WHO Special Situation Report
Mosul Crisis, Iraq
Issue No 9: 1 to 11 March 2017 2017

1.2 -1.5 MILLION* PEOPLE AFFECTED

224,298 # DISPLACED FROM MOSUL

2.7 MILLION PEOPLE IN NEED OF HEALTH SERVICES**

552,157* PEOPLE REACHED**

4,902 # INJURED

Highlights

- To increase the operational readiness for health facilities in Iraq, including in and around Mosul, for chemical events, WHO has received over one metric tons of protective equipment from the Government of the United Kingdom.

Photo ©: WHO/C.Smallwood.
WHO staff offload shipment of protective equipment funded by the Government of the United Kingdom to support the ongoing response in Mosul.

- WHO, in collaboration with the Iraq health authorities and other health partners, are coordinating response efforts to 15 cases of possible toxic chemical exposure from Mosul that have been treated in West Erbil Emergency Hospital. Six cases have since been discharged.

- Through WHO supported Mobile Medical Clinics and static primary health facilities run by WHO implementing partners, a total of 15,792 consultations were conducted this reporting period including 2,700 children under 5 years of age. In addition, 597 referrals were also conducted through ambulances donated by WHO to the Directorate of Health in Ninewa.

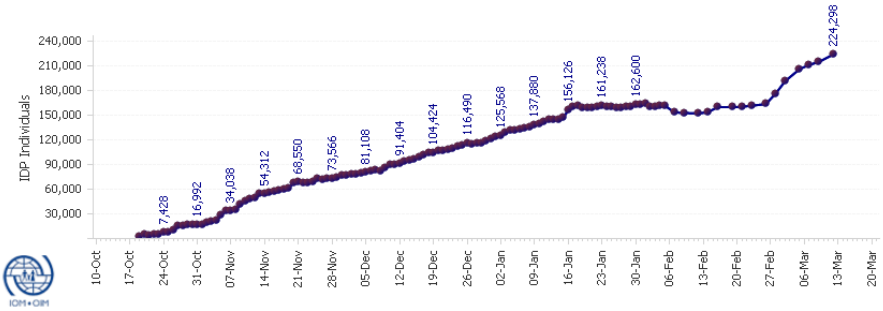
- Due to high numbers of trauma patients from Mosul that require blood transfusion services coupled with the limited capacity of the Directorate of Health in Ninewa to screen and provide safe blood, WHO through Erbil Blood Transfusion Centre has since 5 February, 2017 facilitated the mobilization, screening, and transportation of 475 units of blood to Bartalla Field hospital in order respond to needs of trauma patients.

Situation update

- Since 18 February 2017 to 07 March 2017, a total of 744 trauma cases have been reported from 3 Trauma Stabilization Points (TSPs) in the frontlines of west Mosul and 523 cases were treated in four hospitals including Bartalla Field hospital, Emergency, West Emergency and Shikhan hospitals currently managing trauma patients from west Mosul. This brings the number of hospital based trauma cases reported from Mosul since 17 October to 4,902.

- According to International Organization for Migration data, since 17 October 2016 to 09 March, 224,298 persons have been displaced from Mosul; refer to graph 1 for the displacement timelines. Of these more than 57,000 persons are displaced from west Mosul alone since 18 February 2017. WHO and other health partners are supporting the delivery of primary health services in the displaced camps by providing medicines and other medical supplies.

Graph 1: Displacement Timeline from 17 October



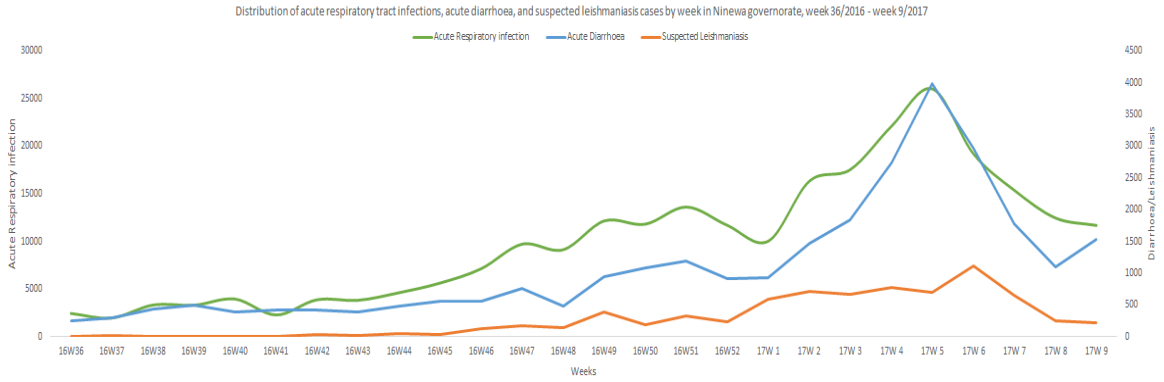
** As of 23 December 2016, 1.2-1.5 million people could be affected by the military operations – Data source, UNOCHA*
*** Figures for Humanitarian Response Plans 2017*
****Number of consultations since 17 October 2016 until 7 March 2017*
*****Casualty cases for patients referred to Emergency and West Emergency hospitals in Erbil, Shikhan hospital and Bartalla Hospital, this number could be higher*
****** Only funding status for the Mosul Operations.*

