

COVID-19 Response: Access to Health Services

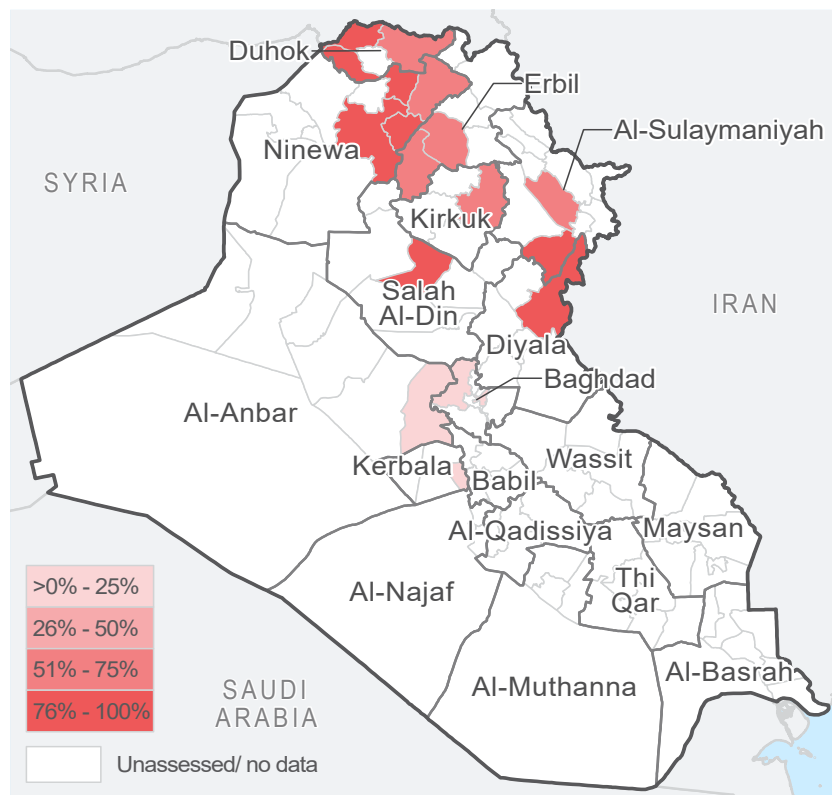
In-camp Internally Displaced Persons (IDPs)

Context

The global COVID-19 crisis arrived in a context where more than 5 million IDPs and returnees in Iraq face a range of multifaceted challenges. In order to assess levels of access and perceived difficulties when accessing health services, REACH compiled data from a series of health indicators assessed in the 2019 Multi-Cluster Needs Assessment (MCNA) for in-camp IDP households, out-of-camp IDP households, and returnee households.² MCNA household data collection took place from June 17 to August 20, 2019. This factsheet presents results for in-camp IDP households only.

Reported difficulties by in-camp IDP households when needing to access health services or treatment

Proportion of in-camp IDP households reporting at least one difficulty when needing to access health services or treatment



Proportion of in-camp IDP households reporting needing to access health services in the past three months, and top three access difficulties reported, by governorate and district¹

Governorate	District	% households needing access to health services	Reported difficulties			No difficulties to report
			Cost of access	Lack of medicine	Lack of qualified staff	
Al-Anbar	Al-Falluja	60%	12%	7%	2%	83%
Al-Sulaymaniyah	Al-Sulaymaniyah	32%	41%	18%	4%	50%
Al-Sulaymaniyah	Kalar	55%	97%	47%	0%	0%
Baghdad	Al-Kadhmiyah	46%	13%	4%	0%	87%
Baghdad	Al-Risafa	60%	8%	4%	12%	88%
Diyala	Khanaqin	54%	90%	31%	3%	9%
Duhok	Al-Amadiya	63%	56%	7%	0%	37%
Duhok	Sumail	57%	81%	5%	3%	13%
Duhok	Zakho	59%	77%	6%	4%	15%
Erbil	Erbil	62%	53%	2%	2%	47%
Erbil	Makhmour	55%	51%	5%	0%	49%
Kerbala	Al-Hindiya	26%	25%	0%	0%	75%
Kirkuk	Kirkuk	66%	61%	41%	4%	27%
Ninewa	Al-Hamdaniya	52%	63%	13%	13%	24%
Ninewa	Al-Mosul	51%	61%	14%	15%	25%
Ninewa	Al-Shikhan	60%	72%	5%	1%	22%
Ninewa	Aqra	63%	56%	6%	0%	44%



¹ Multiple options could be selected, therefore findings may exceed 100%. Only households who reported "yes" on the question about needing to access health services or treatment in the past three months were asked about the eventual difficulties encountered. The other options household could choose from included: "No issues", "Cost of services and/or medicine was too high", "Did not get access to qualified health staff at the health facility", "Medical staff refused treatment without any explanation", "No medicine available at health facility / pharmacy", "Health services not inclusive of people with disabilities", "No treatment available for my disease at the health facility", "Problems with civil documents" "Public health clinic did not provide referral", "Public health clinic not open", "The treatment center was too far away / Transportation constraints", "None applicable, have not tried to access health services recently".

