




TARGETS

H 2 million refugees are supported to access to primary and emergency health care

 100% of child-bearing age women have access to reproductive health services

 150,000 refugees supported to address special medical needs, including mental health and psycho-social services.

 90% of refugees receive adequate immunization.

 242 million USD required

NEEDS


Health services in host countries struggle to provide services to the increasing number of refugees. In camp situations, clinics, equipment, drugs and other medical supplies as well as professionals (nurses, doctors and technicians) need to be deployed to meet immediate and primary health care needs. Reproductive health care is required by women and families, including ante-natal, labour and delivery and post-natal care. Ensuring public health for refugees and host communities also necessitates optimal immunization for children as well as effective surveillance, which serves as an early warning indicator for public health concerns. Given the often traumatized state of refugees following their flight and arrival to safe countries, psycho-social support services are also required, with improved access to specialized mental health services for those with acute or chronic mental health conditions.

RRP5 partners are working to ensure access to adequate emergency and primary care, and where possible facilitate access and referral for secondary and tertiary services. Efforts are also made to strengthen existing national health schemes and increase their capacity to address the growing demands on their resources whenever possible. Where necessary, direct interventions are planned to the extent possible, in consultation and coordination with national and local health actors.


KEY AUGUST DEVELOPMENTS


In **Lebanon**, systems have been established to vaccinate children in UNHCR registration centers. An evaluation of mental health and psycho-social services is ongoing. Rapid assessment on delivery services in refugee communities underway. Identification of malnutrition cases and follow-up strategies are being planned, with an increased focus on prevention. Several missions from WHO to the refugee locations in **Turkey** took place, including with government authorities. Technical specifications are being prepared by the MoH for the provision of 12 prefabricated clinics. Due to the recent influx of Syrian refugees in **Iraq**, fully equipped mobile health posts were set up to provide emergency health services at the border crossing point with ambulances for referral. Infant and young child feeding activities are being launched in **Jordan**, while camp facilities are supported with equipment, drugs and stationary. The MOH endorsed guidance to address moderate and severe acute malnutrition. Despite the volatile and unstable security situation in **Egypt**, the Health sector continued with monitoring and coordination mechanisms ensuring access to health services. UNHCR, in coordination with partner Refuge Egypt, conducted trainings on under 5 children growth monitoring and reproductive health for its partners.

ACHIEVEMENTS TO DATE

 **972,000** visits to primary health care facilities for acute illnesses, chronic diseases and mental health were reported across four countries

H **59,300** refugees referred for secondary and tertiary care

 **700,000** children and young adults vaccinated against measles

 **10,000** women received reproductive health assistance

