WHO in collaboration with the Federal Ministry of Health, Ninewa Department of Health, and the United Nations Population Fund (UNFPA) have opened the third 68 bed trauma Field Hospital (FH) in Hamam al’ Alil after Bartalla and Athba FHs. The hospital will strengthen the treatment and surgical interventions of injured patients as the crisis in west Mosul deepens and more casualties are recorded.

To ensure that Hamam al’ Alil FH is fully functional, WHO delivered trauma and surgical kits and medicines for the treatment of trauma patients and other medical related emergencies sufficient for more than 46 000 people.

In addition, WHO delivered medicines for surgical interventions and intravenous fluids to Athba FH sufficient for 400 patients.

To support primary health care services for internally displaced people in Bardarash camp in Dahuk, WHO donated essential lifesaving medicines for infectious diseases, skin diseases and chronic diseases to Non-Governmental Organization (NGO) partner Premiere Urgence Internationale (PUI). The medicines are sufficient for 13 000 people.

The International Organization for Migration (IOM) displacement tracking matrix data reports that more than 340 000 persons have been displaced from Mosul since 17 October 2016 to 27 April 2017. Government estimates that 550 000 have been displaced from Mosul since the mid October 2016, of which, 70 000 are displaced from east while 394 000 are displaced from the western part of the city. The Government further estimates that 91 000 people from east Mosul have since returned home.

From 17 March to 29 April 2017, a total of 167 new trauma cases were received in 3 WHO supported Trauma Stabilization Points (TSPs) located in the frontlines of west Mosul, bringing the total number of casualty cases recorded between 18 February and 29 April 2017 to 2127 trauma cases.

More than 100 trauma cases were referred and treated in five hospitals including Athba and Bartalla Field Hospitals, Emergency, West Emergency and Shikhan hospitals between 23 April and 30 April 2017. This brings the cumulative number of trauma patients from west Mosul treated in the 5 hospitals since 18 February to more than 4200 (87% were civilians 27% were children under the age of 15 years and 27% were female). To date, more than 8200 patients (73% civilians, 28% under the age of 15 years and 24% female) have been referred to hospitals in Mosul and neighboring Governorates. Most patients were treated for head, neck and spinal injuries caused by shrapnel and gunshot wound.
In epidemiological (epi) week 16 ending 23 April 2017, a total of 70 health facilities submitted their epi weekly surveillance reports including 27 mobile medical clinics, 41 static clinics and 2 hospitals from 14 health agencies serving internally displaced persons in Ninewa. A total of 65209 consultations were recorded in all Ninewa IDPs camps through the Early Warning Alert and Response Network (EWARN) and health facilities serving retaken areas. Acute respiratory infections (30%), acute diarrhea (6%) were the leading causes of morbidity in the governorates, refer to graph 1 for details.

During epi week 16, Ninewa Governorate recorded a slight increase in the number of 8% of acute respiratory infection cases as compared to the previous week. The majority cases were reported from the health sub districts of Gayara (41%), Aymen (23%), Al-Hamdaniya (17%), Makhmur (9%) and Al-Shikhan (3%) Other health sub districts that reported cases are Ayser and Hatra (2%) and Bardarash, Telafar and Tinkaif each recording 1%.

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 water borne diseases such as acute watery diarrhea.

Shortage of fuel and ambulances to refer trauma cases out of Mosul city hence hindering the timely response to emergencies.

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.

WHO, in collaboration with the Federal Ministry of Health, Ninewa Department of Health, and the United Nations Population Fund (UNFPA) have opened the third 68 bed trauma Field Hospital (FH) in Hamam al' Alil after Bartalla and Athba FHs. The hospital will strengthen the treatment and surgical interventions of injured patients as the crisis in west Mosul deepens and more casualties are recorded. Located 25 kilometers from the front-lines of west Mosul, the FH has 3 operating theaters. Service provided include triage; screening for new and referred patients from stabilization points; advanced life support; definitive wound management; basic fracture management; and a range of general and specialized lifesaving surgical capabilities and referral to post-operative and long-term rehabilitation care services. Others are critical.

WHO Response
life-saving medical interventions for women with complicated deliveries and other reproductive emergencies. The hospital will also serve non-trauma related needs for more than 35000 internally displaced populations residing in Hamam Aleel I and II IDP camps.

To ensure the full functionality of Hamam al’ Alil FH, WHO delivered kits and medicines for the treatment trauma patients, infectious disease, skin diseases, and other chronic conditions sufficient for more than 46 000 people. Currently, WHO is the sole supplier of medicines and other medical commodities for the three FHs in Bartalla, Athba and Hamam al’ Alil and other major hospitals treating trauma and conflict related injuries in Ninewa, Dahok and Erbil.

