From the 1st of the 4th October EMERGENCY conducted an assessment mission in Mosul aiming at identifying the gaps in the rehabilitation sector and understanding the future intervention to respond to the needs in the area. EMERGENCY team was composed by Field Operation Office Deputy Coordinator, Medical Division member, Iraq Program Coordinator, Sulaimaniya, Rehabilitation Center Manager.
1. BACKGROUND

The military operation to retake Mosul, starting in October 2016 and ending nine months later in July 2017, was the longest urban battle since World War II. Because of the war crimes committed by ISIL and more aggressive military tactics adopted in the counter – ISIL military campaign in West Mosul, the number of civilian war wounded and trauma injuries was dramatically high. Since the start of the western Mosul operation in February, thousands of people were treated at Trauma Stabilisation Points near the frontline areas of western Mosul city. However it must to be considered that casualties didn’t finish with the end of the offensive: in areas surrounding Mosul and inside the city itself, retreating ISIS militants left behind thousands of homemade explosives, mines and booby traps. They are buried alongside roads, hidden in farm fields, scattered around schools and inside homes. Mines and IEDs (Improvised Explosive Devices) still have to be removed from areas retaken by the Iraqi army. Therefore the need in physiotherapy and physical rehabilitation for the people who got amputation remains one of the major gaps in the area.

The numerous projects implemented in favour of the reconstruction of the health sector in Mosul are concentrated in the renovation of primary health care facilities and in the basic support to the principal hospitals of the city. This is fundamental to provide basic health healthcare to the habitants of Mosul, but not sufficient to cover the specific needs of the amputees. Furthermore for these patients is particularly difficult to reach the health facilities, because of the high number of security checks that restrain movement of people and the critical financial situation of their families. These patients are stuck at home, without the possibility to accede easily to free health assistance and receive a proper treatment.

At the moment the partners that are working in Mosul in the rehabilitation and/or physiotherapy domain are:

- Handicap International (HI): patients assessment, provision of walking devices and physiotherapy,
- ICRC: On October 14th the organization inaugurated a workshop inside the compound of the Mosul Rehabilitation Centre (MRC) for the production and distribution of prosthesis in fully propylene below knee, partially covering the gap of the destruction of the Mosul prosthesis factory. ICRC ensures also capacity building activities and training sessions,
- RUNAHI: private workshop in Erbil that deliver prosthesis not free of charge
- Mosul Rehabilitation Centre (MRC): physiotherapy services and case assessment,
- EMERGENCY Rehabilitation and Social Reintegration Centre in Sulaymaniyah (Kurdistan): physiotherapy and production of prostheses (system ottobock propylene), orthoses and walking aids/orthopaedic devices. The services provided cover the needs of all categories of amputees: below and above knee, through knee, below and above elbow and through elbow. The EMERGENCY Rehabilitation centre is the only centre in Iraq that provides prosthesis for upper limbs and the only fully operational that ensures a comprehensive treatment to the patients.2

The collaboration among these partners is fruitful and efficient and the experience and know-how of each stakeholder is used to ameliorate the quality of the services provided, to avoid duplication of services and to find solutions to cover the identified gaps. All the partners work in close collaboration in favour of the disabled people of the area of Ninewa and in support to the MRC. According to the director of this Centre

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2 Community based rehabilitation (CBR): comprehensive treatment that include:
1. Ortho-prosthetic workshop: production and delivery of prosthesis
2. Physiotherapy sessions
3. Patients House Modification
4. Vocational Training
5. Psychosocial support
the total number of amputees living in Ninewa is equal to 4,493, among them 668 are victims of the recent war against ISIL. It is worth to be mentioned that this number include only the amputees already registered in the MRC patients’ database. Considering the difficulties of people movements and the presence of mines and IED, it is plausible that the total number of amputees living in the area is higher.

