



1.5 MILLION*
PEOPLE AFFECTED



919 143 **
**# DISPLACED FROM
MOSUL**



2.7 MILLION***
**PEOPLE IN NEED
OF HEALTH
SERVICES**

931 369 ****
**PEOPLE
REACHED**



18 497 *****
INJURED

Highlights

- More than 18 497 people from Mosul city were referred to field hospitals through the established trauma pathways as of 23 July 2017, while 12 666 people treated at Trauma Stabilization Points near frontline areas of western Mosul as of 20 July 2017.
- A total number of consultations provided by the primary health care centers (PHCC) and mobile medical clinics (MMCs) in Mosul IDP camps has reached 931 369 since the beginning of the crisis till the 23rd of July this year. Almost 23 019 of overall consultations was reported in the past two weeks and showed the consistent need for primary health care services for Mosul IDPs.
- WHO organized a 5-day polio data quality self-assessment training workshop in Erbil to support the five directorates of health of Erbil, Suleimaniya, Duhok, Kirkuk and Ninewa in the area of quality data collection and analysis.
- WHO partner AISPO is heavily involved in finalizing the WHO supported Maternity NICU in coordination with Duhok DOH.
- WHO supported curative mobile medical teams continue the delivery of health care services to new IDPs arriving Nargizlia screening site in Shikhan district north Ninewa governorate.
- WHO supported LNGO (Heevi) maintains their intervention in the WHO supported MMCs project meant for providing health services to IDPs and returnees in the liberated sub-districts of Basheeqa & Zumar in Ninewa Governorate.



A child in treatment at Athba Trauma Field Hospital in Mosul. WHO Photo.

Situation Update

- On 9 July, the battle to liberate the City of Mosul was declared over. A recent statement for UNAMI Office identified that 920 000 civilians have fled their homes since the beginning of the military campaign to retake Mosul on 17 October 2016. The statement also indicated that close to 700 000 people are still displaced, nearly half of whom are living in 19 emergency camps.

* 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 23 July 2017

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

****Number of consultations recorded in all health facilities in Ninewa, Erbil and Duhok that submitted their weekly reports since 17 October 2016 until 23 July 2017

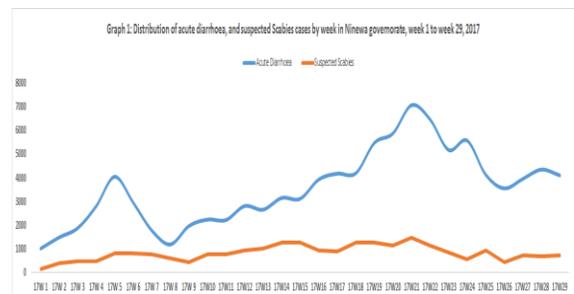
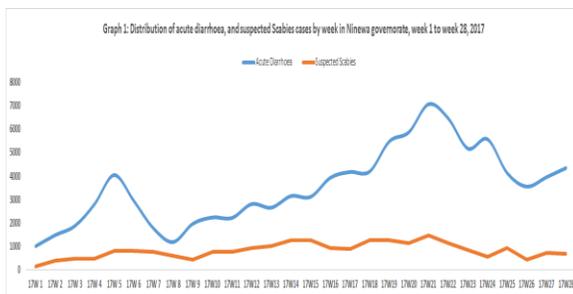
*****Casualty cases for patients referred to Emergency and West Emergency hospitals in Erbil, Shikhan hospital, Athba, Hamam al' Alil and Bartalla Field Hospitals as of 23 July 2017, this number could be higher ***** Only funding status for the Mosul Operations.

***** 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.

Surveillance Update

Source as well gave out that 15 of the 54 residential neighborhoods in western Mosul are reported to have been heavily damaged and at least 23 moderately damaged with almost 3000 buildings were damaged or destroyed in the last three weeks of June alone.

- In epidemiological (EPI) week 29 ending 23 July 2017, a total of 75 health facilities submitted their epi weekly surveillance reports including 37 mobile medical clinics, 35 static clinics and three hospitals from 13 health agencies serving internally displaced persons in Ninewa governorate. A total of 52 976 consultations were recorded in all Mosul for this period. Acute respiratory infections (83%), acute diarrhea (14%), Suspected Scabies (2%) were the leading causes of morbidity in the mentioned governorate.
- During EPI week 29, Ninewa Governorate recorded an increase of 4095 cases of Acute Diarrhea from previous week marked with 4371 cases. Most cases were reported from the health districts of AYMEN (32 %), Al- Gayara (31 %), Al-Hamdaniya (13 %), Makhmur (10 %), Ayser (4 %), AL-Shikhan & Hatra (3 %), and Tilkaif & Telafar (2 %).
- In epidemiological week 28 ending 16 July 2017, a total of 90 health facilities submitted their weekly surveillance reports including 43 mobile medical clinics, 44 static clinics and three hospitals from 13 health agencies serving internally displaced persons in Ninewa. A total of 54 663 consultations were recorded in all Mosul. Acute respiratory infections (71%), acute diarrhea (24%), Suspected Scabies (4%) were the leading causes of morbidity in the governorates.
- During week 28, Ninewa Governorate recorded an increase in the 4348 of Acute Diarrhoea cases from the previous week (3978). Most cases were reported from the health districts of AYMEN (33 %), Al- Gayara (26 %), Al-Hamdaniya (18 %), Makhmur (7 %), Ayser (6 %), AL-Shikhan (4 %), Hatra & Telafar (2 %) & Tilkaif & Sinjar (1 %).



Public health concerns

- Limited access to health services in liberated areas and inside west Mosul city due to the volatile security situation.
- Limited movement of partners to liberated areas in West Mosul 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 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.

