



23,810 consultations are provided to the Syrian Refugees in primary health care services

SEPTEMBER HIGHLIGHTS:

- In September a total of 23,810 patient consultations (compared to 26,844 in August) were conducted in Primary Healthcare Facilities (PHCs) in the refugee camps. This translates to an insignificant reduction of 11.3% compared to the previous month. An average consultation rate of 3.3 consultations/ refugee/ year was registered (expected range: 1-4). Major cause for the consultations remained Upper Respiratory Infections, Diarrhoea and Skin Infections. A cholera epidemic was declared in Iraq; however no case had been identified in KRI by the end of September. A KRI-wide cholera preparedness plan is available and meetings have been held in the three governorates with relevant actors (DoH, MoH, health partners, camp managers, and WASH sector for both refugee and IDP camps) to finalize camp-specific plan. 798 patients (compared to 1,149 in August) were referred to secondary and tertiary for further investigations and /or hospitalization. During the same period, a total of 958 patients (compared to 1,119 in August) attended mental health services.
- Transition to DoH for the Domiz 1 PHC will start on 1st October 2015. UNHCR will provide funding for support staff incentives, whereas MSF will fund for technical positions until the end of December 2015. MoH had previously promised to pay the basic salary for technical positions; however this is no longer the case due to funding constraints. UNHCR will support the DoH for technical and support positions from January 2016, as MSF-CH will have fully pulled out from the OPD (Out-Patient Department) by then. MSF-CH will continue to provide specialized services in Domiz camp including the maternity, Non-Communicable Diseases (NCDs) and community outreach programmes. MSF has donated drugs to the DoH, estimated to run until March 2016.

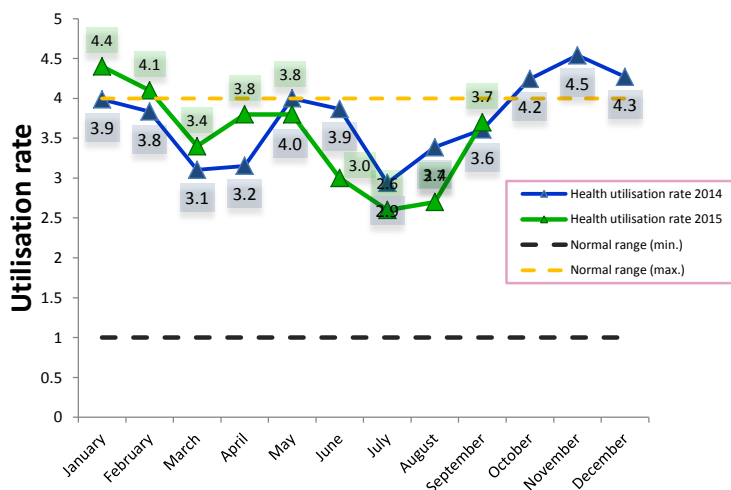


Dental treatment by DoH in coordination with UNHCR and PU-AM in Gawdwan camp/UNHCR- R. Gawdwan

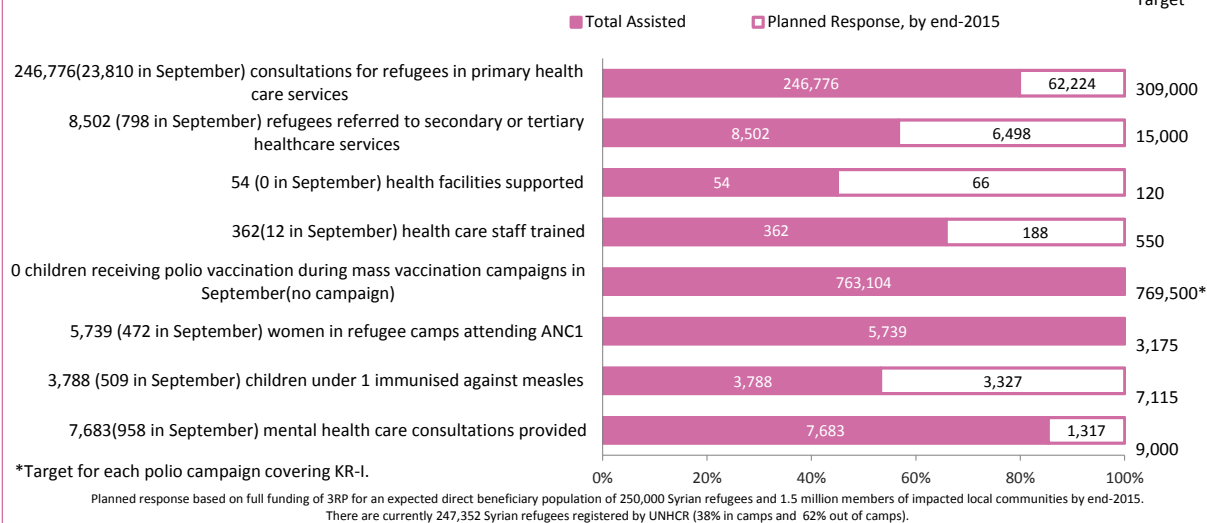
NEEDS ANALYSIS:

- Departure of some of the health staff to Europe is posing a major challenge. For example MSF-CH has recently lost 3 doctors and 3 nurses due to this exodus. Other partners in various PHC facilities are facing the same challenge. This has contributed to staff shortage for healthcare service provision.
- Access to mental health care and psychosocial support services remains limited for non-camp refugees and needs to be further expanded. Information gaps on service availability and referral pathways pose an obstacle to access care for non-camp refugees. WHO provided drugs (for chronic diseases) to DoH to offset the shortages. These have been distributed to Erbil refugee camp facilities, respectively.
- Partners face increasing constraints 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.

Monthly health care utilisation rates 2014/ 2015



IRAQ RESPONSE INDICATORS: SEPTEMBER 2015



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