21 October 2019 – The World Health Organization (WHO) has intensified its health support to vulnerable communities in areas of return in Ninewa governorate delivering more than 140,000 health interventions to people in and around Ba’aj town since January 2019. At Ba’aj primary health care centre, supported by WHO, patients received consultations for all health conditions, vaccination, laboratory services, medicines, emergency health care and referrals for emergency cases.

Together with the local health authorities WHO established the health centre to provide much needed health services for more than 22,000 returnees in Ba’aj and the surrounding villages who previously were without access to medical assistance.
Nineteen-year-old Suood Sami just returned to his home in Ba’aj from Salamiya 2 internally displaced person camp where basic services were always available. He was overjoyed to learn that he could access similar health services in Ba’aj, a place badly affected by the conflict whose health infrastructure had been destroyed not more than 2 years ago.

“I was skeptical about returning home unsure if I could find critical basic health and other services. However, once I arrived, I was happy to find Ba’aj primary health care centre operational. It is the only health facility serving people in Ba’aj and its surrounding villages. We are lucky to have access to health services and essential medicines, especially at a time when my baby is unwell,” said Suood.

Before the crisis, Ba’aj town had 1 functional hospital and 11 primary health care centres. WHO’s support has made it possible for people like Suood with resource constraints to access health services in hard-to-reach areas. This is a step toward recovery and supports the resilience of returnees as everyone has access to health care regardless of their financial status.

Suood is not alone; his 36-year-old neighbour Haytham Jadi Jaber had also brought his 10-year-old son, Mustafa, to the health facility. Mustafa was suffering from an acute sore throat and abdominal pain. “It has been 2 days since Mustafa began with a high fever, I was unable to rush him to the health facility because I was engaged elsewhere. By the time I took him to the health facility he was on the verge of fainting. The story could have had a different outcome if there had been no health facility for me to access emergency health support,” said Haytham Jadi Jaber.
WHO EMRO | WHO intensifies support to vulnerable communities in Ba’aj by strengthening the delivery of primary health care services

Haytham Jadi Jaber describes the relief he felt at finding accessible health services. Seated next to the doctor’s room is 28-year-old Fatty Atteya, a patient with chronic conditions. He requires continuous medical support in the form of special medications. Like many men and women with chronic conditions in his community and lifelong illnesses, he is unemployed; this poses a challenge to his abilities to obtain basic needs like medicines.

“The long journey makes it difficult, especially for patients with emergency needs, including women with pregnancy-related complications,” said Atteya.

WHO’s intervention aims to support communities and individuals like Suood, Fatty, and Muhammad by ensuring that they have access to the health care that they most need. However, in some areas, such as Ba’aj, Thrai Alkrah, Abu Taqeya, health care is completely absent with people having to travel considerable distances to reach the nearest functioning health units or hospitals. In emergencies, WHO has deployed ambulances to transport patients from Ba’aj primary health care centre to specialized facilities.

WHO remains the only agency supporting primary health services in return areas of Ba’aj following the 2014 crisis that displaced thousands of people, including more than 100,000 others from Ba’aj town.

As the summer ends and preparations for winter commence, certain diseases are more likely to occur, including acute respiratory tract infections. The environment is also likely to increase the risk of other waterborne infections such as diarrhoea. Despite the many challenges that patients and medical workers face, the health facility remains the best hope for many people with chronic and emergency conditions. WHO thanks its partner the Office of U.S. Foreign Disaster Assistance/United States Agency for International Development (OFDA/USAID) for financial support and WHO’s implementing partner DARY for delivering the health care.

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