



## TARGETS

350,000

Syrian refugees having access to essential health services

44,000 < five children vaccinated

100 % of malnourished children in nutritional program

12,000 Antenatal visits conducted

100 % of women inside the camp have access to reproductive

17 capacity building activities for health practitioners, and other stakeholders dealing with refugees

Monthly coordination meetings

12.5 M USD required

## NEEDS

Priority needs and objectives for the response to the Syrian refugee influx include ensuring the delivery of health services and the referral health centres for provision of optimal health services for Syrian women, girls, boys and men of all ages with varying health needs. Services will also include reproductive health and respond to gender based violence.

The partners are engaged in the roll out of a comprehensive set of services in the camps, which includes routine immunization services with growth monitoring, breastfeeding counselling and hygiene education through Baby Huts, curative care services, ambulance services for appropriate referral, laboratory services and home visits for newborn and pregnant mother care and integrated community case management. UNICEF is also supporting a nutritional assessment of all children in camps in close collaboration with the Ministry of Health and other partners. In addition, health promotion is also a key activity in the camps through which communities are empowered with key health messages for health, hygiene and promotion of breastfeeding through network of social mobilizers

The response for urban refugees will differ from those in the camp setting. The main priorities are to ensure that refugees living in the urban setting have free access to health services and that the host population's access is not hindered by the influx of refugees. In order to achieve this objective, various components of the health system in the host community will be strengthened, including among others, provision of medicines and supplies and equipments, capacity building for health practitioners and health education to the population in the community. The partners are also working to strengthen the maternal health and newborn care services in the health centres around the camps.

The overall aim of these activities will be to prevent excess morbidity and mortality among displaced Syrian populations (both inside and outside camps) as well as Iraqi displaced population by supporting the Ministry of health in responding to health needs of target population.

Another key priority is to improve the diagnosis and management of chronic illness, particularly for the elderly among the refugee population already suffering from chronic non-communicable diseases such as hypertension, diabetes, heart problems, asthma and the need to ensure they have access to interrupted treatment and have periodic medical examination. Similarly, uninterrupted supply of essential medicines is vital.

There will be also a need to maintain and strengthen the current disease surveillance and control system, including Disease Early Warning System and Outbreak prevention and control for the displaced population as they are at an increased risk of communicable disease outbreak. Increased cases of diarrhea and hepatitis in the camps in recent months calls for an early warning and response system.

The importance of environmental health interventions has also been identified as a major priority. This includes hygiene, safe disposal of waste, water quality monitoring along with on-going health education and promotion which are elements that need to be enhanced.

Mental Health and Psychological Support for Syrians escaping conflict and seeking refuge from war and persecution is also another priority requiring urgent attention. The move from their homes to new habitats with uncertainty is causing anxiety not only among adult population but also causing mental health stress among children.

NGO sector in Iraq has played an important role in partnering with UN agencies to support MOH and DOHs in delivering health services. The traditional NGOs engaged in health sector will continue to contribute in strengthening preventive health services, especially health education.

## OBJECTIVES

Objective 1: Ensure access to and delivery of quality health services for Syrian refugees living inside and outside camps, with particular focus on most vulnerable groups.

Objective 2: Strengthen diseases' monitoring and early warning systems among Syrian refugees.

## ACTION/OUTPUTS

- Strengthen existing Primary health centers to deliver essential health services package to Syrian refugees living in refugee camps and in host communities, including providing reproductive health services with a focus on most vulnerable groups (children, women, persons with disabilities).
- Setup nutritional surveillance system and monitoring

## KEY SEPTEMBER DEVELOPMENTS

- During the reporting period, the response to the health needs of Syrian refugees has focused on keeping the supply chain effective and uninterrupted; providing technical support to the Ministry of Health /DOH and promoting partnership with other partners.
- WHO has intensified field visits in the different camps to establish the system for early warning and response and test its functionality
- A series of capacity building workshops on EWARns and Emergencies organized at the request of MOH/Iraq and MOH/KRG were conducted during the reporting period.

## ACHIEVEMENTS TO DATE

- H 84,211 consultations in Domiz and Al-Qa'im camps.
- H 4,042 patients referred to secondary and tertiary care in both Domiz and Al'Quiam camp
- H 36,164 children and youth (6 months to 24 years) were vaccinated with measles
- H 16,483 Children (boys and girls) 6-59 months receiving Vitamin A supplementation
- H 11,985 Children <2 yrs.(boys and girls) fully covered with routine Immunization antigens
- H 172 pregnant mothers been listed and followed up by volunteers for neonatal care
- H 95% of malnourished children in nutritional program
- H 9,000 antenatal visits conducted
- H 95% of women inside the camp have access to reproductive health
- H 11 capacity building activities for health practitioners, and other stakeholders dealing with refugees conducted.
- H 23 Health Coordination meetings with all health partners

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