Highlights

- Health service delivery in Al-Ramadi general hospital with a capacity of 400 beds continues to partially operate on a small scale. However the Maternal and paediatric teaching hospital of the same facility remains closed. A few health workers are present at the hospital providing services for the population that remained in the city.

- Shortage of health staff remains a challenge in most high risk areas of Al-Khaldia district health institutes including; Al-Khaldia emergency hospital, Al-Khaldia major PHCC and Al-Shuhdaa major PHCC which includes Reproductive Health services, internal medicine and CCU (coronary care unit) services.

Functional areas

1. Rapid health assessments

On 28 and 29 May 2015, WHO participated in a joint UN inter-agency assessment mission (WHO, OCHA, UNICEF, JCMC, WFP, & UNHCR) to IDP camps hosting displaced people from Ramadi, i.e. Abu-Gharaib and Bzebiz Bridge on the Baghdad side and Cement Factory check point. The mission aimed to assess the situation of the IDPs; WHO’s focus was on health.
Preliminary findings:

Abu Gharaib IDP camp:
- Hosts 75 IDP families (450 persons) from Al-Anbar in 500 tents. There is an existing health facility run by two health staff from Abu-Gharaib health sector providing limited health services. Polio services provided were a result of the just concluded mass polio vaccination campaign, May 2015.

Bzebiz Bridge to Baghdad:
- Hosts 1800 families. There was Mobile Medical Clinic from Al-Adel health sector and two ambulances from Abu-Ghariab and Al-Mahmodyia health sectors supported by health teams of two paramedics each to serve the needs of the IDPs.

Cement Factory check point:
- This area is a check point where IDP families wait for escort services to cross to Karbala governorate. No health needs or gaps were identified.

White IDP camp:
- There are 224 tents housing 325 families mainly from Ramadi and Heet. The camp lacks a permanent water source and drinking water is supplied by tankers with no purification station to ensure that the water supplied is purified and safe for consumption.

- Health services in the camp are provided using two Mobile Medical clinic (MMC) donated by WHO and managed by Faris Arabi health district; eight health staff composed of one medical doctor, four paramedics including 2 females, one registration officer and 2 drivers manage the clinic 12 hours a day.

Amriate Al-falluja IDP camp
- Accommodates 1700 IDP families in 500 caravans (800 IDP families) and 700 tents (800 IDP families). Water and Sanitation facilities in the camp are being provided by UNICEF through tankers; however water purification station is not yet established but plans are underway to have one installed.
- The camp lacks electricity supply.
- The Primary Health Centre (PHC) in the camp is run by UIMS with support from WHO but there is limited space for inpatients admission at the health facility.

Al Amal Almanshood IDP Camp
- Has a capacity of 275 tents accommodating 286 IDP families mainly from Ramadi and Falluja.

Salam IDP Camp
- Hosts 996 IDP families from Anbar province (672) and Salah Aldine province (324).
• The health facility is run by Al Kharkh DOH, Al Aellam health district; shortage of medicines and other medical supplies i.e Oxygen and regulator have been reported.
• UNICEF and other WASH cluster partners are on ground, however sanitation conditions remain challenging.

Needs:
• Establish water purification plant in White and Amriate Al-falluja IDP camps.
• Establish laboratory services, purchase weighing scales for children and pregnant women in Amriate Al-falluja IDP camps.
• Additional space to absorb the increasing number of patients including inpatient services
• Preposition an ambulance in Salam IDP camp to reduce on the waiting time for patients when need arises.
• Construct 25 tents in Cement Factory checkpoint to work as a transit camp.

2. Programmatic update
• WHO continues to support UMIS with essential medicines and other medical supplies to serve the IDP population in Amriate Al Fallujah, Nekheeb, and Anbra Directorate of Health (DOH).
• UMIS increase its operational working hours in the Primary Health care (PHC) Centre in Amriate Al-Fallujah by three hours into the night to respond to the increasing number of patients’ case load.

3. Logistics support
To support the increasing health needs of IDPs in various locations in the affected areas and to fill gaps identified during rapid health assessments, WHO has initiated procurement of the much needed medical supplies, among them:

• One caravan to support the expansion of space in Amriate All-Fallujah PHC to absorb the increasing number of patients.
• Ten caravans which will be installed in Al-Habanyia Tourist City PHC and Al-Kalidia district to to function as delivery rooms. These will be fully equipped with furniture and other medical equipment.
• Two Hundred wheel chairs to be distributed to disabled IDPs in Amriate Al-Fallujah and Al-Habanyia Tourist City IDP locations.
• Ten Thousand (10 000) sterile surgical gowns and 200 oxygen bottle and 200 regulators for Amriate Al-Fallujah Hospital

For more information on issues raised in this situation report and the on-going crisis, please contact:

1. Dr Syed Jaffar Hussain
WHO Representative and Head of Mission
Email: hussains@who.int

2. Ms Pauline Ajello
Communications and Donor Relations
Email: ajellopa@who.int
Mobile: +9647809288618

3. Ms Ajyal Sultany
Communications Officer
Email: sultanya@who.int
Mobile: +9647809269506

This report is based on figures and information gathered through partners, Directorates of Health and Ministry of Migration and Displacement.