninewa.



Photo ©: WHO/P Ajello
Patients including women and children in Hammam Aleel camp line for services at WHO Mobile medical clinic run by WHO implementing partner UMIS.

Situation update

- Between 07 and 18 March 2016, a total of 307 new casualties were received in trauma stabilization points in the frontlines of west Mosul, bringing the total number of casualty cases recorded between 18 February 2017 to 11 March to 1,051 trauma cases, reported from 3 Trauma Stabilization Points (TSPs).
- A total of 111 trauma cases were treated in four hospitals including Bartalla Field hospital, Emergency, West Emergency and Shikhan hospitals between 7 and 18 March 2016, bringing the cumulative number of trauma patients from west Mosul treated in the 4 hospitals since 18 February to 634. Of these 70% were civilians, 26% were children under the age of 15 years and 24% were females. This brings the number of hospital based trauma cases reported from Mosul since 17 October to 5057 (56% civilians, 26% under the age of 15 years and 23% female).
- According to International Organization for Migration displacement tracking matrix data, 254,880 persons have been displaced from Mosul since 17 October 2016 to 16 March. Of these 137,950 have displaced

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

** Figures for Humanitarian Response Plans 2017

***Number of consultations since 17 October 2016 until 18 March 2017

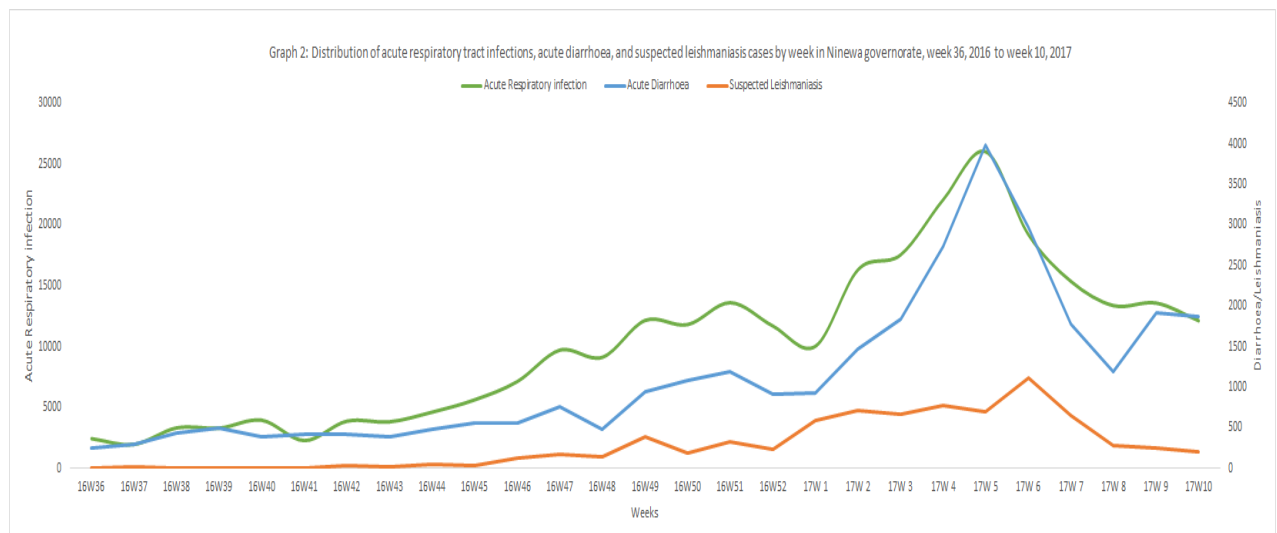
****Casualty cases for patients referred to Emergency and West Emergency hospitals in Erbil, Shikhan hospital and Bartalla Hospital, this number could be higher

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

from west Mosul alone since 18 February 2017. Most of the displaced people from west Mosul are currently seeking shelter in Hamam Aleel. WHO and other health partners continue supporting the delivery of primary health services in the camps by establishing primary health care clinics, field hospitals and provision of medicines and other medical supplies.

