Fifteen fully equipped ambulances procured by WHO were dispatched to 3 locations including 10 to Athba Field Hospital, 3 to Hamam al’ Alil camp and 2 to Al-Shefaa Hospital. The ambulances will strengthen the trauma referral pathway and support medical related emergency referrals in west Mosul.

Through WHO supported mobile medical clinics (MMCs) and static primary health facilities run by implementing partners, 20,511 consultations, including 7,962 children under the age of 5 years were recorded. A total of 1,892 cases were referred to specialized health facilities.

Five teams from Ninewa Directorate of Health (DOH) were trained on Health Resources Availability Mapping System (HeRAMS), a standardized approach that is supported by a software-based platform that aims to strengthen the collection, collation and analysis of information on the availability of health resources and services in humanitarian emergencies.

WHO supported Ninawa DOH with 3 Inter-agency Emergency Health Kit (IEHK) basic units and essential lifesaving medicines sufficient for 80,000 people. These supplies were deployed to support the health needs of patients from west Mosul including chronic diseases, skin infections, bacterial and viral infections.

The International Organization for Migration displacement tracking matrix data reports that 287,250 persons have been displaced from Mosul since 17 October 2016 to 30 March 2017. From 25 February to 2 April 2017 an estimated 189,516 persons displaced from west Mosul were identified in various locations of displacement including camps, emergency sites and out-of-camp locations. According to authorities in Hamam al' Alil an estimated 226,110 persons have transited the areas since 18 February until 1 April, 2017.

Between 22 and 28 March 2017, a total of 102 new trauma cases were received in 3 Trauma Stabilization Points (TSPs) supported by WHO located in the frontlines of west Mosul, bringing the total number of casualty cases recorded between 18 February 2017 to 28 March to 1,365 trauma cases.

A total of 247 new trauma cases were referred and treated in five hospitals including Athba and Bartalla Field Hospitals, Emergency, West Emergency and Shikhan hospitals between 21 and 27 March 2017. This brings the cumulative number of trauma patients from west Mosul treated in the 5 hospitals since 18 February to 1,560. Of these, 76% were civilians, 27% were children under the age of 15 years and 25%
were females. To date, more than 6,000 patients (57% civilians, 29% under the age of 15 years and 28% female) have been referred to hospitals in Mosul and neighboring Governorates.

- In epidemiological (epi) week 12 ending 26 March 2017, a total of 54 health facilities submitted their epi weekly surveillance reports including 15 mobile medical clinics, 37 static clinics and 2 hospitals from 12 health agencies serving internally displaced persons in Ninewa. A total of 40,855 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 (37%), acute diarrhea (5%) were the leading causes of morbidity in the governorates refer to graph 1 for details.

- One alert of a suspected measles case was reported this week and investigated by Ninewa DOH Results will be shared once received from the DOH.

- During epi week 12, Ninewa Governorate recorded a slight increase in the number of acute respiratory infection cases. Most cases were reported from the health sub districts of Aymen (41%), Ayser (21%), Al-Hamdaniya (13%), Makhmur. (12%), Gayara (6%) and Telafar health district (4%). Other cases were from Tilkai (2%) and Al-Shikhan (1%) health districts.

- 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.

- Strengthening the existing capacity for post-operative care.

- Fifteen fully equipped ambulances procured by WHO were dispatched to 3 locations including 10 to Athba Field Hospital, 3 to Hamam al’ Alil camp and 2 to Al-Shefaa hospitals. The ambulances are meant to strengthen the trauma referral pathway and to support medical related emergency referrals in west
Mosul as the crisis in west Mosul deepens and more casualties are recorded. Since the ambulances were delivered, more than 102 trauma patients have been transported from the frontlines through trauma stabilization points into the Field Hospitals.

