



Over 630,000 primary, secondary and tertiary health services provided to Syrian refugees so far in 2014

FEBRUARY HIGHLIGHTS:

Effectively managing demand for health care services is vital in ensuring an efficient, sustainable cost-effective response to the health needs of Syrian refugees. In Iraq, the construction of the Basirma Primary Health Care Centre was completed, while in Egypt the process of moving Primary Health Care services from a hospital setting to a separate location was begun in Cairo. In Lebanon, clear guidelines have been developed by the sector regarding secondary healthcare services and rights which, coupled with an improved admissions framework, have seen a reduction in secondary healthcare referral bottlenecks. In Jordan, a pilot for a triage tracking process has been developed with the aim of securing patients' timely access to services when arriving at the camps. In Turkey, government and partners jointly visited four provinces to identify factors that contribute to the additional burden on the public health sector that has to respond to an increased demand on health services by the refugee population.

There are now 27 confirmed cases of **polio** inside Syria. Examples of prevention measures in refugee receiving countries include a 'mop up' vaccination campaign in four provinces of Turkey targeting high risk areas which reached 256,141 Syrian and local children, as well as a mass immunization campaign in the Kurdistan Region of Iraq which reached 235,366 Syrian and local children. In Jordan, preparations continued for the national polio vaccination campaign planned for early March.



REFUGEE POPULATION IN THE REGION:



NEEDS ANALYSIS:

The health needs of Syrian refugees and their 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 predispose populations to diarrheal diseases. The occurrence of these common illnesses, if coupled with food insecurity, can cause malnutrition.

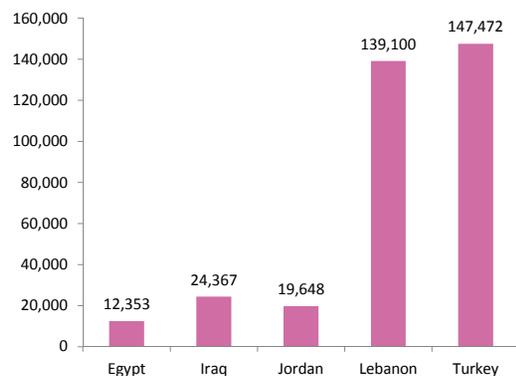
Access to quality primary health care is critical for provision of preventive and life-saving treatment to vulnerable populations. Non-communicable diseases are on the rise. Diabetes, hypertension and other cardiovascular diseases can lead to disabilities that further burden an already overstretched health system, including secondary and tertiary facilities.

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 at large, including survivors of SGBV, need to be further expanded.

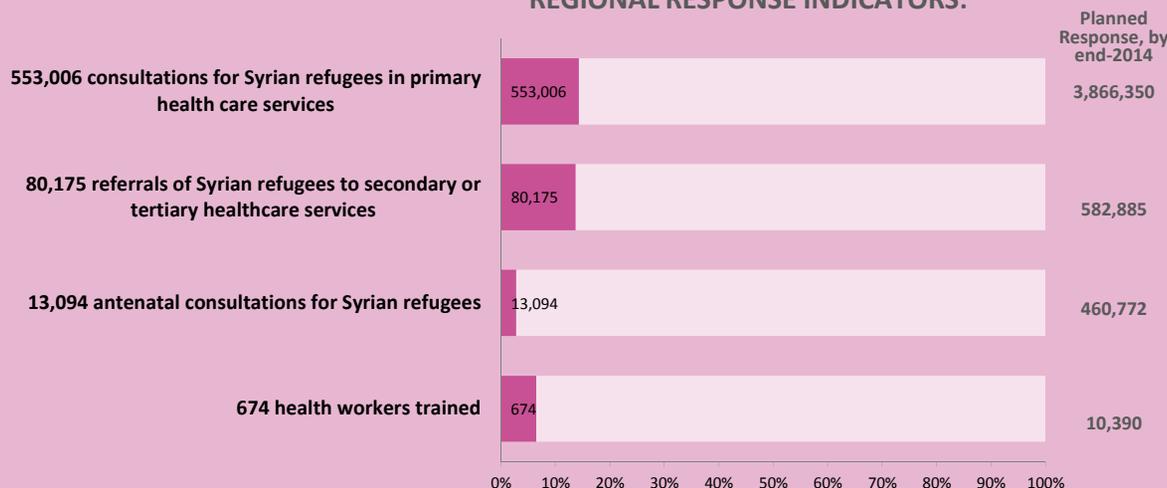
Specialized and longer-term care for disabilities is limited in the region, both for refugees and host communities. Vulnerable populations face high costs related to intermediate care, as well as longer-term treatment.

Though statistics are not complete in the region, it is estimated that less than 70 per cent of Syrian refugee children have been adequately vaccinated against polio and measles.

Primary Health Consultations during February



REGIONAL RESPONSE INDICATORS:



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 2.5 million refugees in the region and the overall RRP6 appeal is 14% funded.