



33,807 consultations are provided to the Syrian Refugees in primary health care services

JANUARY HIGHLIGHTS:

- More than 33,000 refugees utilized available **primary, secondary and tertiary health care services** provided by the Directorate of Health (DoH) and NGO partners with the support of UN agencies. The overall health care utilization rate is increased during winter, more than 50% of consultation for acute conditions are for upper and lower respiratory infections. No outbreaks of communicable diseases occurred.

- Since 25 September more than 31,000 new refugees arrived in KRI. DoH Duhok has set up **mobile units at the border crossing** to vaccinate against measles and polio and to conduct triage. Cases in urgent need of further medical care are referred to the nearby hospital in Zakho.

- Annual health review meetings were held in the Directorates of Health in Dohuk and Erbil. Furthermore a workshop was held with partners to discuss changes in the Health Information System for 2015.

- In Akre, Dohuk governorate, the health post moved from its locations in the refugee settlement into a newly constructed PHC outside the refugee settlement. The PHC is now accessible to the host community, refugees and IDPs.

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Qushtapa Camp Clinic, UNHCR/T. Tool

NEEDS ANALYSIS:

The primary objectives in the health sector response to the Syrian refugee crisis in Iraq are: ① the provision of comprehensive primary health care services, ensuring adequate nutrition care. ② maintaining access to essential secondary and tertiary health care for all refugees.

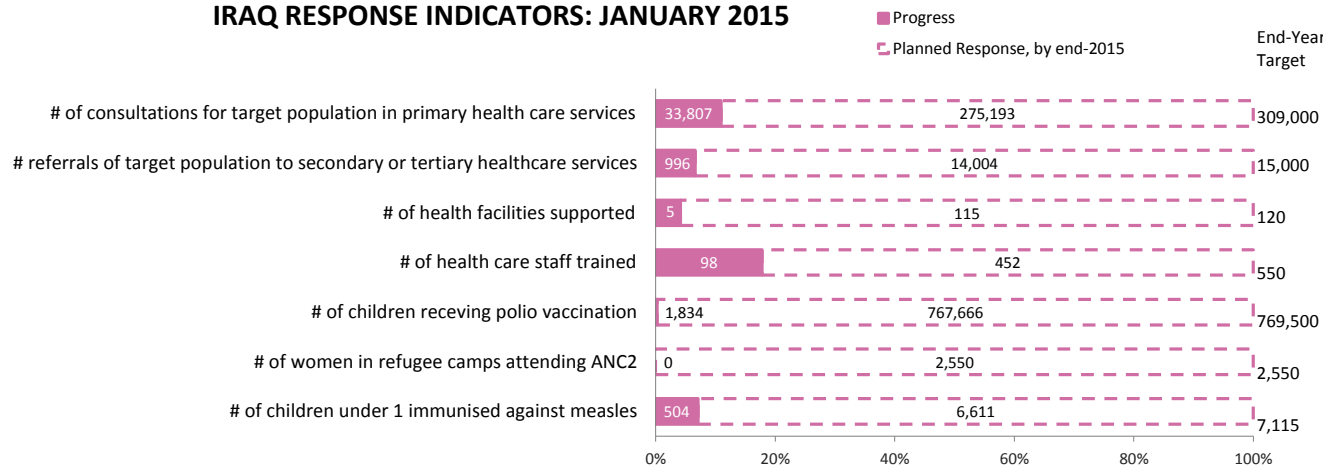
Access to comprehensive primary health care services including maternal and child health has improved, however, it remains constrained for specialized services including among others mental health, chronic diseases management and secondary/ tertiary health care. The continued support for health care 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.

Control of communicable diseases remains another key priority and needs to be strengthened further. After the confirmation of the first Polio cases in Iraq since 2000, **national and subnational polio immunization campaigns** will need to be conducted throughout the year to contain the spread of the virus. **Stretched hygiene and sanitation services** in refugee camps result in the risk of outbreaks of cholera, dysentery and other WASH-related infectious diseases. Outbreak preparedness plans are under preparation, emergency stocks need to be established to ensure swift response.

Access to health care services for non-camp populations needs to be further strengthened. Results of the MSNA continue to indicate that **20% of the non-camp population encounter difficulties in accessing health services**. Key obstacles include costs for health services and medicines as well as perceived availability of relevant services.

Access to mental health and psychosocial care services remains an area in need of further support for both camp and urban refugee populations.

IRAQ RESPONSE INDICATORS: JANUARY 2015



Planned response 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-2015.