



### JULY HIGHLIGHTS:

The main objectives of the health sector are to 1) Improve access to Primary Health Care 2) Strengthen health institutions and 3) Strengthen reproductive health services for refugees and members of impacted host communities.

#### Curative:

- **Patient Consultations:** 20,537 consultations were conducted in PHCs in the 9 camps. The Health utilization rate (visit/person/year) in July is 3.0 and lies within the expected range of 1-4.
- **Referrals:** 1,436 patients were referred from the PHC to secondary and tertiary health facilities for further investigations and/or hospitalization.
- **Mental health services:** 555 patients attended services.

**Prevention:** Routine vaccinations is available in all 9 camps

#### Promotion:

- In Domiz 1 and Akre camps (Duhok), 66 community leaders and focal points (26 females, and 40 males) were elected to transfer health messages to camp populations. IOM emergency health team has provided awareness sessions on health topics including general personal hygiene, diarrheal, respiratory and skin diseases, focus on signs and symptoms, modes of transmission, treatment and preventive measures on communicable diseases.
- Health promotion campaign on acute diarrheal disease prevention was conducted by EMERGENCY, in Arbat camp (Sulaymaniyah).

**Coordination:** Preparation of handover of the PHC in Arbat camp (Sulaimaniyah) to the DoH.

#### Capacity Building:

- In Duhok governorate, DoH started training primary health care staff on Mental Health Gap Action Program (mhGAP) for the aim of integration of Mental Health and Psychological Services(MHPSS) within PHCCs.
- In Erbil, 8 staff were trained:3 members of UPP recruited psychosocial counselors and 5 PUI staff on the evidence-based package Problem Management + (PM+).



Triage, Darashakran refugee camp PHCC, Erbil

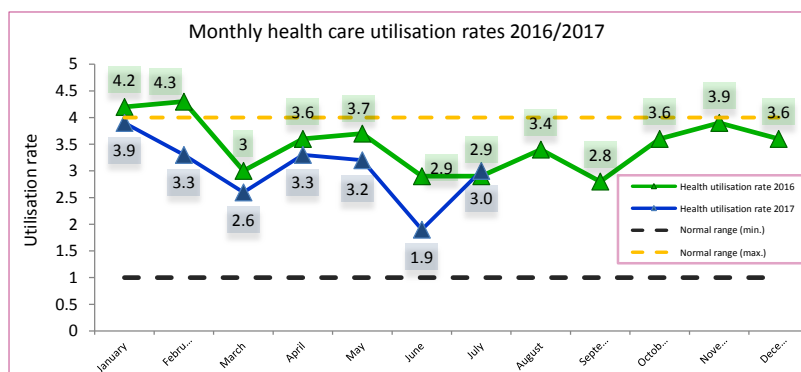
- UNHCR conducted an assessment to selected health facilities in KR-I in order to renovate/rehabilitate or provide medical equipment through Quick Impact Projects (QIPs) or Community Support Projects (CSPs).

**Reproductive Health (RH):** Anti-natal care and family planning services are available in all camps. They are provided by DoH with the support of UNFPA. Since January 2017, 3,511 (525 in July) women have attended anti-natal care in camps.

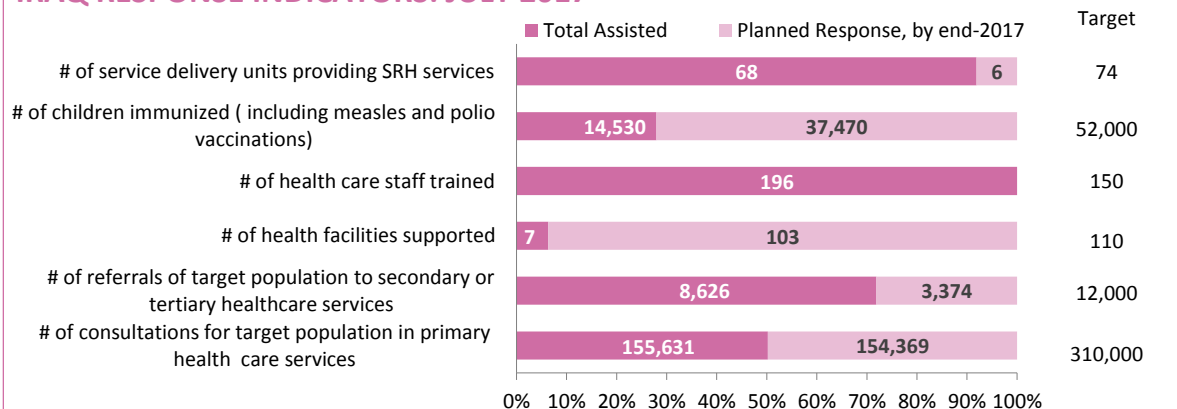
### NEEDS ANALYSIS:

- **Lack of Medicine:** Shortage of medicine remains a key concern in public facilities, particularly for patients with chronic diseases due to the high number of refugees and IDPs who overstretched the health system. In addition, there is lack

- **Health facilities rehabilitation:** Continued support to MoH is required for health care facilities in urban areas in a deteriorated economic situation affecting most services in KR-I.
- **Health staff:** Irregular payment of salaries due to the ongoing financial crisis in KR-I has affected the provision of health services at public health facilities.
- **Disease surveillance:** Control and prevention of communicable diseases need to be strengthened in close cooperation with other sectors (e.g. WASH, Camp Management).
- **Gap in health promotion activities:** Given the lack of funding, some camps lack health partners to provide health promotion services.
- **Need to revise the planned figures 2017 targeted facilities:** A higher number than planned of the reproductive health services, health facilities, staff for health training and children immunization.



### IRAQ RESPONSE INDICATORS: JULY 2017



Leading Agencies:  
Ministry of Health (MoH - KRI)  
UNHCR, Dr. Mohammed Marzoug, MARZOOG@unhcr.org  
WHO, Dr. Muhammad Fawad Khan, khanmu@who.int



World Health Organization



unicef

