



33,353 consultations are provided to the Syrian Refugees in primary health care services

DECEMBER HIGHLIGHTS:

- A total of 33,353 patient consultations (compared to 31,832 in November) were conducted in Primary Healthcare Facilities (PHCs) in the refugee camps. This translates to an increase of 4.8% compared to the previous month. An average consultation rate of 4.5 consultations/ refugee/ year was registered (expected range: 1-4). Major cause for the consultations remained Upper Respiratory Infections, Diarrhoea and Skin Infections. 1,173 patients (compared to 961 in November) were referred to secondary and tertiary for further investigations and /or hospitalization. During the same period, a total of 1,301 patients (compared to 1,358 in November) attended mental health services.

- The second round of Oral Cholera Vaccine (OCV) campaign was conducted in KR-I between 7-9 December. The results of the campaign revealed a good success rate: Total administrative coverage was estimated at 89.5% (90% set target). Refugee camp-specific results were as follows: Domiz 1 (100%), Domiz 2 (76%), Basirma (92%), Darashakran (79%), Kawergosk (77%), Qushtapa (84%), and Arbat (84.7%).

- Nutrition survey has been completed by the DoH in Erbil, Sulaymaniyah and Duhok refugee camps. UNHCR provided funding for the nutrition survey. UNICEF has been providing technical support to the DoH on this.

- In Erbil, International Medical Corps (IMC) organization has handed over the PHC/Out Patient Department (OPD) in Kawergosk camp to Department of Health (DoH). DoH-Erbil will run the PHC (OPD services) with financial support from UNHCR. By now, all the PHC is handed over to DoH and it's supported by other UN agencies.

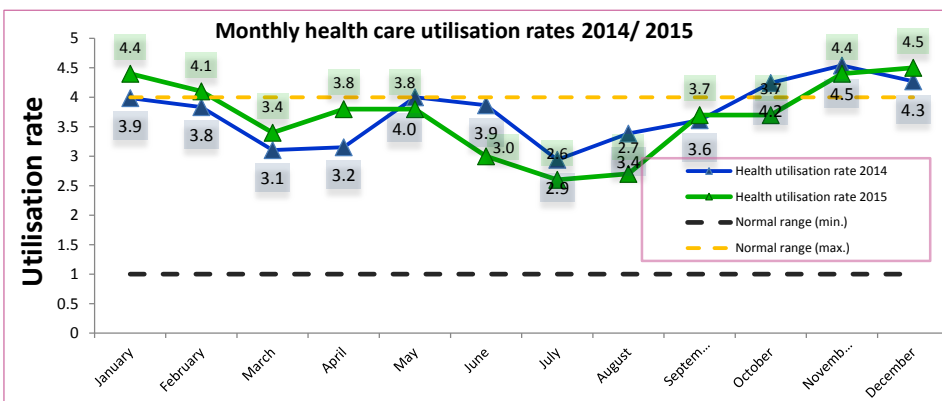
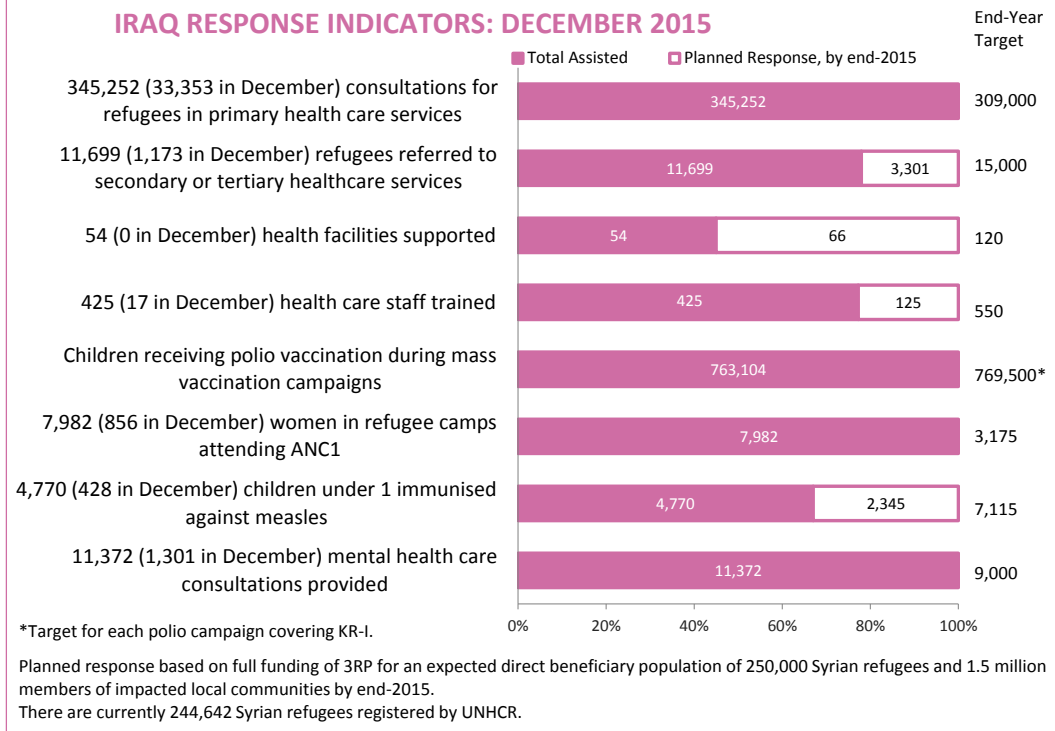


PU-AMI laboratory technician is taking blood sample from a child at Gawilan camp PHC, December 2015.

NEEDS ANALYSIS:

- Departure of some of the health staff to Europe continue to pose a major challenge. This has contributed to staff shortage for healthcare service provision.
- Partners face increasing constrains to raise the needed funds to maintain health services for refugees. Continued support for health care services provided by the Ministry of Health and humanitarian actors is a key priority to prevent excess morbidity and mortality among the displaced Syrian populations.

IRAQ RESPONSE INDICATORS: DECEMBER 2015



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