**WHO Special Situation Report**

Mosul Crisis, Iraq

**Issue No 8: 19 February to 28 February**

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**Highlights**

- This week, 8,299 consultations were recorded by WHO implementing partners through mobile medical clinics (MMCs), mobile medical teams (MMTs), static clinics, and supported primary health care centers (PHCCs) that are providing health care services to Mosul IDPs. The total number of patients who benefited from medical care services since the beginning of Mosul operations on 17 Oct 2016 stood at 521,896 as of 25 Feb 2017.

- The total number of casualties referred to Emergency, West Erbil Emergency, Shiekhan, and Bartella hospitals for the week 18 to 27 February 2017 stands at 173 cases, of which 128 civilians (74%) and 45 combatants (26%). This brings the total number of casualties from all four trauma care facilities since 17 Oct 2016 to 4,490 as of 27 February 2017.

- Since the beginning of Mosul operation on 17 October 2016 till 18 February 2017, a total of 28,114 children under 15 years old were inoculated with oral polio vaccine (OPV) and 26,112 children of the age group of 9 months to 15 years with measles vaccine.

- WHO trained and equipped 19 frontline responders from Qayyara Hospital in Ninewa governorate on managing casualties of naxeposition to chemical substances.

- WHO received another batch of five new mobile medical clinics procured to support the provision of basic health services for the population in West Mosul. This brings to 64 the cumulative total number of mobile clinics delivered by WHO in the country since July 2014.

- In response to the cases of leishmaniasis reported among Mosul IDPs, WHO provided Ninewa DOH with medicines needed to treat the disease in quantity sufficient to treat 48,750 patients.

- WHO implementing partner Heevie NGO completed the construction of WHO supported PHCC in Amalla IDP camp in Talafar district northwest of Mosul city.

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**Situation Update**

- A total number of displaced population from Mosul since 17 Oct 2016 till 28 Feb 2017 reached 163,896 individuals according to IOM Displacement Tracking Matric (DTM).

- Qayyarah Jad’ah 4 camp started receiving new IDPs on 25 February 2017, according to IOM-DTM. As of 26 Feb, the number of registered families was 264 which will increase fast as new arrivals and registrations are still ongoing. Meanwhile, Qayyarah Jad’ah 1 camp reported the decrease of 2 IDP families, Qayyarah Jad’ah 2 reported the decrease of 7 IDP families, while Qayyarah Jad’ah 3 reported the increase of 1 IDP family.

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**EPI Update**

- In epidemiological (epi) week 8 ending 26 February 2017, a total of 54 health facilities submitted their epi weekly surveillance reports including 17 mobile medical clinics, 35 static clinics and 2 hospital from 14 health agencies serving internally displaced persons in Ninewa.

- A total of 24,551 consultations were recorded in all Mosul IDP camps and health facilities in retaken areas. Acute respiratory infections (48%), acute diarrhoea (4%) and cutaneous Leishmaniasis (1%) were the leading causes of morbidity in the governorates.

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* * As of 23 December 2016, 1.2-1.5 million people could be affected by the military operations – Data source, UNOCHA
** Figures for Humanitarian Response Plans 2017
***Number of consultations since 17 October 2016 until 12 February 2017
****Casualty cases for patients referred to two Emergency hospitals in Erbil and Bartalla Hospital, this number could be higher
***** Only funding status for the Mosul Operation.
• There is no alert in this week.

• During epi week 8, Ninewa Governorate recorded decrease in the number of acute respiratory infection cases. Most of the cases were from Ayser health sector in Mosul (28%), Al-Hamdaniya health sector (20%), Makhmur health sector (14%), Al-Shikhan health sector (13%), Telafar health sector (9%), Tilkaif health sector (8%), Gayyara health sector (7%), Sinjar health sector (1%) (please see below graph).

• WHO Duhok office in coordination with Duhok CDC team is conducting a survey on Cholera, Mumps, Scabies and Leishmaniasis in health facilities in camps and host communities in north Ninewa.

• Leishmaniasis is a concern in Mosul during the coming two months (March-April)

• Urgent need for blood bank services in trauma care facilities

• Shortage of ambulances and ambulatory services for west Mosul operation. A total of 75 ambulances were supporting trauma services in Ninewa DOH since the beginning of the operation on 17 Oct 2016, 35 of which are currently operating in west Mosul.

• Limited access of populations to health services in newly liberated areas and inside of Mosul city due to security challenges.

• Limited movement of partners to newly accessible areas due to security challenges which make 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. This is a potential risk for outbreaks of waterborne diseases such as acute watery diarrhea.

• Inadequate human resources to support the high numbers of trauma cases seen in Trauma Stabilization Points (TSPs) and field hospitals.

• Shortage of fuel is affecting ambulances’ movement and is making it harder to refer trauma cases out of Mosul city.

• Low capacity of health workers to provide inpatient medical care within Ninawa.

• Inadequate existing capacity for post-operative care.