- Five teams from Ninewa Directorate of Health (DOH) were trained on Health Resources Availability Mapping System (HeRAMS), a standardized approach that is supported by a software-based platform that aims to strengthen the collection, collation and analysis of information on the availability of health resources and services in humanitarian emergencies. The teams selected were from east Mosul, Al-Hamdaniya and Qayara districts. The teams are expected to assess the availability of health resources and services in the facilities within their catchment area. Data collection is expected to take ten days. As the way forward, Ninewa DoH, UN and Non-Government Organizations (NGOs) will coordinate and work on ways of filling the identified gaps.

- WHO also supported Ninewa DOH with 3 Inter-agency Emergency Health Kit (IEHK) basic units and essential lifesaving medicines sufficient for 80,000 people. The supplies will support treatment of chronic diseases, skin infections, bacterial and viral infections for patients fleeing from west Mosul. Health facilities in areas currently receiving and hosting internally displaced persons are experiencing rapid stock outs of essential lifesaving medicines due to high demand of health services. As many as 700 consultations are recorded in a day in a single facility or in a mobile medical clinic (MMC).

- This week 20,511 consultations were recorded through WHO supported MMCs and static primary health facilities run by implementing partners, including 7,962 children under the age of 5 years were recorded. Twenty six percent of all the consultations were due to upper respiratory tract infections. A total of 1,892 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).

- To boost health care services in newly established IDP camps, WHO equipped the Salamiya PHC Camp with a package of medical and laboratory equipment worth USD 20,000. The PHC will provide general clinical examination services including clinical laboratory investigations.

- Regular and contentious blood supply is essential for trauma management, to ensure the sustainability of blood supply, WHO is working with Erbil DOH to mobilize and supply blood to hospitals treating trauma patients. Since the opening of Athba Field Hospital, WHO has supported the hospital with 420 units of blood components of different types.

- To ensure efficient and effective use of health resources, including essential lifesaving medicines as well as a harmonized coordination of service delivery in health facilities in IDP camps, WHO supported Ninewa DOH with 22,000 copies of family health cards that were distributed to Hamam al' Alil 1, Airstrip, and Haj Ali in Ninewa governorate.
A total of 1,707 new IDPs from west Mosul arrived this week at Nargizlia screening site in Shikhan district, Duhok Governorate. Through WHO’s implementing partner, Heevie and Duhok DOH, 236 new consultations, including 56 children under 5 years old were recorded this week. Since 1 November 2016 to 30 March, 2017, a total of 4,848 consultations including 1,077 children less than 5 years were recorded.

Thirty nine 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. All the referrals were made through the 10 ambulance teams in Duhok DOH supported by WHO. The aim of the teams is to strengthen the referral pathway of emergency medical cases from newly accessible areas and IDP camps. To date, 300 cases have been referred to the three hospitals through this intervention.

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, 828 patients were treated this week. As at 30 March 2017, a total of 23,077 patients had benefited from this support.

Through the support provided by WHO, the water quality monitoring team from the Directorate of Environment collected 24 water samples from 3 IDP camps and tested them for bacteria. Additional 6 samples were tested for chemical analysis. The results showed that all samples were in compliance with Iraqi Drinking Water Standards and WHO guidelines.

WHO recognizes that a potential threat of wild polio virus still exists, especially for children from Mosul who missed vaccinations for a long period of time due to accessibility challenges. As a follow up, WHO team visited Qaymawa and Nargizlia 1 IDP camps to assess the vaccination status of children and provide technical support on vaccine preventable disease (VPD) activities including the Expanded Programme on Immunization (EPI) and Acute Flaccid Paralysis (AFP) surveillance.

The Health Cluster, together with the Water, Sanitation and Hygiene (WASH) Cluster, has initiated the process of re-establishing a cholera task force to develop preparedness and response plan during the high cholera risk season. In addition, the cluster supported with the identification of health cluster partners, including WHO and International Committee of the Red Crescent (ICRC) to provide mobile and static health services in Nimrud sub-district and Al Hamdaniya districts respectively that host displaced persons from Mosul.

- Airlift the remaining fifteen ambulances to complete the delivery of thirty new ambulances that the organization procured to support Ninewa DOH.
- Complete the construction of Hamam al’ Alil field hospital to support management of trauma patients from Mosul.

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