- The improper transportation of medicines and medical consumables with direct exposure to sunlight

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- Strengthening the existing capacity for postoperative care
 - Dead bodies collection and morgue storage capacity
 - 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.

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- Trauma services continue. Since 17 October 2016, and as of 23 July, a total of 18 497 people from Mosul city were referred to field hospitals through the established trauma pathways with 73% civilians and 27% combatant. Meanwhile, a total of 12 666 casualties were treated at TSPs as of 20 July 2017. Beyond physical injuries, the mental conditions of thousands of people will need to be addressed with psychologically treatment and rehabilitation through long-term programs.
 - A total number of consultations provided by the primary health care centers (PHCC) and mobile medical clinics (MMCs) in Mosul IDP camps has reached 931 369**** as of 23 July this year. Almost 23 019 of overall consultations was reported in the past two weeks, of which 8712 were for children under 5 years old, 2194 for routine vaccinations, 51 for cases of mental health and psychosocial support, and 995 for various injuries including those caused by unexploded ordnance.
 - During this reporting period, WHO delivered 500 rapid diagnostic kits (RDks) for Cholera to Ninewa DoH; of which 200 were already distributed among health partners in camps of Qayarra, Hamam Alil, and Sallameya. The rest 300 is scheduled for distribution inside east and west banks of Mosul City. These kits will support the detection of positive cholera cases using very simple and rapid diagnostic steps. Further lab investigation will be required to confirm the case.
 - WHO provided Hamam Alil camp with 3000 Scabies educational information and communications material (EIC). WHO local partner Dary and the camp management have been mobilized to distribute the material to families accommodated in the mentioned camp.
 - On 16 July, WHO supported Hamam Al Alil Field Hospital with three trauma kits sufficient for approximately 300 surgical operations. The support came in line with its continued efforts to support trauma field hospitals and stabilization points respond to the increasing number of trauma patients from west Mosul.
 - On 16 July as well, WHO supported NYMedics partner with sixty-seven body bags for the safe disposal of dead bodies. The body bags will be used for the safe storage of corps of patients died at TSPs in nearby morgues.
 - WHO also supported NYMedics with a consignment of controlled medication for the treatment of approximately 1256 trauma cases.

Health needs,
priorities, and
gaps

WHO
Response

- During the same reporting period, WHO also supported Athba FH with two surgical kits sufficient for 200 operations.
- On 13 July, WHO supported the Post-operative Trauma Care Unit (PTCU) in Central Erbil Emergency Hospital with an in-kind medical equipment and furniture shipment. The shipment comprised four adult defibrillators; 60 patients beds; mattresses, pillows and blanket; 60 bedside cabinets, 20 dressing and four intensive care trolleys, four ECGs, 40 stretchers, and 20 oxygen cylinder. The medical items also included dressings, medications like IV/IM injections, IV fluids, and various surgical consumables.
- On 10 July, the Cholera Outbreak Task Force (COTF)- WHO, EJCCC, UNHCR, BCF, and Erbil and Ninawa DOHs- visited Khazir M1 IDP camp as a preparedness measure for a potential cholera outbreak. The COTF identified the UAE comprehensive PHC as a Cholera Treatment Center (CTC) in the camp.

**Partnership
and
Coordination**

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- On 11 July 2017, and following information that many partners are pulling out of Erbil to focus on the Mosul emergency response which is causing a gap in service-delivery to vulnerable population including IDPs and refugees in the governorate, the Health Cluster facilitated a meeting for the main health actors in Erbil, i.e., INTERSOS, IMC and WHO. The meeting was concluded with the recommendations that IMC would continue with the two projects it runs in Erbil to support refugees and IDPs in the governorate through mobile medical units (MMUs) and static primary health care centers (PHCCs), INTERSOS to continue with its activities of providing protection and patients' transportation (referrals), and WHO to continue supporting Erbil DOH with the provision of primary health care delivery services in the mentioned governorate.
 - The Health Cluster and WHO conducted a field mission to Chamakor IDP camp on 12 July 2017, where a meeting was held with Erbil DOH, health service providers, and Protection partners in the camp. Points discussed were
 - Facilitation of access to cross the security check points in and out of the camp in KRI region
 - Cooling system for the PHCCs
 - Erbil DOH support of two ambulances to Khabat PHCC in Khabat area to ensure 24/7 referral services
 - WHO support of medicines and medical supplies to the camp
 - On 17 July, a national Health Cluster meeting was held in Erbil to discuss issues related to Erbil DOH shortage of fuel and resources to continue supporting Mosul displaced population, required support for PHCCs in accessible areas of Mosul, gaps in service-delivery by partners in newly established IDP camps, and the impact of war and displacement on children's mental health in Iraq.
 - On 18 July, the cholera outbreak preparedness task force for IDP camps met at Erbil DOH to discuss the operational details for the treatment of cholera at the Cholera Treatment Center (CTC) established recently in Khazir M1 IDP camp with the capacity to receive a potential of 1200 cholera cases from around (60-70 000) IDPs residents of the camp. A medical team of 25 health staff from both Erbil and Ninewa DOHs will be established to supervise the center

operations. The basic list for supplies required for operating the center was finalized during the meeting as well.

- Of the USD 985 million Humanitarian Response Plan needs, only 43% has been secured so far. The UN humanitarian team is still in funding shortage of US\$562 to meet the needs of millions of Iraqis who need urgent humanitarian aid.
 - WHO funding gap is estimated at US\$65 million required to maintain the delivery of trauma, basic health care services, and medicines and medical supplies and equipment.
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Resource
Mobilization

Contact
information

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