As the crisis in west Mosul intensifies and more casualties are being reported, WHO continues with its support for trauma needs. Essential medicines used for post-operative care and for the treatment of infections and cardiovascular diseases sufficient for 5000 people were delivered to Athba Field Hospital. Ten Inter-agency Health Kits (IEHK) sufficient for 10000 were also donated to trauma stabilization point in Khabat.

WHO has also supported International Medical Corps (IMC) with essential medicines for the treatment of skin diseases, diabetes and cardiovascular diseases sufficient for 4000 people.

Through WHO supported mobile medical clinics (MMCs) and static primary health facilities managed by implementing partners, 18000 consultations, including more than 4700 children under the age of 5 years were recorded. A total of 734 cases were also referred to specialized health facilities. More than 1100 children under 5 years were also reached with routine vaccination services.

The International Organization for Migration (IOM) displacement tracking matrix data reports that more than 327 000 persons have been displaced from Mosul since 17 October 2016 to 13 April 2017, of these, 271 000 are currently displaced to internally displaced camps. Government estimates that 367 000 have been displaced from Mosul since the mid October 2016 of these, 70 000 are displaced from east while 297 000 are displaced from west part of the city. The Government further estimates that 203 000 people will be displaced in the coming weeks.

From 28 March to 12 April 2017, more than 60 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 2017 and 12 April to 1700 trauma cases.

Twenty new trauma cases were referred and treated in five hospitals including Athba and Bartalla Field Hospitals, Emergency, West Emergency and Shikhan hospitals between 27 March and 15 April 2017. This brings the cumulative number of trauma patients from west Mosul treated in the 5 hospitals since 18 February to 1881 (73% were civilians 27% were children under the age of 15 years and 27% were female). To date, more than 6,400 patients (60% civilians, 28% under the age of 15 years and 22% 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 wounds.
In epidemiological (epi) week 14 ending 09 April 2017, a total of 73 health facilities submitted their epi weekly surveillance reports including 26 mobile medical clinics, 45 static clinics and 2 hospitals from 15 health agencies serving internally displaced persons in Ninewa. A total of 45,089 consultations were recorded in all IDPs camps in Mosul through the Early Warning Alert and Response Network (EWARN). Acute respiratory infections (34%) and acute diarrhea (5%) were the leading causes of morbidity in the governorates, refer to graph 1 for details.

During epi week 14, Ninewa Governorate recorded a decrease in the number of acute respiratory infection cases. Most cases were reported from the health sub districts of Aymen (23%), Ayser (19%), Al-Hamdaniya and Gayar (12%), Makhmur (11%) and Telafar (8%). Al-Shikhan health district recorded 7%, Tilkaif (6%) while Bardarash and Sinjar health sub districts each recorded 1%.

Nine alerts of suspected measles cases were recorded in AL-Hamdaniya Mobile clinic run by Première Urgence Internationale (PUI). Samples were collected by Erbil DOH, investigated and all turned to be true.

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.

As the crisis in west Mosul intensifies and more casualties are being reported, WHO continues with its support for trauma needs. Essential medicines used for post-operative care and for the treatment of infections and cardiovascular diseases sufficient for 5000 people were delivered to Athba Field Hospital. Ten Inter-agency Health Kits (IEHK) sufficient for 10 000 were also donated to trauma stabilization point in Khabat. Since March more than 160 trauma patients have been treated at the facility.
WHO has also supported International Medical Corps (IMC) with essential medicines for the treatment of skin diseases, diabetes and cardiovascular diseases sufficient for 4000 people. These will be used for the treatment of IDPs in Gojali IDP camp.

This week more than 18000 consultations were recorded through WHO supported MMCs and static primary health facilities managed by implementing partners, including 4700 children under the age of 5 years. Twenty eight percent of all the consultations were due to upper respiratory tract infections. More than 1100 children were also reached with routine vaccinations services. A total of 734 complicated cases including injuries and pregnancy or delivery related complications were referred to specialized health facilities through ambulances donated by WHO to the Nineva Directorate of Health (DOH).

More than 250 new consultations, including 72 children under 5 years old were recorded, through mobile medical clinics managed by WHO’s implementing partner, Heevie and Duhok DOH. Since late 2016 to 13 April, 2017, more than 5500 consultations including more than 1200 children less than 5 years were recorded. This week 600 new IDPs from west Mosul arrived Nargizlia screening site in Shikhan district, Duhok Governorate.

This week 400 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 referrals were made through the 10 ambulance teams in Duhok DOH supported by WHO. The teams are supported in order to strengthen the referral pathway of emergency medical cases from newly accessible areas and IDP camps. To date, more than 950 cases have been referred to the three hospitals through this intervention.

More than 2000 patients were treated this week 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. As at 13 April 2017, more than 26 000 patients had benefited from this support.

Through the support provided by WHO, the water quality monitoring team from the Directorate of Environment collected 40 water samples from 5 IDP camps and tested them for bacteria. Additional 10 samples were tested for chemical analysis. All samples were in compliance with Iraqi Drinking Water Standards and WHO guidelines.

Finalize preparations for the handover of Hamam al’ Alil field hospital to implementing partner to support management of trauma patients from Mosul.

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