EPI updates

- In epidemiological (epi) week 10 ending 11 March 2017, a total of 65 health facilities submitted their epi weekly surveillance reports including 21 mobile medical clinics, 42 static clinics and 2 hospitals from 15 active health partners serving internally displaced persons in Ninewa. A total of 35,794 consultations were recorded in all Ninewa IDPs camps through the Early Warning Alert and Response Network (EWARN). Acute respiratory infections (34%), acute diarrhoea (5%) and cutaneous Leishmaniasis (1%) were the leading causes of morbidity in the governorate, refer to graph 2 for details.



- During epi week 10, Ninewa Governorate recorded a decrease in the number of acute respiratory infection cases. Most of the cases were from the health districts of Makhmur (22%), Al-Hamdaniya (20%), Gayyara (18%), Ayser (15%), Telafar (10%), Al-shikhan (8%), Tilkaif (5%) and Bardarash (2%).

Public health concerns & gaps

- Limited access of populations to health services in newly liberated areas and inside of Mosul due to volatile 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.
- Shortage of fuel and ambulances to refer trauma cases out of Mosul city hence limiting timely response to emergencies.

Health needs and priorities

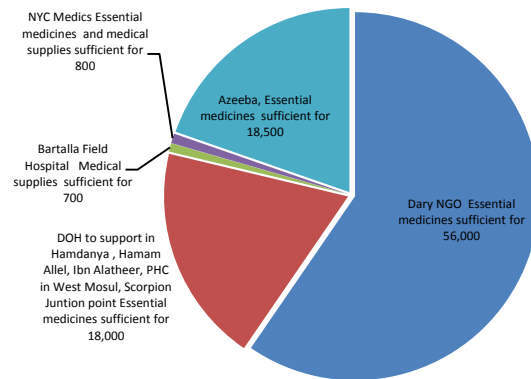
- Provision of primary health care services to the affected population in newly accessible areas.
- Management of trauma cases which are steadily increasing.
- Mobilization of human resources to support the high numbers of trauma cases seen in Trauma Stabilization Points (TSPs) and field hospitals.
- Provision of sufficient quantities of controlled substances needed for pain management and sedation of patients with severe trauma injuries.
- Strengthening the existing capacity for post-operative care

- As part of its plan to scale up the provision of primary health care services to the increasing number of IDPs fleeing west Mosul, WHO delivered four fully furnished and equipped caravans to transit sites in Hammam Aleel 1 IDP camp (2) and Scorpion check points (2).
- WHO through the implementing partner Dary established and operationalized primary health care centre (PHCC) in Hammam Aleel 1 IDP camp. A total of 2,527 consultations were recorded through the PHCC and 3,067 recorded through 5 MMCs serving in different location inside and around the camp.
- In Dibaga 2 IDP camp, WHO together with the Directorate of Health (DOH) opened one PHCC that will serve the needs of 6,500 IDPs. The PHCC commenced its operations on 16 March 2017 offering comprehensive primary health care services to IDPs in cluding Qayara and Hawija. The facility is run by 27 health providers from ErbilDOH. Dibaga 2 IDPs camp is located in Makhmour district southwest of Erbil city. Four hundred and four (204) consultations have been recorded since it commenced operations.

