



100% of Syrian Refugees (223,923)

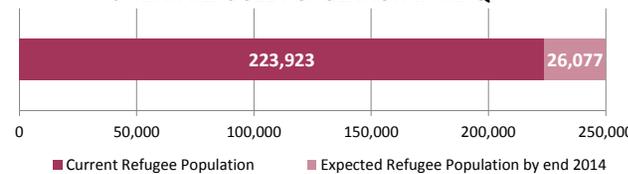
have access to health care

OCTOBER HIGHLIGHTS:

- More than 26,000 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 stable; no outbreaks of communicable diseases occurred.
- Since 25 September more than 14,000 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. Partners in the various refugee camps have stepped up their response to respond to the health needs of the newly arriving refugees.
- Monthly health coordination meetings started in each PHC in Erbil camps. The meetings aim to improve coordination mechanisms within the PHC and strengthen feedback mechanisms with the camp administration. Key discussion topics were shortages of selected essential drugs, access to safe delivery, improvement of referral system and improvement of diarrhoea surveillance.
- Two additional Quick Impact Projects (QIPs) started in October. In Duhok a remote PHC will be rehabilitated and equipped while in Sulaymaniyah rooms will be constructed for the outpatient department of the Nutrition Rehabilitation Centre. In total 21 health facilities benefited from health related QIPs in 2014.



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.

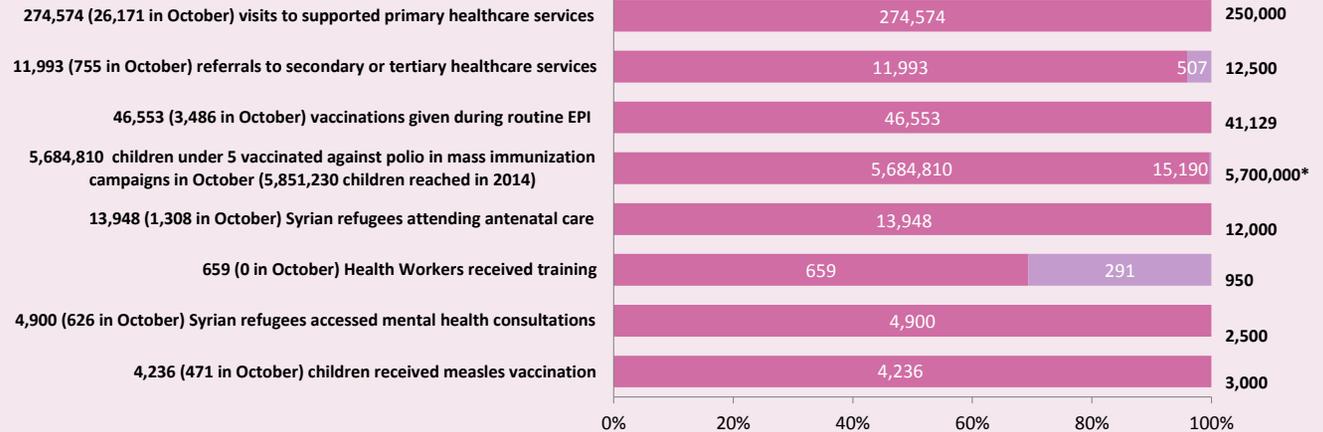
Access to comprehensive primary health care services including maternal and child health has improved, however, it remains constrained for specialized services including among others mental health, chronic diseases management and secondary/tertiary health care. The continued support for health care services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

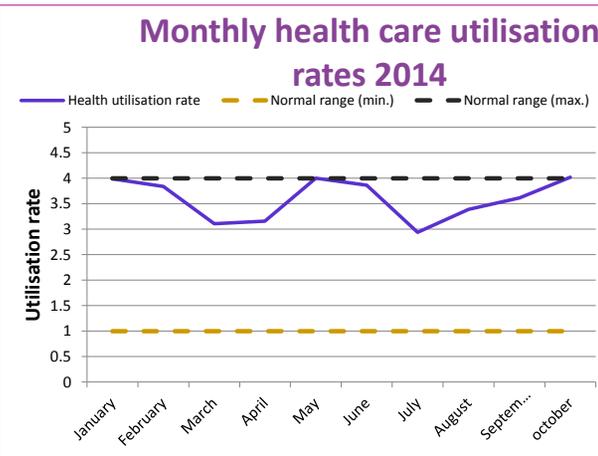
Access to health care services for non-camp populations needs to be further strengthened. Preliminary results of the MSNA indicates that **20% of the non-camp population encounter difficulties in accessing health services**. Key obstacles include costs for health services and medicines as well as perceived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

PROGRESS AGAINST TARGETS:



* 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 223 923 refugees in Iraq.



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