

Over 6,000 health care staff trained by 3RP partners: exceeds 2016 regional targets

HIGHLIGHTS:

In Turkey, 3RP partners together with the Ministry of Health reached out to 2.7 million Syrian refugees with public health advice and services in Arabic. More than 300,000 information materials were produced and were distributed across all 81 provinces. They included tailored messages on how to protect oneself from infectious diseases such as Leishmaniasis, how to use antibiotics responsibly, and how children and adults can adopt healthy lifestyles.

In Lebanon, over 63,000 children under the age of five years and pregnant and lactating women received micronutrient supplement, and 39,608 women benefited from counselling on infant and young child feeding practices. A three-month-long ophthalmology campaign at the Amel Association's primary healthcare centre in Bekaa valley was completed in November, providing diagnostic tests and eyeglasses to some 120 Syrian refugees in the area.

In Jordan, Health partners conducted awareness raising sessions on sexual reproductive health in Zaatar camp.

In Iraq, more than 26,000 patient consultations were conducted in camp based primary health care centres across the country during November. Of these, over 1,000 patients were referred to secondary and tertiary hospitals for further investigation or hospitalization. In Dahuk Governorate, the handover of primary health care centre in Gawilan camp to the Department of Health is ongoing and the process will be completed by end of 2016. Vaccination programme continued and in November, 1,744 children under the age of five were vaccinated against polio and 344 children against measles.

In Egypt, 1,676 Syrian children under the age of five received routine vaccination and growth monitoring services in primary healthcare centres. In addition, 1,126 Syrian women benefitted from antenatal and postnatal consultations in November.

NEEDS ANALYSIS:

The Syria crisis continues to place a huge strain on public health infrastructure across the five countries and has resulted in overwhelming patient caseloads, overworked health staff and shortages of medicines and equipment. Support by 3RP partners for the construction, expansion, and rehabilitation of health facilities needs to be further scaled up.

Vulnerable populations continue to be at heightened risk of communicable diseases due to overcrowding, substandard housing, limited access to safe water and sanitation, and varying degrees of access to primary health care (PHC) services. Management of non-communicable diseases also remain a major challenge. With the conflict now in its sixth year, the need to enhance mental health care services is becoming increasingly critical.

Access to reproductive health care services remains a key concern across the region with around four million women and girls of reproductive age assessed to be in need of special attention. Among children, improvement of health care services for newborns and need for routine immunization against vaccine-preventable illness remains a priority. The need for health and hygiene messaging is also a key focus area.



A doctor from the Department of Health provides counseling to a patient in the primary health care centre in Kawergosk camp, Erbil Governorate

Sector Response Summary:



5,387,300 Refugees & Local Community Members targeted for assistance by end of 2016
2,659,470 assisted in 2016



Syrian Refugees in the Region:



4,740,000 Syrian Refugees expected by end-2016
4,807,700 currently registered



3RP Overall Funding Status:



USD 4.54 billion required in 2016
USD 2.54 billion received in 2016



SURVEY ON HEALTH ACCESS AMONG SYRIAN REFUGEES IN LEBANON

A survey on health access and utilization among Syrian refugees in Lebanon conducted in September 2016 showed that most refugees were aware of support available for life saving care and deliveries but a lower proportion were aware of supported primary health care services and free essential and chronic medications. Access to primary care services is relatively good, although 10 per cent reported difficulty accessing needed care primarily due to cost.

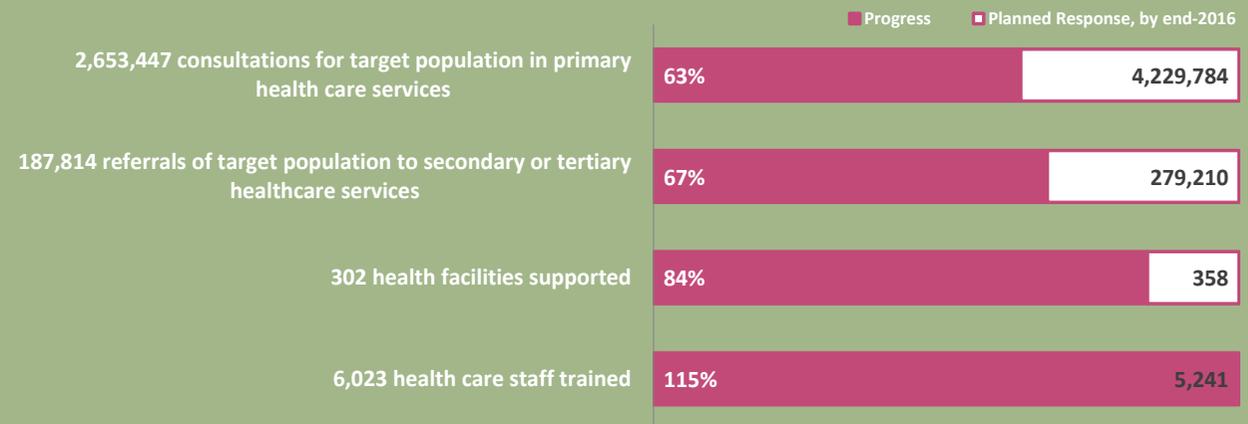
There is a wide range of self-reported out of pocket household expenditure on health; 65 per cent of households reported health expenditure in the month before the survey with an average of USD 148 and a median of USD 100.

About 70 per cent of pregnant women reporting attending antenatal care. However, some 30 per cent them reported difficulty in doing so mainly due to user fees. Only 26 per cent of women who delivered reported accessing post-natal care, with the main reason being not knowing that support is available.

8.2 per cent of household members were reported to have a chronic disease, with hypertension (40%), diabetes (28%), asthma (22%), and heart disease (20%) the most common. 37 per cent of those with chronic conditions reported being unable to access medicines or health services needed mostly due to cost issues.

The study recommends improving refugee knowledge of available health services through awareness campaigns by using SMS, social media and the refugee information portal. Efforts are also required to address financial barriers to access health care services. There must be an intensified focus on increasing uptake of childhood vaccination and reproductive health services including antenatal and postnatal care and family planning as well as care for non-communicable diseases. The study further recommends that subsidies for primary health care services should continue whilst seeking equity with the package offered for vulnerable Lebanese as well as exploring further efficiencies in the financing mechanism together with the Ministry of Public Health, Partners and donors in order to expand access and coverage.

REGIONAL RESPONSE INDICATORS: JANUARY - NOVEMBER 2016



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 30 November 2016