



1.2 -1.5 MILLION*
PEOPLE AFFECTED



152,448
DISPLACED FROM
MOSUL



2.7 MILLION**
PEOPLE IN NEED
OF HEALTH
SERVICES

462,922***
PEOPLE
REACHED



3,972****
INJURED

Highlights

- This week, 7569 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) providing health services for Mosul IDPs. Total number of patients reached with medical care services since the beginning of Mosul operations on 17 Oct 2016 stood at 513 597 as of 17 Feb 2017.
- Since the beginning of Mosul operations on 17 Oct 2016 till 17 February 2017, a total of 4310 casualties were reported by the four emergency hospitals of Emergency, West Erbil Emergency, Shiekhan, and Bartella. This week's reported number stood at 137 casualties.
- Health facilities in east Mosul and the surrounding districts are continuously over loaded with patients seeking health services. This has led to frequent shortages in many health facilities for essential medicines including, particularly, antibiotics, and medicines for chronic illnesses, fever and pediatric syrups.
- WHO provided Ninewa DOH with support to rent two warehouses for a duration of 6 months to preposition line medicines and medical supplies. The support also included renting a building for three months to accommodate the mobile trauma stabilization point (TSP) stationed in Gogjaly at present.
- In line with Mosul response operations, WHO supported Erbil DOH with a consignment of medicines and medical supplies including complete diarrhea diseases kit (IDDK) sufficient to treat 825 patients for one month and 20 basic units of emergency health kit (IEHK) sufficient to treat a population of 20 000 patients for three months.



WHO Support with IDDK and IEHKs. ©WHO Photo

Situation update

- Total number of population displaced from Mosul since 17 Oct 2016 till 16 Feb 2017 reached 160 320 individuals according to IOM DTM. Same source indicated that as of 15 Feb this year, Nargizlia 1 camp reported an increase of 37 IDP families from Merkaz Mosul and Merkaz Tilkaif sub-districts while Qaymawa (former Zelikan) camp reported a decrease of 170 IDP families due to return movements. New IDP families from Mosul are also being identified in Salah al-Din and Baghdad governorates according to mentioned source.
- WHO supported Duhok DoH teams providing both curative and preventive health services in Duhok to respond to the arrival of a total of 661 displaced individuals to Nargizlia screening site in Shikhan district. The teams provided 349 consultations including 81 for children below 5 years old. No communicable diseases alert was reported among the new IDPs.
- WHO also supported Duhok DOH MMTs to access Drej village in Telkyef district. The teams provided 164 consultations including 31 for children below 5 years. The teams are utilizing three WHO mobile medical clinics donated to Duhok DOH to respond to Mosul operation.

* 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

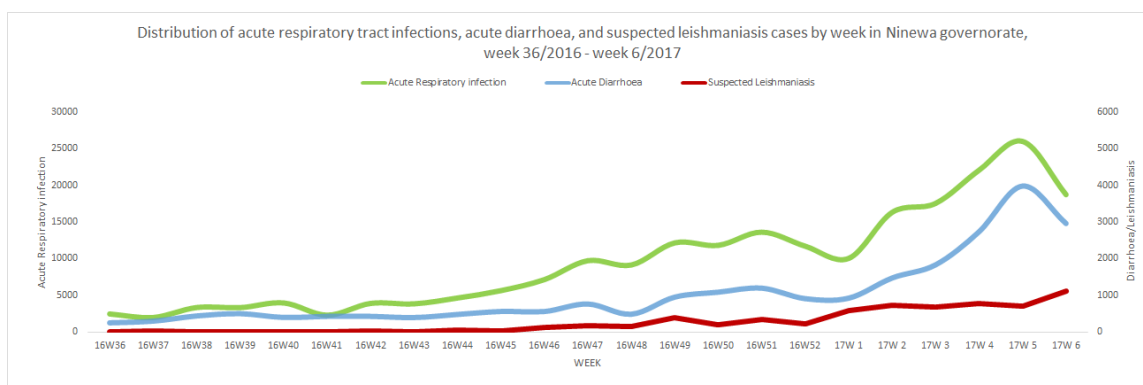
****Casualty cases for patients referred to two Emergency hospitals in Erbil and Bartalla Hospital, this number could be higher

***** Only funding status for the Mosul Operations.

EPI Update

- WHO started work to construct two field hospitals in Hammam Alil town and Athba site in preparation for the upcoming west Mosul operation. The ATHBA hospital is expected to be functional on the 4th of March. Both hospitals are funded through CERF
- In Talafar district, Duhok Governorate, WHO's implementing partner Heevie has completed the construction of a Primary Health Centre in Amalla camp to support the delivery of health services for persons displaced from Mosul.