HI will start a project to map the number of disable people living in the camps of Ninewa (11 camps). The project will not focus only on the identification of amputees but will target all kind of disability. This action will help in the identification and registration of these new patients in the Ninewa DoH and consequently in the future provision of medical support. However the camps’ population represents a small part of the total population of the area, for this reason EMERGENCY plans a general assessment of the Mosul area to identify and register amputee people, covering the gaps in terms of physical rehabilitation of the population. This assessment will be implemented in close collaboration with DoH Ninewa and MRC staff with the financial support of WHO, through AICS funds.

Another gap, still not completely addressed, is the capacity enforcement of the medical staff in the rehabilitation and physiotherapy domain, in order to increase the quality of the services provided to the population.

Finally the destruction of health facilities, directly affects the services provided for the amputee population: the MRC is presently hosting many departments that were located in destroyed and not functional hospital.

Generally speaking the bed capacity of the hospital in Mosul city previous ISIS control was equal to 2400 beds, while presently is equal to 500 beds (20% of the previous capacity).
2. NEED ASSESSMENT AND FINDINGS

The assessment was implemented in close collaboration with the Mosul National Authorities and in particular with Director General DoH Ninewa, Director MRC, Deputy Director DoH Ninewa.

During the assessment EMERGENCY team and the exponents of national authorities visited:

1. Mosul Rehabilitation Centre
2. Ibn Sina Hospital
3. Salam Hospital
4. Hamdaniya.

1- Mosul Rehabilitation Centre (MRC)

The Rehabilitation Centre is organized in different buildings hosting different entities/authorities. The compound of the Rehab Centre is hosting:

1. General Directorate of Health
2. Health committee office
3. One paediatric in patient facility
4. The dialytic center of Mosul
5. Out patient service for ENT, EYE and Dental
Almost all buildings are dedicated to other purposes; at the moment, the Rehabilitation Centre has two buildings, a common area with different administrative offices of the DOH and the gym for physiotherapy treatment. The compound is overcrowded; the activities are huge and chaotic for all departments. It is impossible to understand when the other departments will be moved, as a master plan for facilities does not exist. The location would be the proper space for a Rehabilitation Prosthetic Centre but is unpredictable when this area will become available again for this purpose.

2 - Ibn Sina Hospital

The centre was built to be a general rehabilitation inpatient’s facility, providing surgical care and physiotherapy to acute conditions such as, spinal injuries, cerebrovascular accident, and trauma requiring reconstructive surgery. Before the military operations the bed capacity was 200.

During the ISIS control of Mosul the hospital was used by ISIS as headquarter. As consequence of the conflict, the ground floor is partially burn, hit by several bombs. The part of the premise hosting before the Out Patients Department is partially rehabilitated and contains also the wards. Rehabilitation works were done on the wall premises and ceiling but there is no a proper separation with the part damaged and burnt done through dashboards only. The smell of the burning is still all around the hospital and the status of the premise could affect the hygiene care of patients.

At the moment, the facility is functioning as a general hospital providing surgical and medical care.

3- Salam Hospital Mosul

Prior ISIS occupation Salam hospital was a general facility with 700 beds capacity. It was the main functional hospital of Mosul city and was also hosting the dialytic centre and the medical university.

At the moment is not functional anymore and reconstruction works are ongoing. Part of the facility will reopen in 2-3 months.
The compound was shown to us because part of the property - previously the parking lot - could be dedicated to the construction of the new rehab centre (picture below).

The parking lot is 5,000 m² and could have an independent entrance and a wall fence to separate from the rest of the building. A possible idea is to build here the training facility and the rehabilitation activities. Cooperation mechanism will be put in place with the Salam Hospital for the referral of cases to the Rehab Centre while the Rehab Centre will refer to Salam hospital patients requiring surgical procedures as per stump revision.

At the moment of the assessment, is not clear if the Japanese Cooperation, who has originally support the hospital constructions, have plans for the reconstruction.