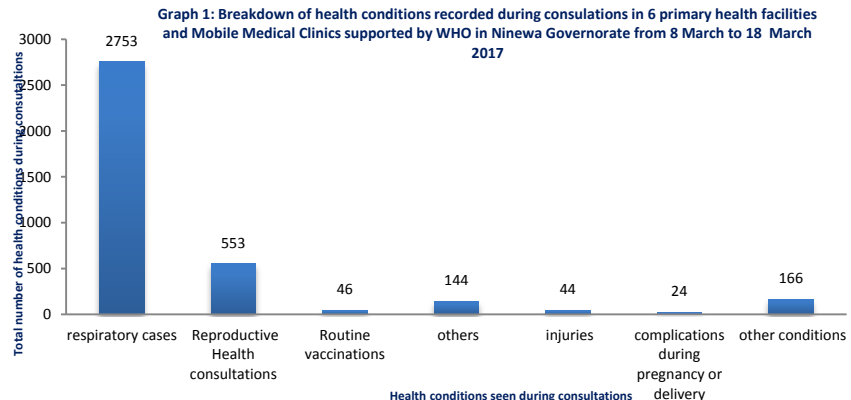


- As more districts in the western part of Mosul become accessible, and more people flee from conflict areas, health services in host communities are getting over stretched. This is putting an enormous pressure on the DOHs and partners to provide adequate basic services that match the increasing needs including the availability of essential lifesaving medicines and medical supplies.
- To support health authorities and health partners in the frontlines, WHO donated essential lifesaving medicines sufficient for 94,000 people including antibiotics, treatments for chronic conditions and skin infections to the DOH and implementing partners positioned in the frontlines of west Mosul. Medical supplies including surgical kits and blood were also donated to the Bartalla Field hospital and New York Medics (NYC).

Partners who received medicines and medical supplies from WHO during this reporting period. The supplies are sufficient for 94,000 people



- A total of 10,736 consultations including 2,649 children under the age of 5 years were recorded through WHO supported mobile medical clinics (MMCs) and static primary health facilities run by WHO implementing partners. Twenty five percent of all the total consultations were due to acute respiratory tract infections (ARIs). A total of 597 complicated cases were referrals to specialized health facilities through ambulances donated by WHO to the Directorate of Health in Ninewa.



- In Duhok, 3,427 consultations have been recorded in WHO supported mobile medical clinics and teams in Nargizlia reception centre since November 2016. Of these 756 are children under 5 years of age.
- Between 10 to 16 March, 17 trauma patients from west Mosul were referred to Shikhan hospital and 45 trauma, obstetric, and medical cases were referred to Duhok Emergency and Azadi hospitals. All the referrals were made through the 10 teams in Duhok DOH supported by WHO. The support is meant to strengthen the referral pathway of emergency medical cases from newly accessible areas and IDP camps for cases requiring secondary and tertiary health services. To date, 261 cases have been referred to the three hospitals through this intervention.
- A total of 953 patients were treated through the 12 WHO supported Medical doctors in Duhok Emergency and Azadi general hospitals under the Directorate of Health, Dahuk. From 1 November 2016 to 16 March 2017, a total of 21,495 patients have benefited from this support.
- WHO in collaboration with Ninewa DOH and other health partners, trained 10 healthcare workers from central Mosul on how to decontaminate and treat possible toxic chemical exposures. Those trained will support the response to patients when emergencies of a similar nature occur inside Mosul.
- Water quality monitoring is part of WHO's mandate in emergencies and as such, the organization supported a team of water monitoring experts from the Directorate of Environment to collect 24 water samples from three IDPs camps. These were tested for bacteriology and additional 6 samples were tested for chemical analysis. The results from all the samples were in compliance with Iraqi Drinking Water Standards and WHO guidelines. In addition, through the active public health surveillance team visiting households, 34 water samples were collected from 30 households and tested for chlorine.

Partnership
and
coordination

- WHO and UNICEF supported Duhok DOH to conduct a second round of the polio immunization campaigns in the governorate. A total of 250,306 (99%) children under the age of 5 years, including 48,597 IDPs, 10,299 refugees and 191,410 host communities were vaccinated. The IDP children vaccinated include persons displaced from west and east Mosul.

Plan for the
coming week

- Airlift additional fifteen ambulances procured by WHO to the country completing the shipment of thirty new ambulances that the organization procured to support Ninewa DOH. All the ambulances will be prepositioned in west Mosul to strengthen the referral pathway.
- Open Athba Field hospital to receive trauma patients from Mosul.

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