As the ongoing operations in west Mosul enter its sixth week, trauma needs continue to increase by the day. In response, WHO delivered medicines for surgical interventions and intravenous fluids to Athba FH sufficient for 400 patients to ensure continued management of patients.

To support primary health care services for internally displaced persons (IDP) from west Mosul in Bardarash camp in Dahuk, the Organization donated essential lifesaving medicines for the treatment of infectious diseases, skin diseases and chronic diseases to Non-Governmental Organization partner Premiere Urgence Internationale (PUI). The medicines are sufficient for 13 000 people. WHO supports all health partners to cover critical gaps in medicines and other medical supplies from to time to time depending on the needs.

This week more than 17 000 consultations were recorded through WHO supported MMCs and static primary health facilities run by implementing partners, including more than 4200 children under the age of 5 years were recorded. Eighteen percent of all consultations were due to upper respiratory tract infections. More than 460 complicated cases including injuries and pregnancy or delivery related complications were referred to specialized health facilities through ambulances donated by WHO to the Ninewa Directorate of Health (DOH).

More than 1200 new IDPs from west Mosul arrived this week at Nargizia screening site in Shikhan district, Duhok Governorate. Through WHO’s implementing partner, Heevie and Duhok DOH, more than 260 new consultations, including 81 children under 5 years old were recorded this week. Additional 300 consultations including 65 children under 5 years were recorded by Dahuk DOH mobile medical teams (MMTs) in Zumar district. Since 1 November 2016 to 30 March, 2017, more than 6300 consultations including 1470 children less than 5 years were recorded.
Seven hundred and twenty seven patients from west Mosul including trauma, obstetric, and medical cases requiring secondary and tertiary health services were referred to Shikhan hospital, Duhok Emergency and Azadi hospitals in this reporting period. All referrals were made through the 10 ambulance teams in Duhok DOH supported by WHO. The teams are supporting the DOH to strengthen the referral pathway of emergency medical cases from newly accessible areas and IDP camps. More than 1400 patients have been referred to the three hospitals through this intervention since the start of the program in November.

Through WHO continued support and the direct management and supervision from the Directorate of Health for 12 Medical doctors working in Duhok Emergency and Azadi general hospitals, more than 2000 patients were treated this week. As at 27 April 2017, more than 3000 patients had benefited from this support.

Through the support provided by WHO, the water quality monitoring team from the Directorate of Environment collected 48 water samples from 6 IDP camps and tested them for bacteria. Additional 12 samples were tested for chemical analysis. The results showed that all samples were in compliance with Iraqi Drinking Water Standards and WHO guidelines.

WHO in collaboration with Dahuk DOH has commenced its support for vector control activities Leishmaniosis that includes spraying in accessible areas of Sinjar and Talafar districts in Ninawa Governorates. To date, 11 villages and towns have been covered. Anti-Leishmaniaasis medicines sufficient for more than 1000 people have also been donated to the DOH while outbreak investigation and control activities are being supported by the Organization.

Plans are under way by the Government authorities and UNHCR to open a new camp - Jeda’a 6 IDP camp. In response, the health cluster has initiated a process of identifying partners to support delivery of primary health services. Discussions between International Medical Corps (IMC) and Qatar Red Crescent Society (QRCS) have commenced to agree on the cost-sharing of health service delivery in the camp.

Through the health cluster, Information, Education and Communication (IEC) materials on scabies were developed and shared with Communicating with Communities (CwC) for designing and printing. This follows reports of increased cases of scabies in Ninewah governorate and the need for health education materials to prevent further cases. Medicines have also been prepositioned at the camps and coordination between the camp coordination and camp management (CCCM), Shelter/Non Food Items (NFI), Water, Hygiene and Sanitation (WASH) and health strengthened to ensure a swift and coordinated response.

A new screening site/mustering point has been established on the Syria Highway near Badoush, to deliver health services for the high number of IDPs expected to arrive in the next coming weeks. In response Mobile Medical Clinic managed by WHO’s implementing partner DARY MMC is being prepositioned to the site to offer health services for the IDPs.

Following the projected rise in water levels of River Tigris and the potential closure of Nimrod and Qayarrah bridges, WHO will pre-position emergency medical supplies to Athba and Hamam Hamam al’ Alil FHs enough to cover medical needs for the population for the next two weeks.

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