



1.2 -1.5 MILLION*
 PEOPLE AFFECTED



340 000**
 # DISPLACED FROM
 MOSUL



2.7 MILLION***
 PEOPLE IN NEED
 OF HEALTH
 SERVICES

691,000 ****
 PEOPLE
 REACHED



8243
 # INJURED

Highlights

- WHO has supported Ninewa DOH to conduct immunization activities in Ninewa Ayser bank and 11 IDP camps in the retaken areas of the governorate for the period 10- 20 April 2017. The immunization activities reached a total of 399 258 children under the age of 15 years with bOPV and 381 990 children of the same age group for Measles and Rubella. Preparations for May polio campaign in Ninewa and camps are underway scheduled to be launched on the 21st of the current targeting around 350 000 children under 5 years.
- Trauma care remains a critical concern for WHO and national health authorities, especially near front line areas. Since 17 October last year, a total of 12081 cases were referred and treated in emergency and field hospitals in Mosul and neighboring Governorates.
- WHO supported the two PHCCs of Al-Mansour and Al-Mamoun in west Mosul with two complete Interagency Emergency Health Kits (IEHK) sufficient to serve a population of 20 000 for the duration of three months.
- WHO also supported Ninawa DOH with a shipment of medications needed for surgery and intensive care needs enough for about 250 patients.
- WHO supported the trauma stabilization point managed by Global Resource Management (GRM)-TSP with a shipment of medications including IV fluid, aesthetic and dermatological treatments enough for an average of 300 patients.
- IMC has officially handed over the management of the two PHCCs of Baharka and Hershama to Erbil DOH on 27 April 2017. The two PHCCs will be run by Erbil DOH with support from WHO which will include staff incentives, EWARN system application and training of focal points, and the provision of medicines and medical supplies.



Administering the bOPV to a child in the camp.
 Photo: WHO ©

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

**Cumulative numbers reported by IOM since 17 October to March 2017

*** Figures for Humanitarian Response Plans 2017 for Ninewa Governorate 1

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

*****Casualty cases for patients referred to Emergency and West Emergency hospitals in Erbil, Shikhan hospital, Athba, Hamam al' Alil and Bartalla Field Hospitals, this number could be higher

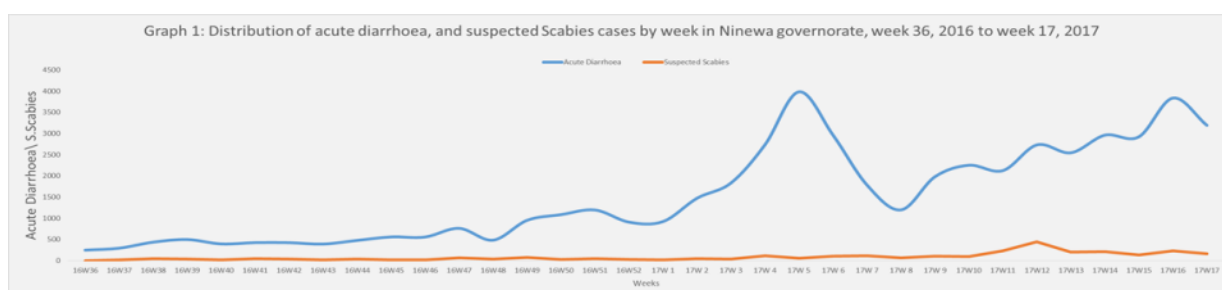
***** Only funding status for the Mosul Operations.

Situation Update

- According to casualty figures recorded by the United Nations Assistance Mission for Iraq (UNAMI), the number of civilians killed in April 2017 (not including police) was 309, while the number of injured (not including police) was 387. Ninewa was the most affected Governorate, with 276 casualties (153 killed, 123 injured).
- As of April 6, a total of 610,150 people has been displaced from Mosul since the start of operations on 17 October 2016, of which 434,000 individuals were from western Mosul city alone, according to the Iraqi authorities.
- Comprehensive primary health care delivery services in newly accessible areas are still a priority for WHO, national health authorities, and health partners. WHO is working closely with DOH to identify a location for a new primary health care center (PHCC) which would revitalize and support treating people fleeing west the city of Mosul. Planning and assessing medical capacities and needs at the location is underway.