4  - Prosthetic Factory in Mosul (23/10/2018)

A new visit was conducted on the 23th of October.

The prosthetic factory was built in 1995 and has functioning up to 2014 providing more than 9,800 prosthesis and orthosis. The factory was run by ICRC and IRC from 1995 till 2008 and from 2008 till 2014 by ICR only.

It is located in the opposite of the gate of Salam Hospital as the map below shows.
The building structure remained it need proper renovation but all equipment, tools ...etc. been robbed during the conflicts.

The space area is around 2,400 m$^2$.

The factory consists in 7 rooms and 7 prefabs (in addition, there are two containers outside used as store). The building needs rehabilitation as the building was damaged during the last conflict, but the space itself can be kept as it is without a strong structural intervention. Some workshops were previously implemented in prefabs in need as well of renovation.

5 - Hamdaniya

A meeting with the deputy director of Hamdaniya Hospital was conducted. Hamdaniya is considered safer than Mosul. According to him and the chief surgeon there are no many amputees in the area, as no many fighting were reported.

From a preliminary discussion with the health authorities it seems there is no interest in investing in the construction of a Rehabilitation Centre in this area.
4. CONCLUSION AND ACTION PLAN

The assessment findings show that there is the need to intervene in the rehabilitation sector in the area of Mosul, and more widely in the entire Ninewa.

Health authorities have expressed their willingness to have a comprehensive rehabilitation Centre, with the reintegration component (vocational training).

Indeed, even considering the improvement of the rehabilitation domain, huge gaps remain not only in Mosul but in the entire Ninewa Governorate.

The gaps still present in the Ninewa Area are:

1. Absence of a Rehabilitation Centre that can play the role of referral centre and guarantee to the amputee patients of the entire governorate a comprehensive treatment, ensuring:
   a. Ortho-prosthetic workshop → production and prosthesis’ delivery
   b. Physiotherapy sessions
   c. House Modification → modify the houses of the amputees (in particular bilateral amputees) in order to create an environment “disable people friendly”
   d. Vocational Training → social reintegration of the amputee patients in the community and economy, in order to ensure their independence and autonomy
   e. Psychosocial support

2. Assessment and registration of amputees not registered yet in the MRC patients’ database

3. Capacity building of the national staff.

EMERGENCY plan for 2019 is to cover these gaps by building or renovating a centre that can respond to the needs to the amputee population of Mosul and Ninewa governorate and in the meanwhile continuing the referral of patients from Mosul to Sulaymaniyah.

The referral path for Mosul patients to Sulaimaniya Rehabilitation centre is project already ongoing thanks also to the support of WHO/AICS funds (ended in September 2018) and ECHO. For 2019 the action plan is to continue this intervention until the rehabilitation centre in Mosul will be ready to start its own prosthesis production and rehabilitation activities. In particular, the funds in support of the patients referral activities are already in negotiation with WHO/AICS for a second phase of above mentioned project. This second phase will contain also an activity related to the identification and registration of non-registrated amputees living in Mosul.

In regards to the construction/rehabilitation of a comprehensive Rehabilitation Centre in Mosul the location definitely selected in agreement with health local authorities by the end of 2018. The location and the status of the building premises - in case a rehabilitation of a pre-existing building will be chosen – is crucial to define the timeframe and the budget of the intervention.

The Centre will be structured on the basis of the activities of the Rehabilitation Centre in Sulaimaniya containing:

- Reception Room
- Data registration room and filing
- Manager Room
- Administration
- Physio Room
- Casting Room
- Waiting Area
- Production area (modification room, oven room, machinery room, workshop)
- Stores (daily and main one)
• Maintenance
• Ancillary (laundry, ironing, kitchen, canteen)
• Guest house (10 male and 6 female) and rest room for patients
• Technical rooms
• Vocational Training

In this post conflict scenario, the comprehensive approach of Sulaimaniya Centre plays a strategic importance as replicable model to be realized in other areas of the country.