



Almost 300,000 primary and secondary healthcare services were provided to Syrian refugees in January

JANUARY HIGHLIGHTS:

With high demand from increased Syrian refugee numbers, **strengthening capacity** of national and humanitarian partners' health measures to respond is a key focus. In Egypt, primary healthcare access is being decentralized in Greater Cairo and a community health outreach programme has been initiated. In Iraq, the Health Information System was completed in all permanent camps in the Kurdistan Region, while the construction of Qushtapa Primary Health Care Centre was completed. In Lebanon, a standardized secondary healthcare referral package has been finalized, including the contracting of a third-party to administer and audit secondary level healthcare and finances in order to rationalize costs. In Jordan, a patient health card will be distributed to all people who are being registered under the verification programme so that they can access free healthcare nationwide. In Turkey, site assessments were conducted for the establishment of prefabricated primary health care centers in refugee camps.

With 25 confirmed cases of polio in Syria by the end of January, **polio** prevention measures continued to be vital in refugee receiving countries. Vaccination of children in Jordan, Lebanon, and Iraq continued, building on the national immunization campaigns of late 2013.

Planning for a **nutrition** survey is underway in Turkey, while in Jordan new programmes began to treat severe and moderate acute malnutrition in camp and non-camp settings.



REFUGEE POPULATION IN THE REGION:

2,441,507

Current Refugee Population

4,100,000

Expected Refugee Population by end-2014

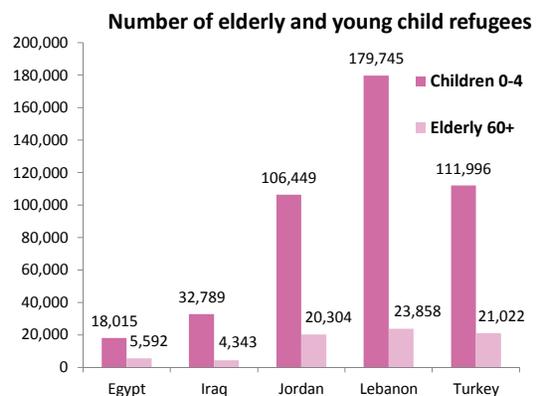
NEEDS ANALYSIS:

The health of Syrian refugees and host communities are a high priority. Communicable diseases such as measles, tuberculosis, respiratory and gastrointestinal infections are putting thousands of lives at risk. The onset of winter usually triggers increased risk of respiratory infection while inadequate hygiene and sanitation conditions, overcrowding, and exposure predispose populations to diarrheal diseases. The occurrence of these common illnesses, if coupled with food insecurity, can cause malnutrition.

Access to quality primary health care is critical for provision of preventive and life-saving treatment to vulnerable populations. Non-communicable diseases are on the rise due to increased stresses, changes in diet, and other lifestyle which usually prevents NCDs. Diabetes, hypertension and other cardiovascular diseases can lead to disabilities that further burden an already overstretched health system, including secondary and tertiary facilities. Another major cause for disability and subsequent high cost to health system is coming from the huge number of Syrian with war trauma who are entering neighboring countries for treatment or rehabilitation.

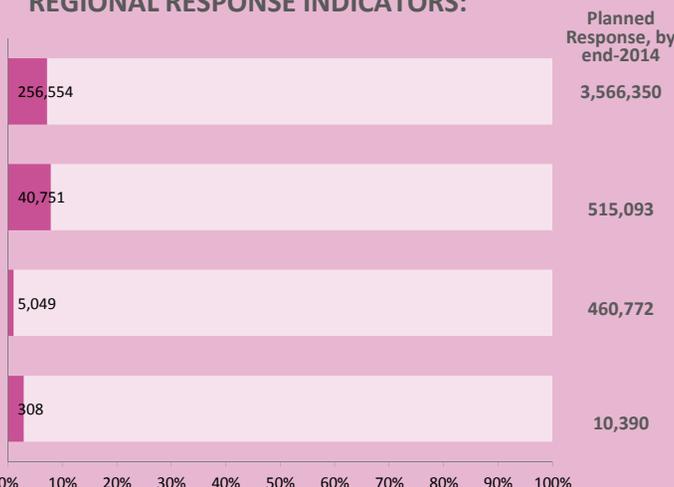
Though medical services for SGBV survivors exist, they need to be further expanded and quality improved. One in twenty people in the region is in need of mental health care, including as a result of recent trauma or chronic mental conditions. Mental health and psychosocial services for communities, including survivors of SGBV, need to be further expanded.

Specialized and longer-term care for disabilities is limited in the region, both for refugees and host communities. Vulnerable populations face high costs related to intermediate care, as well as longer-term treatment.



REGIONAL RESPONSE INDICATORS:

256,554 consultations for Syrian refugees in primary health care services



Planned response based on full funding of RRP6 for an expected population of 4.1 million Syrian refugees in the region by end-2014. There are currently 2.4 million refugees in the region and the overall RRP6 appeal is 12% funded.