- As part of its trauma response plan, On 4 February, WHO commenced its work to establish Athba Field Hospital in the frontlines of west Mosul to respond to the anticipated high case load of trauma patients. More than 98% of the work to establish and equip the hospital has been completed and will be handed over to the Ministry of Health and the Directorate of Health in Ninewa.

EPI updates

- In epidemiological (epi) week 9 ending 05 March 2017, a total of 58 health facilities submitted their epi weekly surveillance reports including 21 mobile medical clinics, 35 static primary health clinics and 2 hospitals serving internally displaced persons. The health facilities are supported by 15 health agencies and DOH Ninewa. A total of 29,715 consultations were recorded through the Early Warning Alert and Response Network System in all Ninewa IDPs camps. Acute respiratory infections (39%), acute diarrhoea (5%) and cutaneous Leishmaniasis (1%) were the leading causes of morbidity in the governorates.

- During epi week 9, Ninewa Governorate recorded a decrease in the number of acute respiratory infection cases. Most of the cases were reported from Gayara Health district in Mosul (27%), Al-Hamdaniya health district (21%) in each, Telafar & Tilkaif health districts (11%) in each, Al-shikhan health district (10%), Makhmur health district (9%), AYSER health district (8%), Bardarash health district (2%), Sinjar health district (1%), Refer to graph 2 for details.



Public health concerns

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

Health needs, priorities and gaps

- Provision of primary health care services to the affected population in newly accessible areas.
- Management of trauma cases which are steadily increasing.
- Inadequate human resources to support the high numbers of trauma cases seen in Trauma Stabilization Points (TSPs) and field hospitals.
- Insufficient stock of controlled substances needed for pain management and sedation of patients with severe trauma injuries.
- Shortage of fuel and ambulances to refer trauma cases out of Mosul city.
- Limited response to medical emergencies in the newly re-taken areas.
- Low capacity of health workers to provide inpatient medical care within Ninewa.
- Inadequate existing capacity for post-operative care.

WHO Response

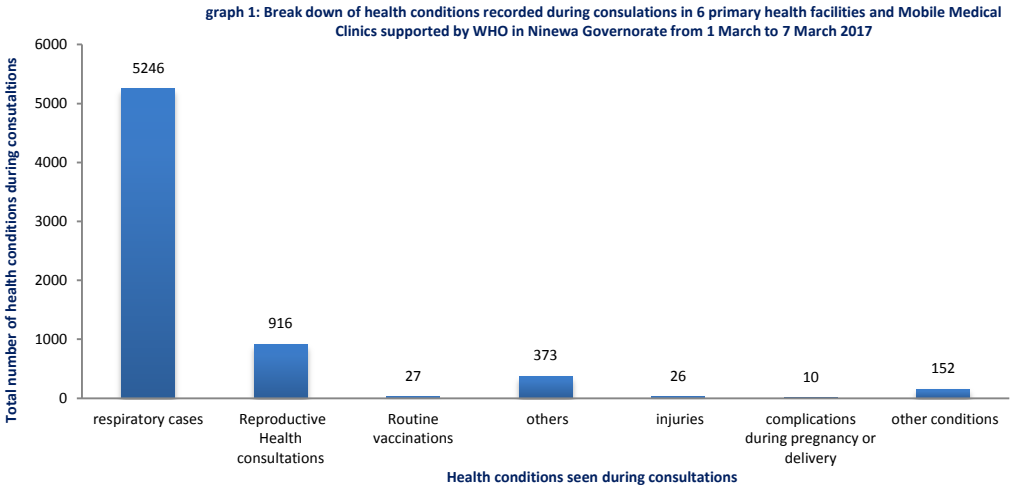
- To increase the operational readiness for health facilities in Iraq, including in and around Mosul, for chemical events, WHO has received over one metric tons of protective equipment from the Government of the United Kingdom. The supplies that include gowns, gumboots, masks, gloves and other equipment is an addition to previous consignments that were delivered to support the same function.

- WHO, in collaboration with the Iraq health authorities and other health partners, are coordinating response efforts to 15 cases of possible toxic chemical exposure from Mosul that have been treated in West Erbil Emergency Hospital. Six cases have since been discharged. To ensure a swift response to any future events of this type, the DOH Ninewa has identified Shikhan hospital as a referral facility for the decontamination and initial treatment of patients. In addition, WHO in collaboration with DOH Ninewa and other health partners will also train healthcare workers from central Mosul on 14 March on how to decontaminate and treat possible toxic chemical exposures.

