



26,844 consultations are provided to the Syrian Refugees in primary health care services

AUGUST HIGHLIGHTS:

- During August, a total of 26,844 patient consultations (compared to 23,395 in July) were conducted in Primary Healthcare Facilities (PHCs) in the refugee camps. This translates to an increase of 14.7% compared to the previous month (data source: ActivityInfo). No specific reason can be provided for this increase. An average consultation rate of 3.7 consultations/ refugee/ year was registered (expected range: 1-4). Major cause for the consultations remained Upper Respiratory Infections, Diarrhoea and Skin Infections. No disease of epidemic potential was reported in August. 1,119 patients (compared to 847 in July) were referred to secondary and tertiary for further investigations and /or hospitalization. During the same period, a total of 1,119 patients (compared to 569 in July) attended mental health services.
- As previously reported in July, the handover process for the PHC (curative care activities) in Domiz-1 from MSF-CH continued. The DoH held a meeting with staff members to explain the details related to the handover process in order to address any anticipated human resource issues.
- Quality of care assessment using UNHCR Balanced Score Card assessment tools (BSC) was completed in August. This exercise was conducted in Domiz 1 PHC during the period under review. This is a collaborative effort between MSF, DoH and UNHCR. Data analysis is ongoing in respect to this.
- Monthly meetings were conducted in all PHCs to enhance coordination between the respective health actors, as well as wider engagement of camp administration and refugee representatives.

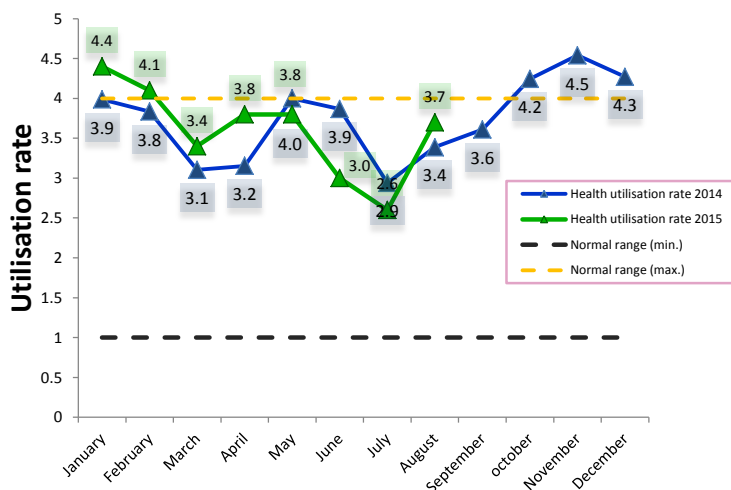


Dr Examining a child, Al-Obaidi Camp, Anbar. UIMS

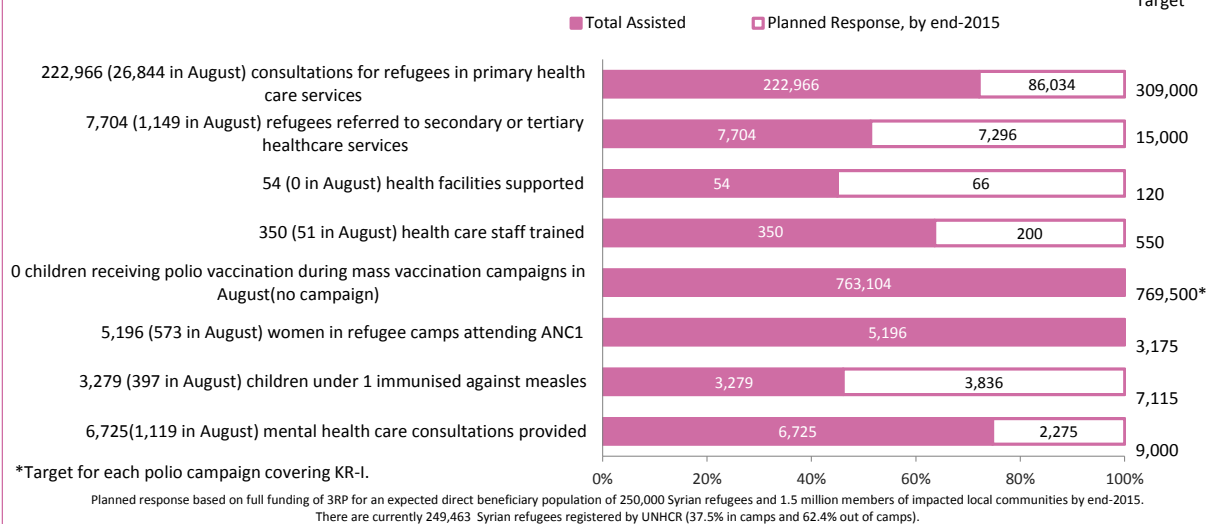
NEEDS ANALYSIS:

- 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. Partners face increasing constraints to raise the needed funds to maintain health services in camps.
- With the newly introduced targeting of food distribution by WFP (based on vulnerability), close nutrition status monitoring for under-5s is critical. The nutrition survey that was planned to take place in August in collaboration with MoH/DoH and UNICEF has been further delayed. This is because the MoH has been rather slow in completing the required documentation prior to finalization of the project agreement with UNHCR. UNHCR and UNICEF are closely following up on this.
- Access to services for mental health and psychosocial care services as well as for persons with disabilities remains an area in need of further support for both camp and urban refugee populations.

Monthly health care utilisation rates 2014/ 2015



IRAQ RESPONSE INDICATORS: AUGUST 2015



Leading Agencies:
UNHCR, Dr. Muwonge Nasur, muwongen@unhcr.org/
WHO, Dr. Mohammad Daoud Altarf, altarf@who.int
and Ministry of Health (MoH - KRI).



World Health
Organization



unicef

