



1.5 MILLION*
PEOPLE AFFECTED



919 143 **
DISPLACED FROM MOSUL



2.7 MILLION***
PEOPLE IN NEED OF HEALTH SERVICES

897 409 ****
PEOPLE REACHED



15 538 *****
INJURED

Highlights

- A new mobile medical clinic has been launched in Basheqa, Telkyef district to deliver emergency primary health care services for internally displaced persons (IDPs) from west Mosul.
- The total consultations provided by the Primary Health Care Centers (PHCC) in the IDP camps and the mobile clinics for the IDPs from Mosul in and around Ninewa governorate has reached to 897409**** over a period of nine months from 17 October 2016. Almost 3% (15,326) of overall consultations were reported in the past two weeks and shows the consistent need of primary health care services for the IDPs.
- WHO donated trauma kits to Hamam Al' Alil field hospital and sixty seven body bags to the NGO partner New York City Medics for the Safe disposal of dead bodies.
- Additional medicines were donated to International Medical Corps (IMC) sufficient for 4100 people in Khazer M1 and Jada'a camps and Gogjali primary health care centre (PHCC).

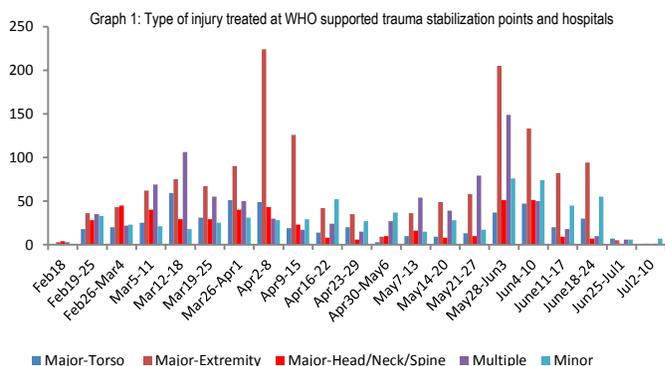


Photo ©: UIMS
IDPs walk to a mobile medical clinics managed by WHO's implementing partner Heevie in Basheqa camp in Telkyef district

Situation Update

- A total of 919 143 people have been displaced from Mosul since the start of the crisis in late 2016 to 06 July 2017. Almost 44,000 people reported to be newly displaced from West Mosul over the past 15 days from 21st June 2017 (source: Iraq Ministry of Displacement and Migration (MODM)). Currently, 695 218 persons remained displaced from Mosul, 18 809 of them from east Mosul while more than 676 409 are displaced from west Mosul. More than 373 500 of IDPs are currently living in IDP camps in Ninewa and neighboring governorates of Erbil and Dahuk while 157 341 and 66 500 have since returned to their homes in east and west Mosul respectively.

- Since 17 October, More than 10 000 trauma patients have been treated in all TSPs in East and west Mosul. A total of 108 trauma cases were recorded in trauma stabilization points (TSPs) in west Mosul from 24 June to 03 July 2017, this brings to 4168 injured patients treated by three of WHO's implementing partners and other actors in west Mosul, among them more than 939 were moderately severe cases and 580 were severe cases (red *****). Some of them underwent multiple surgeries before they fully recover. Among the total trauma cases; 14% were women while 17% were children less than 18 years of age.



* 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 Iraq Ministry of Displacement and Migration since 17 October to 29 June 2017

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

****Number of consultations recorded in all health facilities in Ninewa, Erbil and Dahuk that submitted their weekly reports since 17 October 2016 until 08 July 2017

*****Casualty cases for patients referred to Emergency and West Emergency hospitals in Erbil, Shikhan hospital, Athba, Hamam al' Alil and Bartalla Field Hospitals as of 03 July 2017, this number could be higher