- Over the past three weeks, the operations in west Mosul have intensified resulting in massive displacements. Health authorities also anticipate that the numbers of trauma cases are likely to increase in the coming days. As such, WHO has heightened its support to the DOH in Ninewa and partners by prepositioning additional medical supplies that will strengthen the capacity of health facilities to respond to trauma and other health needs of people fleeing from Mosul including west Mosul and its surrounding districts. In this regards, Five Interagency Emergency Health Kits (IEHK) and two full Interagency Diarrhea Disease Kits (IDDK) sufficient for 7,000 people were donated to the Directorate of Health in Ninewa.

- Due to the high turnover of trauma patients from Mosul to Bartalla field hospital requiring blood transfusion services, coupled with the limited capacity of the Directorate of Health to screen and provide safe blood, WHO through Erbil Blood Transfusion Centre has since 5 February to March facilitated the mobilization, screening, and transportation of 475 units of blood to Bartalla Field hospital to respond to trauma patient needs. A total of 17 laboratory technicians are being supported by WHO to process the required units.

- Through WHO supported Mobile Medical Clinics and static primary health facilities run by WHO implementing partners, a total of 15,792 consultations were conducted this week including 2,700 children under 5 years of age. Acute Respiratory Tract Infections (ARI) constituted the highest number of consultations in all the facilities this week at 33%. Refer to graph 3 on the breakdown of consultations conducted this week.



- As the crisis in west Mosul continues, WHO continues to strengthen the capacity of the DOH Ninewa to respond to the needs of internally displaced persons from Mosul at the Dahuk – Ninewa boarder. Through the DOH Dahuk, WHO continued supporting mobile medical clinics and teams in Nargizlia1 IDPs camp; during this reporting period, the teams conducted active public health surveillance visiting 16 households and tested 19 water samples for chlorine.

- To strengthen the referral pathway of emergency medical cases from newly accessible areas and IDP camps for people displaced to secondary and tertiary health services in Shikhan and Duhok, WHO through the DOH in Duhok supported the 10 teams running the ambulatory services code named '122'. A total of 67 emergency cases including trauma, obstetric, and medical cases were referred to Shikhan hospital Duhok Emergency and Azadi hospital.

- In addition, WHO continued to support 12 Medical doctors in Duhok Emergency and Azadi general hospitals under the Directorate of Health, Dahuk to fill gaps in the shortage of medical personnel while strengthening the referral system for IDPs who require emergency and specialized health services in the governorate. This reporting period, the medical doctors treated 893 IDP in the two hospitals, making the cumulative figures of patients treated since WHO commenced its support on 1 November 2016 to 20,542 patients.

- A team of WHO staff visited Jadaa' Primary Health Care Centre (PHC) and airstrip PHCC located in internally displaced person's camps in Quayara as part of its support supervision role. The lack of laboratory diagnostic services to confirm diseases, ambulatory services for referral and shortage of some essential emergency medicines were noted and are urgently needed. WHO will support the health facilities with essential medicines, together with health authorities train health staff to strengthen early warning alert and reporting network and will initiate discussions with the DOH, Ninewa on how to support referral services in the health facilities.

Partnership and coordination

- On 5 March, 2017, WHO in collaboration with UNFPA, European Commission Humanitarian Aid (ECHO) and the Humanitarian Coordinator commissioned Qayyara General Hospital following its renovation supported by the European Union. The hospital was damaged during the ongoing Mosul operations in October 2017 and remained non-functional. WHO and UNFPA renovated the hospital and reopened it to the public including to the IDPs. The hospital will offer post-operative care for trauma patients from Mosul and reproductive and other basic health care services for IDPs fleeing from west Mosul. This hospital is a secondary referral facility that serves the catchment area of Al Qayyara. As at 3 March, 166,177 consultations had been recorded in the health facility.

- A health cluster coordination meeting was held in Erbil on 06 March 2017, and was attended by 36 participants. Discussions focused on the Mosul Crisis, primary health care in the newly established IDP and the neighborhoods of east Mosul, referral pathways as well as trauma updates. Also in discussion was reporting on activity info for 2017.

Plan for the coming weeks

- Two of the three field hospitals procured by WHO to support the MOH response to west Mosul operations are near completion. The establishment and equipping of Athba field hospital is currently at 98%; it is expected to be completed and handed over to health authorities in mid-March. While Hamamm Aleel is expected to be complete and handed over during the third week of March.

- To ensure a swift response to any future events of this type, the DOH Ninewa has identified Shikhan hospital as a referral facility for the decontamination and initial treatment of patients, WHO in collaboration with DOH Ninewa and other health partners will train 10 healthcare workers from central Mosul on 14 March.

- Fifteen of the thirty ambulances procured by WHO will be shipped to the country in the second week of March. These will be prepositioned in west Mosul frontlines to strengthen the referral pathway of trauma patients.

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