EPI Updates

- In epidemiological (EPI) week 17 ending 30 April 2017, a total of 63 health facilities submitted their epi weekly surveillance reports including 20 mobile medical clinics, 41 static clinics and 2 hospitals from 12 health agencies serving internally displaced persons in Ninewa. A total of 55189 consultations were recorded from Mosul. Acute respiratory infections (60%), acute diarrhea (13%), suspected leishmaniasis (1%) and suspected scabies (4%) were the leading causes of morbidity in the governorates.
- One alert of suspected measles was generated from Bardarash through EWARN following the defined thresholds. This was investigated by the Directorate of Health after 72 hours, and samples have been taken and sent to Duhok Public Health Laboratory for verification.
- During EPI week 17, Ninewa Governorate recorded a decrease of 7 % in acute diarrhea cases rate. Most cases were reported from the health districts of Aymen (35 %), Al-Hamdaniya (23 %), Gayara (19 %), Makhmur health district (9 %), AL-Shikhan & Ayser (4 %), Hatra (3 %), Bardarash, Telafar & Sinjar (1%).



Public health concerns

- Limited access of populations to health services in newly liberated areas and inside Mosul city due to the volatile security situation.
- 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 waterborne diseases such as acute watery diarrhea.
- Shortage of fuel and ambulances to refer patients out of Mosul city hence hindering the timely response to emergencies.

Health needs, priorities, and gaps

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- Provision of primary health care services to the affected population in newly accessible areas.
 - Provision of Primary health care services in newly established camps.
 - 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.

WHO Response

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- Trauma care remains a critical concern for WHO and national health authorities, especially near front line areas. Since 17 October last year, a total of 12081 cases were referred and treated in emergency and field hospitals in Mosul and neighboring Governorates including Athba, Hamam Al Alil, and Bartalla Field Hospitals and Qayara, Emergency, West Emergency and Shikhan hospitals as of 7 May this year. Category breakdown shows that 73% were civilians, of which, 28% were children under the age of 15 years and 24% were females. Meanwhile, the four trauma stabilization points (TSPs) of NYC Medics, AEM, MSF, and MERMT reported an accumulative total of 1971 cases for the duration 18 Oct 2016 till 3 May 2017; of which 19% were for children below 15 years old and 15% for females. Most patients were treated for multiple to minor injuries including head, neck and spinal injuries caused by shrapnel and gunshot wound.
 - The accumulative number of consultations since the beginning of Mosul operation in October 2016 till 7 May this year stood at 702 343. As for the first week of May, a total of 11387 consultation were reported by the implementing partners DAMA, DARY, HEEVI, UMIS, and WAHA, of which 3051 were for children under 5 years old, 845 for reproductive health, 3103 for respiratory cases, and two for mental health and psychosocial support.
 - For the duration 1 to 7 May 2017, the total number of consultations provided by the mobile medical clinics in the scorpion junction screening site stood at 296 while number of consultations reported by five mobile medical clinics working in the recently liberated areas in West bank of Mosul were 4637 for the same duration.
 - Further on the number of consultations reported by WHO supported health facilities in West Mosul, a total of 5360 consultations were reported by Hamam Al Alil PHCC in Hamam Al Alil camp while other 870



MMCs providing consultations in screening camps in West Mosul

examinations were provided by the Health House medical clinic in the mentioned camp as well.

- In collaboration with Ninawa, Erbil and Duhok Directorates of Health, WHO will support the incoming Polio campaign for Mosul IDPs from 21 to 25 May 2017. The campaign will target around 2466 under 5 years old children in the IDP camps of Nargizlia I, Nargizlia II, and Qaymawa camps in Dohuk, about 15 584 under 5 years old children in Makhmur district and Debaga camp in Erbil, and a target of 314 295 under 5 years old children in the retaken areas of the left bank (Ayser), right bank (Ayman), Hamdaniyah, Qayyarah, Shiekhan, TelKief, Telaafar, and Sinjar districts in Mosul in addition to the IDP camps of Jada`h I, II, III, and IV, Haj Ali, Hammam Al-Alil, Khazer M1 and M2, Chemakor, and Hasansham U3 Camps.
- WHO has supported the recruitment of 12 medical doctors, (six for each of Duhok Emergency and Azadi General hospitals), to help strengthen the referral system in these hospitals. A total number of patients treated in the two hospitals as of 30 April 2017 stood at 1923 cases bringing the cumulative number of patients treated since WHO commenced its support on 1 November 2016 to 32 008 cases.
- WHO has also supported Duhok DOH with incentives for 10 medical teams from the '122 ambulatory services Unit' to provide referral services from frontline areas, new retaken towns and villages, and IDP camps in Mosul. A total of 393 cases was referred to Shikhan Hospital for secondary and tertiary health care services while another 319 cases referred to Duhok Emergency and Azadi hospitals including trauma, obstetric, and general medical cases as of 3 May 2017.
- WHO, in collaboration with Dohuk and Ninewa Directorates of Health, continued the implementation of vector control activities in Sinjar and Talafar districts in Ninawa Governorate to contain the spread of Leishmaniasis in these areas. The mentioned DOHs have also implemented vector control campaign which started on 15 April for 20 days targeting 18 towns and villages in Mosul (including seven newly retaken ones) spreading to a space of over 489 420 Sq M.
- WHO local implementing partner Heevie NGO, through WHO supported MMC, has provided a total of 5102 consultations including 1004 for children below 5 years old in Talafar and Telkeyf districts in Ninawa Governorate. Heevie Community Health Houses project has also provided 3370 consultations, of which 451 were for children below 5 years old in Talafar district. Heevie mobile medical team-supported by WHO- responded as well to a new influx of about 6650 IDPs in Talafar district, Zumar sub-district, and Sahlej village. The total number of IDPs examined and treated by the mobile team stood at 809 patients including 256 children less than 5 years old.



Ambulatory services supporting the referral from frontline areas to TSPs and FHs.



A mobile medical team examining a patient in one of Mosul IDP Camps

- WHO supported mobile medical teams (MMTs) in coordination with the Prevention Dept in Dahuk DOH has responded to the health needs of a total of 3946 civilians who arrived Nargazia screening site in Shikhan District end of April. The teams provided 1491 consultations, of which 388 were for children under the age of 5 years
- WHO conducted an assessment mission to primary health care services in Nargazia II IDP camp in Shikhan district, which is one of five new IDP camps constructed lately in preparation for new IDP influx with the advancement of Mosul liberation operations. Health services in Nargazia II IDP camp were provided by IMC.
- Through the support provided by WHO, the Water Quality Monitoring Team from the Directorate of Environment collected 48 water samples from six IDP camps this week to test them for bacteria. Additional 12 samples were also tested for chemical investigation. The results showed that all samples were in compliance with Iraqi drinking water standards and WHO guidelines.

Partnership
and
coordination

- With the imminence of influx of IDPs into the Badoush mustering point, the Health Cluster initially coordinated the re-routing of DARY mobile teams; when there was a delay, with IDPs ultimately entering the site starting 4th May, an agreement was reached with QRCS, in coordination with DOH Ninewah, to provide services to arriving people.
- The Health Cluster visited Haj Ali IDP camp on the 4th of May to identify the gaps in health service provision; IOM is currently providing services in the older part of the camp, while the extension is in need of a health partner. The Cluster continues to advocate for partners to fill in this gap, identifying 2 potential partners.
- The Cluster has also addressed the issue of scabies through ensuring the availability of medicines and developing IEC material which will be distributed in camps shortly; coordination with WASH, CCCM and Shelter/NFI clusters is ongoing as scabies management is a multi-sectoral intervention.

Plan for the
coming
week

- Following the projected rise in water levels of River Tigris and the potential closure of Nimrod and Qayarah bridges, WHO is pre-positioning emergency medical supplies to Athba and Hamam Al-Alil FHS enough to cover the medical needs of the population there for the next two weeks.

Contact
information

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