



27,753 consultations are provided to the Syrian Refugees in primary health care services

FEBRUARY HIGHLIGHTS:

- More than 28,000 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. An increasing number of scabies cases were reported as well, action plans were developed and implemented with health, WASH and camp coordination partners.

- WHO and UNHCR conducted a joint mental health and psychosocial support assessment mission to Duhok, Sulaymaniyah and Erbil from 21 to 28 February 2015. The mission was accompanied by representatives from MoH Baghdad and MoH/ DoH KRI. The team visited refugee and IDP camps to discuss with health providers and populations of concern. In each governorate stakeholder workshops were conducted, the final workshop in Erbil was used to discuss recommendations.

Key recommendations include the need to strengthen coordination across sectors/ clusters, strengthen service mapping, support further enhance capacity building and enhance capacity building.

- In Al-Qaim, Anbar province, UIMS expanded its health services by including MHPSS services.

- The first national polio campaign for 2015 was launched in the country targeting 5.9 Million children aged 0 month to 5 years. In addition 673,000 children aged 9 month to 5 years will be targeted for measles vaccination in the Kurdistan region.



Qushtapa Camp, UNHCR/R. Fraser

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.

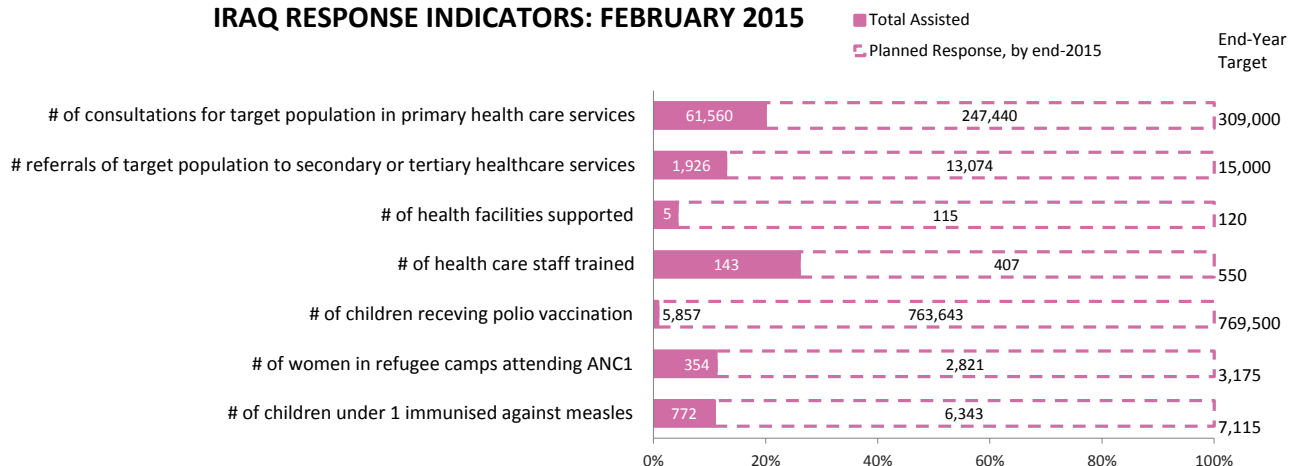
Access to comprehensive primary health care services including maternal and child health has improved, however, it remains constrained for specialized services including among others mental health, chronic diseases management and secondary/ tertiary health care. The continued support for health care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

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World Health Organization