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

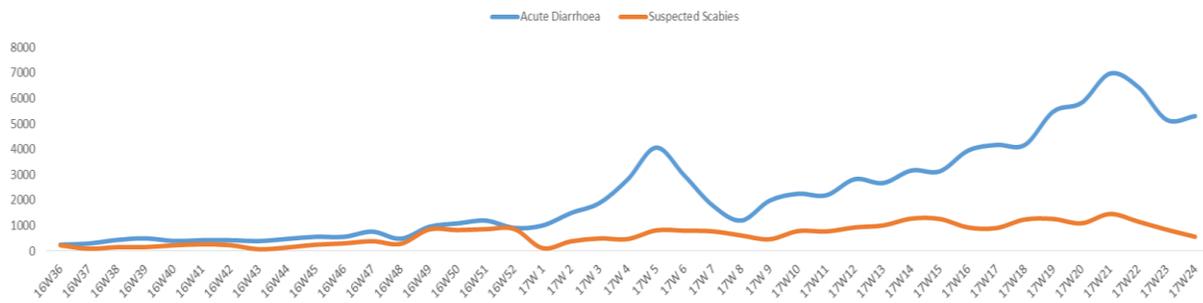
***** The graphs show an underestimation of injuries treated at both TSP and Hospitals since data from some new parameters were not being collected at a time when patients were being treated in only two hospitals in Erbil, and there was no humanitarian trauma referral system in place.

- A total 9000 trauma patients from west Mosul have been treated in 6 hospitals including Athba, Hamam al' Alil and Bartalla Field Hospitals, Emergency, West Emergency and Shikhan hospitals since 18 February, 27% children under the age of 15 years and 34% are female. As of 03 July 2017, a total 15 538 patients (more than 73% civilians; among them 55% were women and 28% children under the age of 15 years) have been referred to hospitals in Mosul and neighboring governorates.

Surveillance Updates

In epidemiological (epi) week 26 ending 2 July 2017, a total of 61 health facilities submitted their epi weekly surveillance reports including 23 mobile medical clinics, 35 static clinics and 3 hospitals from 11 health agencies serving internally displaced persons in Ninewa. A total of 39 207 consultations were recorded in all Ninewa IDPs camps and health facilities through the Early Warning Alert and Response Network (EWARN) and health facilities serving people in the retaken areas. Acute respiratory infections (63%), acute diarrhea (64%), acute diarrhea (28%) and suspected scabies (4%) were the leading causes of morbidity in the governorate (refer to graph 1 for details for acute diarrhea and scabies).

Graph 1: Distribution of acute diarrhoea, and suspected Scabies cases by week in Ninewa governorate, week 36, 2016 to week 24, 2017



During epi week 26, Ninewa Governorate recorded a decrease in the number of Acute Diarrhoea cases from 4015 in week 25 to 3432 in week 26. The majority of cases were reported from the health sub districts of Aymen (52%), Al-Hamdaniya (18%), Tilkaif (7%), Qayara (6%), Hatra (5%) and Makhmur and Telefar (4%). Other health sub districts that reported cases are: Al-Shikhan 3% and Ayserat 1%.

An alert of suspected cholera was reported from Jadaa 5 camp to Ninewa DOH and WHO. The suspected case was investigated by the Ninewa DOH, DARY and WHO. Results are pending.

Public health concerns

The new IDPs face limited access to health services in newly liberated areas and inside west 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 and a potential risk for outbreaks of water borne diseases such as acute watery diarrhea could flare up due to increasing environmental temperature and water scarcity. Hence the preparedness measures by the MOH, WHO, health and Water Sanitation and Hygiene partners have been stepped up during the past two weeks.

Health needs, priorities and gaps

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 that are steadily increasing with the intensified operations.

- 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.
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- As more people are displaced following the liberation of most districts of Mosul, the need for additional health services points continues to increase in Ninewa and its neighboring Governorates. A new mobile medical clinic has been launched in Basheqa, Telkyef district on 1st July 2017. The clinic will deliver emergency primary health Care Services for internally displaced persons (IDPs) from west Mosul and is being managed by Heevie and supported by WHO, The clinic recorded 820 consultations over one week from 1st July including consultations for 172 children (under 5 years).
 - More than 897 409**** consultations have been provided for the IDPs through the health facilities in IDP camps in Ninewa and other surrounding governorates; since 17 October 2016 until 08 July 2017, Out of the total consultations, 15 326 were provided between 25 June and 08 July alone through WHO supported MMCs and static primary health facilities managed by 3 implementing partners. This includes 13 419 children under the age of 5 years. Twenty percent of all consultations recorded in WHO supported health facilities were due to upper respiratory tract infections. A total of 320 complicated cases including injuries and pregnancy or delivery related complications were referred to specialized health facilities through ambulances donated by WHO to the Erbil Directorate of Health (DOH). Ninewa and Erbil DOHs and partners DARY, Heevie and UIMS submitted reports this week.
 - WHO donated 3 trauma kits to Hamam Al' Alil field hospital sufficient for 300 surgical operations as part of its efforts to support the increasing number of trauma patients from west Mosul. Sixty seven body bags were also donated to the NGO partner New York City Medics for the safe disposal of dead bodies. The body bags will be used for safely store bodies of patients who die at the TSPs in the nearby morgues.
 - Additional medicines were donated to International Medical Corps (IMC) sufficient for 4100 people in Khazer M1 and Jada'a camps and Gogjali primary health care centre (PHCC). Across all health facilities, upper respiratory tract infections and scabies have significantly increased in camps. Khazer M1 and Jada'a camps accommodate 92100 and 38520 IDPs mainly from west Mosul respectively
 - The emergency PHCCs in Dibaga, Baharka and Harsham districts in Erbil Governorate reported, more than 1020 consultations including 148 children less than 5 years of age. In Harsham IDP camp, 19% of the cases were acute respiratory tract infection followed by acute diarrhea with 14%.
 - Between 24th June to 7th July 2017; Dahuk DOH and mobile medical teams (MMTs) in Nargizlia, Zumar sub district and Telkyef district operated by Heevie were reported a total of 3349 consultations for IDPs from Mosul. This includes 661 (20%) children less than 5 years. Further 820 consultations were provided to IDPs through the newly established mobile medical clinic project; managed by Heevie in Basheqa, Telkyef districts from 1st of July to 7 July 2017. So far more than 15260 medical consultations (including 3055 children less than 5 years) were provided for the IDPs by the mobile medical teams in the Dahuk governorate.
 - WHO supports the Dahuk Directorate of health to increase the number of doctors by 12 in Dohuk Emergency and Azadi general hospitals in order to manage the surging load. This enabled the



hospitals to manage 2387 patients in the past two Weeks and brings the total of patients treated under the project to 48 879 since the start of the project in late 2016.

**Partnership
and
coordination**

- Two health cluster coordination meetings were held in Baghdad and Erbil. Shortage of ambulances in the camps in Chamakor, Jedaa 1 and 6, Hammam Al Alil 2 and Salamiya 2 was the major concern of the partners. Improvement of sub cluster performance in Salahadin, gaps and needs in Anbar governorate; dead body management; and cross-border vaccination interventions following the Persistent circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak in Syria were the other salient topics discussed in the meetings.
- A health cluster meeting was also organized in Qayara during which updates on West Mosul operation as well as 3Ws matrix in IDP camps were provided.
- The Health Cluster participated in the Hybrid Humanitarian Country Team (HCT) mini-retreat held in Erbil. Focus was on the current situation, funding status, and relevance of the strategic objectives of the Humanitarian Response Plan (HRP) and future priorities with 3, 6 and 9 months scenarios.
- Qatar Red Cross Society (QRCS) has commenced with the establishment of PHCC in the Haj Ali extension with the support of vigorous advocacy and coordination from the health cluster,. This will be completed in one week and service delivery will be run by IMC. In addition the health cluster has advocated for the availability of a vehicle to transfer patients from Chamakor camp to hospitals in Erbil or Mosul. IOM has expressed readiness to support the PHC with the one vehicle.
- Anti-venom for snake and scorpion bites has been delivered to Qayara health center and Qayara Hospital. This would enable the hospital to manage the increasing number of snake and scorpion bites reported from the IDP camps.
- In Dahuk, a joint assessment mission composed of the protection, education, logistics, food and health clusters was made to Barima village in Telkyef district in Ninewa Governorate. Rehabilitation of a damaged PHCC was identified as urgent need.

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