

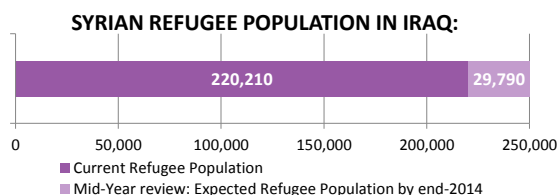


### 100% of Syrian Refugees (220,210) have access to health care

#### MAY HIGHLIGHTS:

- More than 32,400 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.
- PU-AMI started providing **curative services** in **Domiz 2 camp** to complement services provided by DoH and IMC. In Arbat, Sulaymaniyah, families started to be reallocated to the new permanent camp. The Italian NGO **EMERGENCY** started to **provide 24/7** health services in the new camp, for families remaining in the transit camp a referral system is established to ensure continuous access to health services.
- Since mid June frequent **power cuts** endanger health service provision in camp PHCs. UNHCR is assessing PHC and will **provide generators** to 4 facilities.
- UNFPA conducted a 3 days **training on Minimum Initial Service Package for reproductive health** for 20 health practitioners in Erbil. A comprehensive action plan has been developed jointly by participants and has been endorsed by the Ministry of Health.

A WHO **cholera risk assessment mission** visited refugee camps and public health experts conducted training for national health professionals on the management of diarrheal diseases, including cholera. WHO has also provided the Ministry of Health with **ORS and diarrheal disease kits for the treatment of 1200 people**.



#### NEEDS ANALYSIS:

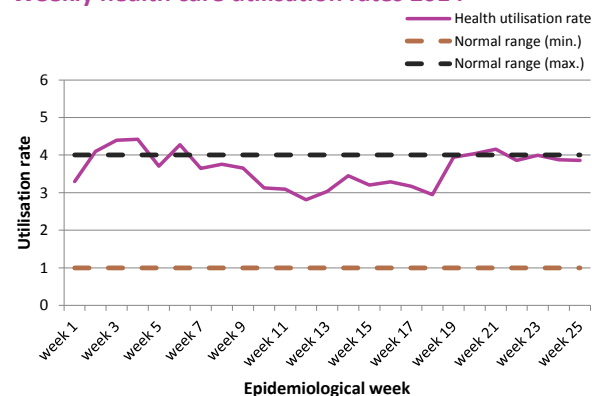
The primary objectives in the health sector response to the Syrian refugee crisis in Iraq is the provision of comprehensive primary health care services, ensuring adequate nutrition care, and maintaining access to essential secondary and tertiary health care for all refugees.

**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.

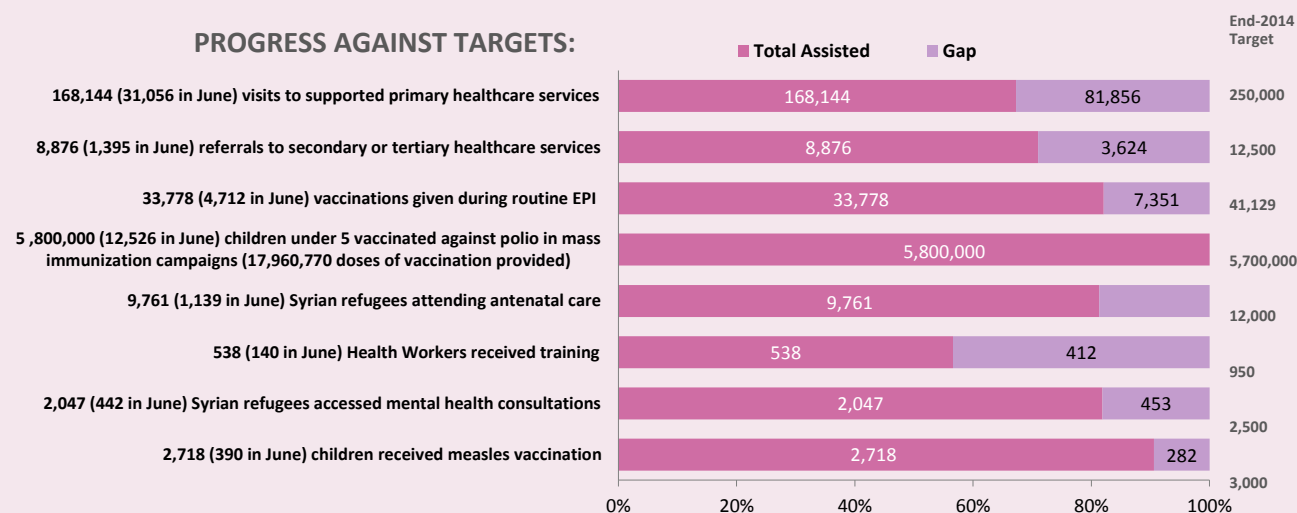
**Control of communicable diseases** remains another key priority and needs to be strengthened further. After the confirmation of the first Polio cases in Iraq since 2000, **national and subnational polio immunization campaigns** will need to be conducted throughout the year to contain the spread of 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 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.

#### Weekly health care utilisation rates 2014



#### PROGRESS AGAINST TARGETS:



\* Target for each national polio round covering all Iraq.

Targets based on expected population of 250,000 Syrian refugees in Iraq by end-2014. There are currently 220,210 refugees.