

# REGIONAL: RRP6 MONTHLY UPDATE - NOVEMBER

## HEALTH



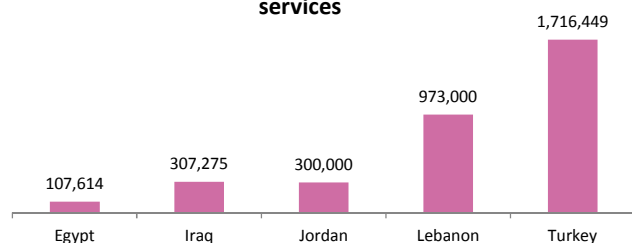
**Over 100,000 antenatal consultations have now been provided for Syrian refugee women from Jan-Nov 2014**

### NOVEMBER HIGHLIGHTS:

Support to health care facilities in camps and communities across the region remains a priority for the RRP6. In Egypt, as part of the mainstreaming of Syrian refugees into the national health system, RRP partners supported 17 public primary health care (PHC) facilities in Alexandria and 4 in Damietta with equipment and furniture, while renovations began on two facilities in Damietta during the month. In Iraq, the construction of the health post at Domiz 2 camp was completed, with curative health services starting to be provided from November. Preventative health services will open in December. The overall health care utilization is increasing with the onset of winter, however no outbreaks of communicable diseases have occurred. In Lebanon, 6,200 medical equipment items worth more than USD 1 million were provided to 184 PHC centres and selected hospitals, reinforcing their capacity and enabling a 40 per cent increase in the utilization of health services for 400,000 patients. In Turkey, almost 130,000 consultations were provided to Syrian refugees in camp clinics during the month, with 30,500 referrals to hospitals from camp clinics. In Azraq, the hospital has now been open for four weeks, with elective surgeries started and dental services to start by the end of the year.

Training and capacity building is an important part of support to health services. In Lebanon, 52 Early Warning and Response System (EWARS) training sessions were conducted in November, benefiting 872 health care workers and 432 focal points. In Turkey, 25 Syrian doctors received capacity building training during the month, while 34 service providers and programme managers received the Minimum Initial Service Package Echo-training. In Jordan, trainings were conducted on reproductive health protocols and family planning logistics for 32 gynaecologists, GPs, nurses, and midwives, while a workshop was also held for medical doctors on Acute Flaccid Paralysis surveillance. In Egypt, 30 female community health volunteers finished their training during November and began to carry out home visits aimed at raising health awareness and promoting behavioural changes and health practices in the home.

### Consultations for Syrian refugees in primary health care services



Polio immunization campaign in Istanbul - UNICEF / 2014

### SYRIAN REFUGEES IN THE REGION:

3,297,276

Refugee Population, end-November 2014

3,590,000

Refugee Population Planning figure, end-2014

### NEEDS ANALYSIS:

Syrian refugees outside camps have free access to national health care systems in all RRP countries aside from Lebanon. For refugees in camps in Iraq and Turkey, free access to primary health care is provided by national health systems (and in the case of Iraq through humanitarian partners), whereas in Jordan, refugees accommodated in camps have their primary health care needs met by RRP partners. RRP actors support an estimated 75 per cent of the cost of primary health care services for Syrian refugees.

RRP partners provide access, and cover costs, for secondary and tertiary health care for the most vulnerable refugees in all countries in the region through targeted, and means-tested, processes with the exception of Turkey. RRP partners report that national health care systems are strained to meet the increased health needs of refugees. Mental health needs are growing, exceeding service providers' capacity to respond to the needs, including for survivors of torture, violence and post-traumatic stress syndrome.

The utilization by women of ante-natal services is low, and there are higher than regional rates of caesarean deliveries, leading to higher costs and greater risks to mothers and infants. In addition, ensuring that women have access to normal delivery services is an ongoing necessity. Assessments indicate the need for prevention services to avert deterioration of acute malnutrition and also a need for micronutrient intervention. Infant and young child feeding indicators show poor feeding practices.

Given the incidence of polio and measles and the higher risks of outbreaks of other vaccine-preventable diseases, additional support is required to promote and provide immunization services to refugees and host communities.

### REGIONAL RESPONSE INDICATORS: JANUARY TO NOVEMBER 2014

3,404,338 consultations for Syrian refugees in primary health care services

3,404,338

Planned Response, by end-2014

3,717,000

438,118 referrals of Syrian refugees to secondary or tertiary healthcare services

438,118

717,000

102,103 antenatal consultations for Syrian refugee women

102,103

423,000

3,470 health workers trained

3,470

11,300

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Planned response based on full funding of RRP6 for an expected population of 3.59 million Syrian refugees in the region by end-2014. As at end-November 2014, there were 3.29 million refugees in the region and the overall RRP6 appeal was 53% funded.