



**30,186 consultations are provided to the Syrian Refugees in primary health care services**

### OVERVIEW:

Syrian refugees in camps still have an access to primary health care services where curative and preventive services are available free of charge. Health services in camps are provided mainly by Directorate of Health (DoH) or INGO with support from UNHCR and other UN agencies. It has been reported that people from host community are visiting camp based PHC (especially in Sulaymania) due to shortage of medicines in public health facilities. Monitoring of communicable diseases, particularly acute watery diarrhea, is ongoing. No disease outbreak has been registered so far.

### AUGUST HIGHLIGHTS:

- A total of 25,253 patient consultations were conducted in Primary Health Care (PHC) facilities in refugee camps (source UNHCR HIS-Health Information System). Health Utilization rate (visits/person/year) is 3.4 which lies within the expected range of 1- 4. Major causes for patient consultations during August; upper respiratory tract infections, skin infections and dental conditions. 1,313 patients were referred to secondary and tertiary hospitals for further investigations and/ or hospitalization. During the same period, 1007 patients attended mental healthcare services in camps.
- UNICEF distributed medicines to camp based PHC in Duhok, Erbil and Sulaymania governorates to be used for children under 5. The medicines includes nine items such as anti-biotics, anti-pyretic and anti-scabies... etc.
- UNHCR conducted Health Access and Utilization Survey (HAUS) among non -camp Syrian refugees to identify factors that may affect their ability to access to health services in KR-I. UNHCR is in the process of analysis of data. HAUS report will be shared by end of September.
- Mental Health Gap Action Programme (MH GAP) training has been conducted in Erbil governorate in August for 5 days, between 14th -18th , by UNHCR implementing partner (UPP) in collaboration with DoH/MoH. The selection of staff has been done by UPP/DoH (most of staff are from camp PHC) and the purpose of training is to integrate mental health services within primary health care centers (PHCCs).

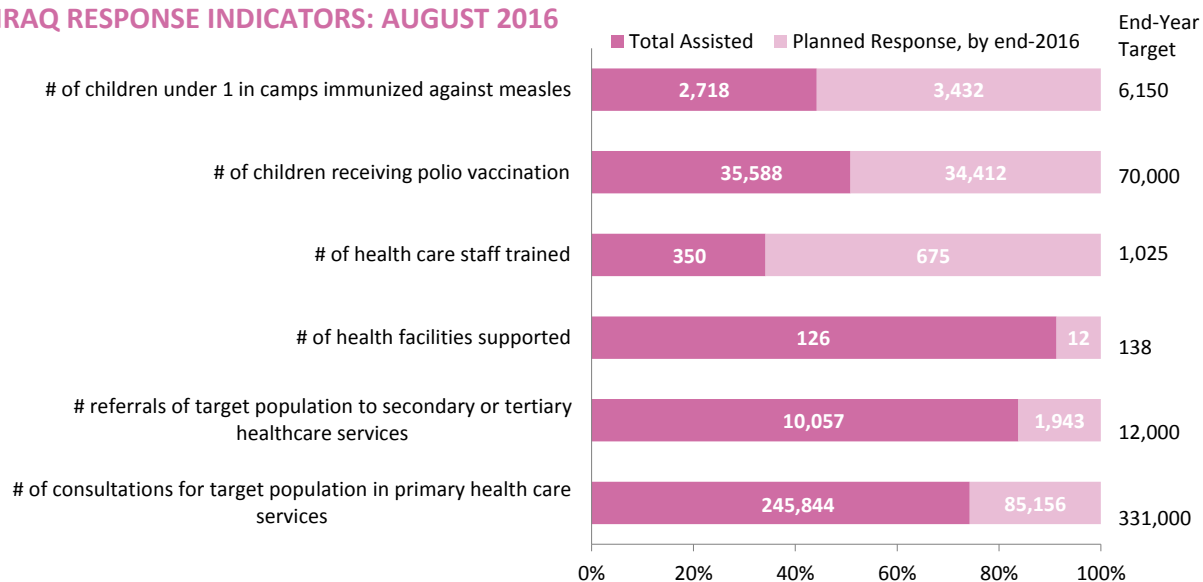


PUI nurse is taking vital signs, Triage room, Gawilan camp PHC

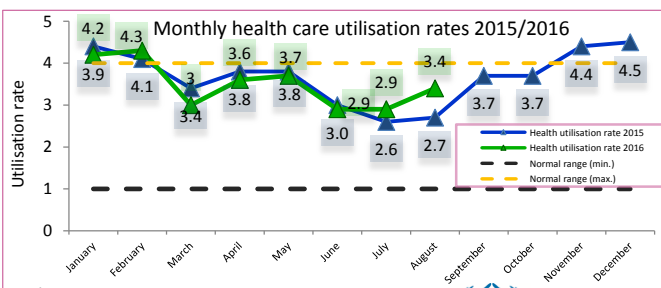
### NEEDS ANALYSIS:

- Shortage of medicines is still a key concern.
- Prevention of communicable diseases outbreaks (especially Cholera) is a key priority
- Irregular payment of salaries has impacted provision of health services particularly at secondary and tertiary levels.
- Due to financial crisis, continued support to Directorate of Health (DoH) is needed.

### IRAQ RESPONSE INDICATORS: AUGUST 2016



Planned response is based on full funding of 3RP for an expected direct beneficiary population of 250,000 Syrian refugees and 1.5 million members of impacted local communities by end-2016. By 31 August 2016, 239,008 Syrian refugees (81,250 households) live in Iraq. 41 % = 98,049 live in 10 camps and 59 % =140,959 in non-camp/urban areas. 96 % = 230,530 live in Kurdistan Region-Iraq (KR-I): in Erbil Duhok and Sulaymaniyah and 4 % = 8,478 live in other locations in Iraq.



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