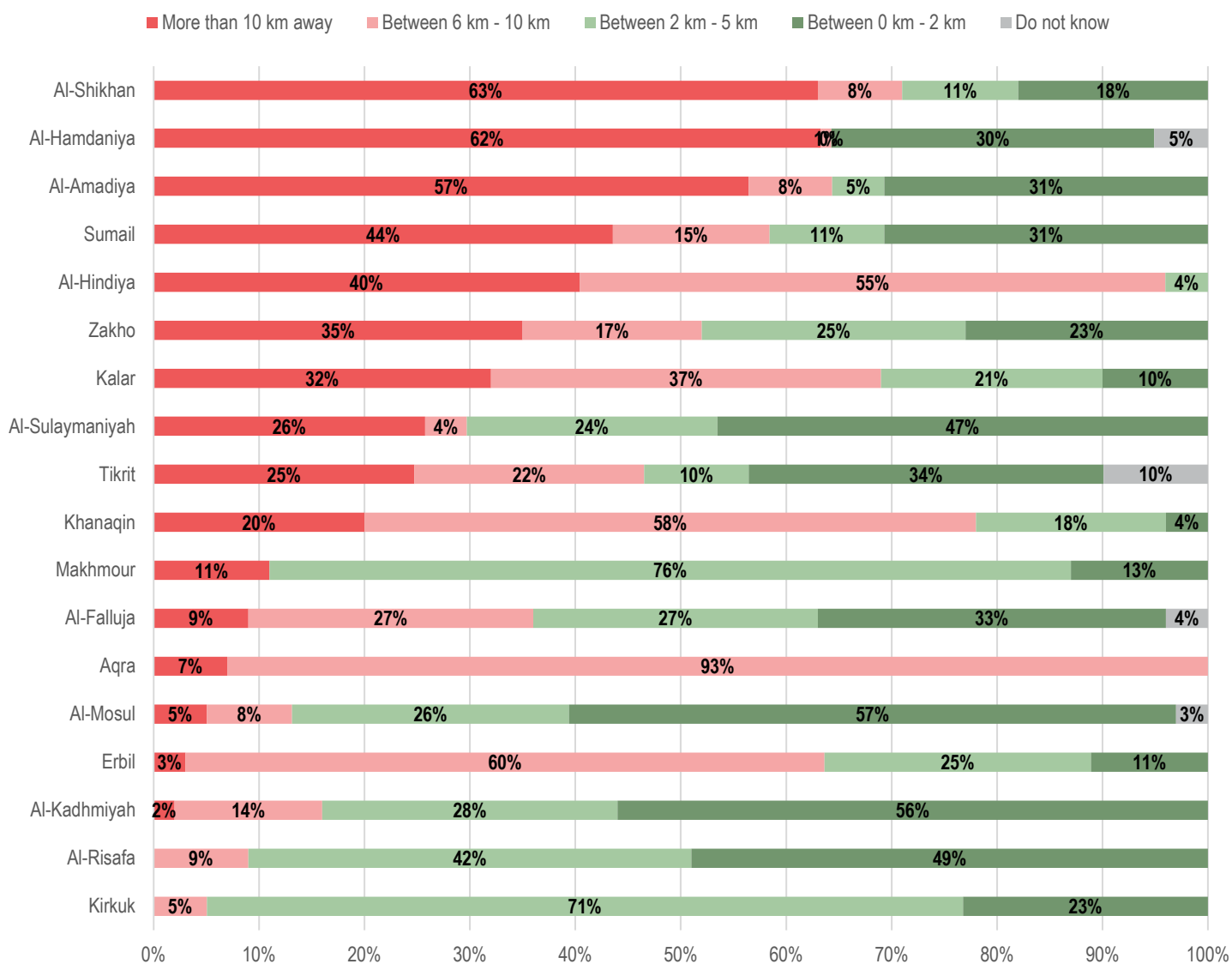
² Iraq - 2019 Multi Cluster Needs Assessment (MCNA VII). Report and dataset available [online](#).

COVID-19 Response: Access to Health Services

In-camp Internally Displaced Persons (IDPs)

Reported distance to the nearest hospital

Proportion of in-camp IDP households reporting the average distance to the nearest hospital, by district



Methodology

Data is sourced from the seventh round of the MCNA published in December 2019. Household data collection took place from June 17 to August 20, 2019.

A total of 3,209 in-camp households were interviewed. Only districts with at least 200 households were covered. Forty-nine (49) camp areas in 18 districts were surveyed nationwide. Findings are statistically representative with a 90% confidence level and 10% margin of error.

Indicator on difficulties encountered when accessing health services or treatment is a subset of all households reporting at least one household member needing to access health services or treatment. Only the top three reported difficulties were included. For further information you can access the [MCNA dataset](#).

This factsheet is based on self-reported household data from 2019, therefore the results should be considered as a first step towards gaining a better understanding on current levels of access to health services, and the difficulties that the assessed population face in accessing this type of service. Additional research is needed to collect more recent and in-depth data, and to apply complementary methodologies, with the objective of having a better understanding of access to health services in Iraq.