- During this epidemiological week, a total of 54 health facilities submitted their epi weekly surveillance reports including 16 mobile medical clinics, 37 static clinics and 1 hospital from 14 health agencies serving internally displaced persons in different Ninewa governorate areas. A total of 40 790 consultations were recorded in the entire governorate. Leading causes of morbidity were acute respiratory tract infections (45%), acute diarrhoea (7%) and suspected cutaneous Leishmaniasis (3%).
- EWARN in Qayarra has generated one alert of suspected measles following the defined threshold. The alert was investigated by Ninewa DOH within 72 hours and samples sent to Erbil Public Health Laboratory for verification
- This epidemiological week (6) also recorded a decrease in the trends of acute respiratory tract infections cases in Ninewa governorate. Most of the cases were from Qayarra Health sector in Mosul (33%) followed by Al-Hamdaniya health sector (12%), Ayeser health sector (13%), Makhmur health sector (8%), Telafar health sector (6%), Al-Shikhan health sector (5%), Tilkaif health sector (4%) and Bardarash health sector and Sinjar of Mosul health sector (1%); (Please see below Figure).



Health needs, priorities and gaps

- Leshmaniasis will be a public health concern in Ninewa during the coming two months (March-April)
- Field hospitals as well as trauma stabilization point are in need of constant supply of blood
- Ninewa DOH is withdrawing its health workforce from PHCCs in Hassan Sham, Khazir and Debaga camps leaving the responsibility of primary health care provision to Erbil DOH.
- Shortage of ambulances and ambulatory services for west Mosul operation. A total of 75 ambulances are 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 to health services in newly liberated areas and inside Mosul due to security challenges.
- Security challenges are making 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.
- Inadequate human resources to support the high numbers of trauma cases seen in Trauma Stabilization Points (TSPs) and field hospitals.
- Inadequate existing capacity for post-operative care.

WHO Response

- In support for the provision of health services in new IDP camps and PHCCs in west Mosul, WHO is deploying five new MMCs to the southern plain of Ninewa within the coming week.
- To strengthen Qayarra Hospital capacity to manage post-operative cases expected to be in high demand during west Mosul operation, WHO supported the hospital with oxygen generator, Finger Pulse Oximeter, bedside drawers and doors cabinets/tables, anti-decubitus blankets, hospital patient beds, IV fluid stands of the 5-leg base model, and bed sheets.
- WHO eight MMCs- four in Hamdaneya and four in Qayarra districts of Mosul- continue delivering essential health care services to IDPs and host community in the mentioned areas for 3 consecutive months.
- WHO support for the trauma stabilization point in Karamless in Hamdaneya area east Mosul continues to ensure availability of trauma care services for cases coming from east Mosul.
- WHO facilitated the supply of specific narcotic medicines and vaccines to Bartella Field Hospital. The supported items were needed for the treatment of trauma patients received from areas in east Mosul.
- Nine ambulances will be donated by partners to Ninewa DOH to support the referral pathway. However, WHO mobilized another seven ambulances to serve the TSPs and support the referral pathway.
- WHO further supported the referral system in Duhok Emergency and Azadi general hospitals in Duhok by recruiting 12 medical doctors (6 per each hospital). Total number of patients treated as of 17 Feb 2017 was 1126 cases.
- As part of its ongoing response to ensure health care delivery services for west Mosul operations, WHO supported Shikhan Hospital with five surgical kits and medical equipment which included one defibrillator, fetal monitor, oxygen regulators, suction pumps and 5 syringe pumps. WHO also supported Duhok DOH with 10 surgical kits classified as 5 for Duhok Emergency Hospital and 5 for pre-positioning in the DOH warehouse.
- WHO is almost over with the construction of a PHCC in Dibaga 2 IDP camp and will be handed over mid-March 2017. The PHCC is established to provide around 6500-8000 IDPs in Dibaga 2 camp with comprehensive health care services like communicable and non-communicable diseases consultation, women and child health care services, vaccination, and lab services. Erbil DOH has earlier expressed readiness to operate the PHCC with support from WHO.



- WHO supported a project for the Respiratory Care Unit (RCU) in West Erbil Emergency Hospital to increase the capacity of the hospital RCU from 6 to 13 beds. The Unit received about 15 cases for the period 5 Jan to 5 Feb 2017. Cost of treatment per case exceeds \$USD 400 if referred to private hospitals.
- WHO also supported its implementing partners IMC, MSF-Belgium, and NYC-MEDICS NGO with consignments of trauma kits, essential medicines for infections, chronic, and skin disease. Consignments were enough to treat 37 394 patients in Gogjaly area east Mosul.

Partnership
and
coordination

- A National level Health Cluster meeting was held on 16 February 2017 attended by 53 participants representing the health cluster partners. The meeting was organized for the health partners working or willing to work in Ninawa governorate. The main points of discussion were the overview of health response in Mosul, coverage of primary health care services in east Mosul, update on trauma care for east and west Mosul, planning for west Mosul health response, establish coordination with focal points at Ninewa DOH, Referral pathways and emergency hospitals admission capacity, Referral SOPs, Staffing needs for NGOs working in Ninewa and registration of NGOs.

Plan for the
coming
weeks

- WHO is supporting the rehabilitation of the Central Emergency Hospital in Erbil as the second referral hospital for Mosul casualties. The hospital capacity will be upgraded to take 70 beds for the stabilization of injured received from Mosul.
- Three Trauma stabilization points are established in the southern edge of Mosul to support triage, primary stabilization and referral of trauma cases to the nearest specialized hospital.
- Plan and coordinate additional post-operative care in Erbil and Qayarra in collaboration with WHO's implementing partner.

Contact
details

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