



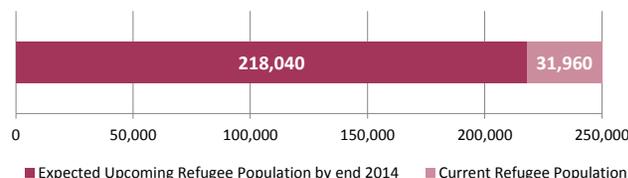
100% of Syrian Refugees (218,040) have access to health care

JULY HIGHLIGHTS:

- More than 30,000 refugees utilised 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 utilisation rate is stable, no outbreaks of communicable diseases occurred.
- IMC expanded its activities to Basirma and Qushtapa camps and is providing curative services in cooperation with DoH. The primary health care team is supported by a team of specialists who visit the camps weekly. Kirkuk foundation started to provide mental health care services in Arbat camp, Sulaymaniyah.
- Since mid-June frequent **power cuts** endanger health service provision in camp PHCs. UNHCR assessed all Public Health Centres and is **providing generators** to 4 facilities.
- **Shortages in essential drugs have become an increasing concern** in urban health facilities since supply routes from Baghdad are disrupted. **UN, international organisations and NGOs delivered essential medicines to the three Directorates of Health** to overcome shortages.
- **Quick Impact Project:** renovation of two urban health centres has been completed, an additional 10 facilities are currently under renovation and further 4 facilities are currently being assessed. All facilities will be provided with medical equipment according to the needs identified.



SYRIAN REFUGEE POPULATION IN IRAQ:



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 but 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. Preliminary results of the MSNA indicates 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.

PROGRESS AGAINST TARGETS:

