5 September 2016 – In late 2014, many areas of Ninewa governorate became accessible including the sub-districts of Sinjar, Talafar, Talkeif and Sheekhan. Subsequently, many families have returned to their towns and villages in these areas. The Ninewa Directorate of Health has since started to operate health facilities in these newly accessible areas which had been destroyed or looted by armed opposition groups.

To determine the available resources, including the functionality of health facilities in these newly accessible areas of Ninawa governorate, the Directorate of Health assessed the status of 57 primary health care centres and 2 hospitals.

Five assessment teams from Ninewa Directorate of Health were trained on using the Health Resources Availability and Mapping System (HeRAMS) form and related tablet devices. They began a 6-day assessment on 23 January 2016 to collect data on the following areas: a) the physical infrastructure of health facilities and their functionality; b) availability of health human resources; c) availability of medications and medical/laboratory equipment; and d) the functionality of the referral system and public health programmes and services.

Results

The health facilities in the studied areas serve an estimated catchment population of 308,775 individuals, reporting 71,691 medical consultations in the month prior to assessment.

The assessment found that 69.5% of all health facilities were functional and 23.7% were partially damaged. Six primary health care centres in Sinjar district were not functioning.

The water supply for 50.9% of the 53 functioning health facilities was from the pipeline water network, while 37.7% were receiving water from tanks and 11.3% were using unprotected wells. Approximately 77.4% of health facilities had full access to latrines and washing facilities.

All facilities managed the disposal of medical waste using local burn methods, while 35.8% had adopted safe medical waste management. The exception was Al-Sheekhan Hospital, which had an incinerator to manage its medical waste.
More than 86% of facilities reported some disruption of the national power supply, yet only 40.5% had the capacity to use their own generators.

The assessment also found that 73.6% of facilities were accessible to their population, with 14 inaccessible due to long distances or other physical barriers.

There were variations in the availability of specializations and the frequency in reporting of staff in each health district and/or primary health care centre. In general, all health districts report shortages of general physicians, dentists, gynaecologists, and laboratory and X-ray technicians, with most primary health care centres in these areas being run by nursing staff.

The assessment found that 8 health facilities, including Al-Sheekhan and Sunoni general hospitals, were providing referral services. These facilities were also providing outpatient services and primary injury care.

The proportion of facilities providing other health services was as follows: expanded programme on immunization (34%), management of acute malnutrition (9.5%), integrated management of childhood health (24.5%) and management of children suffering from severe illnesses services (11.3%).

In terms of the availability of medical services, 30.2% had basic laboratory services and 17% had basic imaging services.

The functionality of different medical equipment and devices in the assessed health facilities was found to be satisfactory.

WHO, International Organization for Migration (IOM), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), and various nongovernmental organizations, provide different types of support to Ninawa Directorate of Health, including rehabilitation of health facilities, technical support, and
medicines and medical equipment, to ensure the continued supply of quality health services in health facilities.

Related link

HeRAMS: Hospitals and health facilities in Ninewa governorate

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