• To support the provision of health services in newly accessible areas in west Ninewa, WHO received on 23 Feb five new MMCs purchased for deployment to the frontline areas within the coming week.
WHO supported Erbil DOH with blood bank supplies worth of US$ 47 543 to meet the needs of blood units for the four trauma hospitals of Emergency and West Erbil Emergency in Erbil, Bartella Field Hospital in Ninewa, and Shikhan Hospital in Dahok.

WHO supported Erbil DOH to strengthen the referral pathway between Bartella and Erbil hospitals particularly Emergency, West Erbil Emergency, Pediatric and Maternity, and Blood Diseases hospitals to provide trauma care and medical emergency care to IDPs as well as to civilians referred from inside Mosul. The support which began on 15 Nov 2016 included 27 ambulances staffed by 27 drivers and 54 nurses. So far, approximately 4000 patients were transferred and treated including 1500 injured and 250 pregnant women.

WHO supported frontline referral services through the deployment of 10 teams of 122 ambulatory services to refer cases to secondary and tertiary health services in Shikhan Hospital in Duhok.

WHO MMCs- four in Hamdaneya and four in Qayyara districts of Ninewa- continue delivering essential health care services to IDPs and host community in the mentioned areas for 3 consecutive months.

WHO support for the two trauma stabilization points in Gogjaly and Karamless in Hamdaniya area east Mosul continues to ensure availability of trauma care services for cases coming from east Mosul.

WHO supported Bartella Field Hospital with a consignment of pharmaceuticals which included control medications as anesthetics and painkillers enough for about 300 trauma patients received from areas in east Mosul.

Additional new 15 WHO ambulances are on their way to Erbil for deployment to support the referral pathway to Bartella Field Hospital and Qayarra Hospital during West Mosul Operation. Another seven ambulances will be relocated from Shikhani Hospital to support the operation starting shortly West of the city.

WHO further supported the referral system in Duhok Emergency and Azadi General hospitals in Dahuk by recruiting 12 medical doctors (6 per each hospital). A total number of patients treated this week 19-26 Feb 2017 was 989 cases.

WHO supported implementing partner IMC with a consignment of five basic units of the IEHK sufficient to treat 5000 patients.

WHO also supported its implementing partner in Duhok Heeve NGO which runs the PHCC in Amalla IDP camp in Telefar district with one complete IEHK enough for a population of 10 000 for three months.

WHO also supported the primary health care center in Khabat district in Erbil with 10 basic units of the IEHK enough for a population of 48 750 for a duration of three months.

WHO supported teams of curative and preventive health services in Duhok DOH to respond to the arrival of a total of 101 new IDPs families (526 individuals) displaced to Nargizlia screening site in Shikhan district. The teams provided 323 consultations including 81 for children below 5 years old. No communicable diseases alert was reported among the new IDPs.

WHO also supported Duhok DOH curative MMTs to access Drej village in Telkheyf district. The teams provided 160 consultations including 29 for children below 5 years. The teams are utilizing three WHO mobile medical clinics donated to Duhok DOH to respond to Mosul operation.

Construction works in the two WHO supported field hospitals in Athba and Hammam Alil sites is ongoing. The construction of Athba fel hospital is expected to complete in about two weeks. Both hospitals are being established thanks to funds from CERF and will provide a 24-hour service to trauma patients.

A weekly Ninewa governorate coordination meeting was held on 27 February 2017 and was attended by 50 participants. The meeting aimed at identifying partners who are willing to provide comprehensive health services in west Mosul IDP camps and emergency sites to avoid overlapping after DoH commitment to provide adequate human resources. During the same meeting, the issue of NGO registration was also discussed and the registration procedures with the MoH and the DoH were explained.
Plan for the coming week

- The last polio campaign in 2017 is starting on the 5th of March targeting 5,648,381 children under 5 years old. A total of 25,968 vaccinators and 1,999 team supervisors will be mobilized. WHO support will cover the operation cost which includes vaccinating teams and supervisors incentives in addition to transportation, FM, and independent monitoring costs.

- WHO is shipping large consignments of medications and medical kits and supplies for the new WHO supported field hospital of Athba due to be operational the first week of March 2017.

- The rehabilitation of the Central Emergency Hospital in Erbil to provide postoperative care for causalities of Mosul operation is in progress to expand the hospital bed capacity from XXX 70 for the stabilization of injured received from Mosul. The hospital is expected to be operational by end of March 2017.

- Works in the two new Trauma stabilization points being established on the southern side of Mosul to support triage, primary stabilization and referral of trauma cases to the nearest specialized hospital is ongoing.

- WHO implementing partner WAHA is maintaining emergency services in Qayara Hospital east Mosul.

- Construction works in the PHCC in Debaga 2 IDP camp has completed and will begin providing services on the 15th of March this year. The facility which is staffed by 27 medical and paramedical staff will provide a 24/7 comprehensive primary health care services to over 6,500 IDPs who fled Qayarra, Haweja, and Hamam Alil surroundings.

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