

Enhancing mental health care and psychosocial services remains a key priority in all 3RP countries

REGIONAL HIGHLIGHTS:

As the Syria crisis enters its sixth year and refugees brace for further uncertainties, there is an increased demand for mental health and psychosocial services. A comprehensive approach to mental health care at primary, secondary and tertiary levels and psychosocial services remains critical. Although the major challenge is the shortage of mental health specialists, a number of services are being implemented in the five countries by the 3RP partners.

In Lebanon and Jordan, mental health services are integrated in the primary health care level through the Mental Health Gap Action Programme which aims at providing persons who experience mental health, psychosocial or neurological disorders with appropriate and accessible immediate care. The 'Makani' spaces in Jordan continue to provide psychosocial support services under one roof for vulnerable children in communities across the country. As of December, 168,003 children (52 per cent girls) were provided with quality structured psychosocial support at the centres. A total of 12,419 children (11,955 in Makani) were newly registered for psychosocial support in the month of December alone. Three trainings focusing on profound stress, community-based child protection committees, and techniques for providing quality psychosocial support to affected population were conducted in Mafraq, Ghour al-Saifi, and Amman reaching 59 frontline workers.

In Iraq, during the month of December, a total of 1,301 people were provided with mental health care services at primary health care facilities (PHCs) in the refugee camps across the country.

In Turkey, two trainings were conducted on Mental Health Detection and Referral and Psychosocial Support for 35 field workers. A number of topics were discussed including mental disorders, case identification and referral in emergencies, stigma and human rights, and communication skills.

NEEDS ANALYSIS:

Increasing demand throughout the region is stretching national health systems and services, which provide significant health care to Syrian refugees. Insufficient personnel, medical supplies, and inadequate service delivery mean vulnerable populations are at increased risk of communicable diseases due to unfavourable environmental conditions and limited access to basic health services, such as child immunization.

Shortcomings in health systems also increase the risks of a wide range of health issues. The management of NCDs is a significant challenge. Nearly 30 per cent of refugees in Jordan suffer from NCDs such as hypertension or diabetes, and 78 per cent of households in Egypt have reported a family member suffering from a chronic disease. Access to adequate and appropriate reproductive health care is a continuing need. It is necessary to improve capacities for basic and comprehensive emergency obstetric and neonatal care at primary, secondary and tertiary health care locations.

The main nutrition concern among refugees is micronutrient deficiency such as iron deficiency. Global acute malnutrition rates are at acceptable levels, below five per cent among refugees.

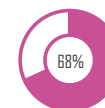


Laboratory technician taking blood sample from a child at the primary health care centre in Gawilan camp, December 2015/Iraq

Sector Response Summary:



4,910,255 Refugees & Local Community Members targeted for assistance by end-2015
3,347,944 assisted in 2015



Syrian Refugees in the Region:



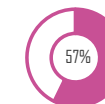
4,270,000 Syrian Refugees expected by end-2015
4,591,939 currently registered or awaiting registration



Health Sector Funding Status:



USD 331 million required in 2015 (Agencies)
USD 190 million received in 2015



PROVISION OF ADEQUATE AND APPROPRIATE NEONATAL CARE SERVICES REMAIN ESSENTIAL

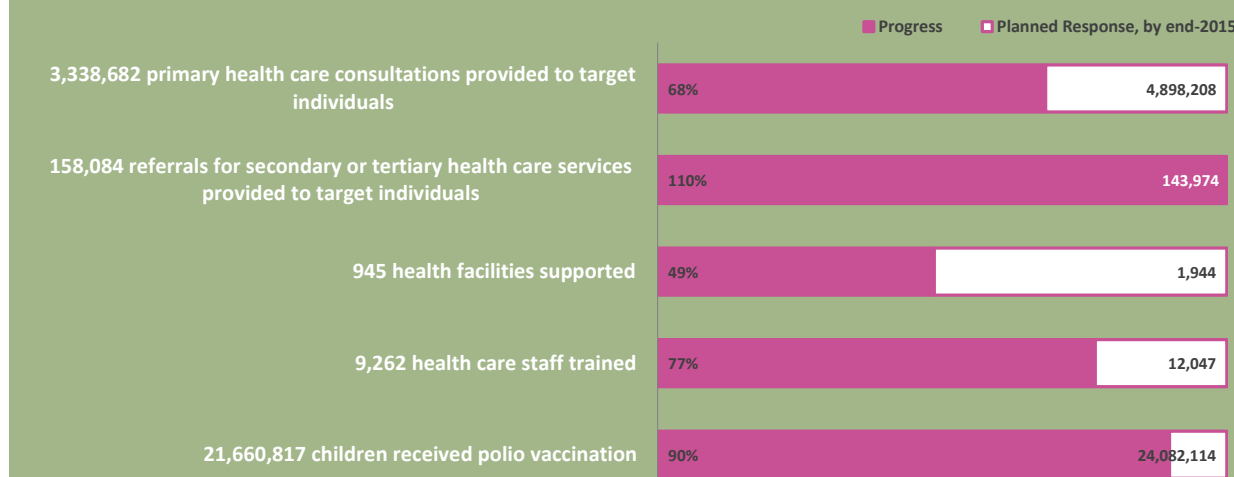
3RP partners continue to implement a number of activities strengthening newborn health programmes across the region. Below are some examples from Lebanon and Jordan.

In December, partners supported the establishment of a neonatal intensive care unit at the Zahle Governmental Hospital in Lebanon. A large provision of medical equipment and a water laboratory was also handed over to the Rashaya El Wadi Governmental Hospital in the Bekaa which includes cribs, fetal monitors, ultrasound machines, incubators, infant resuscitators and other emergency obstetric and neo-natal care supplies. It also includes vaccines, a solar fridge to maintain the cold chain for vaccines, medications for chronic and acute diseases, and a water laboratory to test the quality of the local water supply.

The Ministry of Public Health in Lebanon launched the child health record and child health recommendations booklet in December. The child health record will allow the physician to record updates on the child's health, illnesses, injuries, growth and development and the recommendations booklet contains valuable health information on children. It will be distributed to all hospitals, medical centres and midwives across Lebanon.

In Jordan, six national guidelines and protocols on newborn care services at all health facilities in Jordan were reviewed in December and are now ready for discussion by experts. They will then be endorsed by the Ministry of Health (MOH). The national neonatal death audit system underwent systematic reviews and reporting outlines for neonatal deaths were finalized for review. In Zaatari and Azraq camps, 333 newborn kits (172 for female newborns and 161 for male newborns) and 330 mother kits (36 of the mothers receiving the kits were under 18 years old) were provided.

REGIONAL RESPONSE INDICATORS: JANUARY - DECEMBER 2015



These dashboards reflect the achievements of the more than 200 partners, including governments, UN Agencies, and NGOs, involved in the 3RP response in Egypt, Iraq, Jordan, Lebanon and Turkey. Progress and targets may change in line with data revisions. All data on this Dashboard is current as at 31 December 2015. Funding status is indicative pending finalization of accounts and allocations.