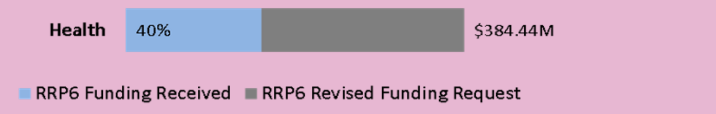




Mid-Year Funding Update



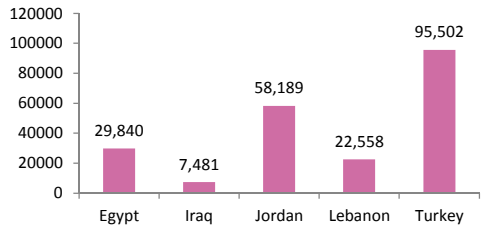
MAY HIGHLIGHTS:

Supporting health care for women is identified as a key priority for refugee health care in the region. In Lebanon, obstetrics procedures account for the majority of referral healthcare costs and admissions for refugees, with approximately one third of deliveries requiring cesarean sections. Some 650 women had access to safe deliveries in May alone in Lebanon. More than 2,000 Syrian women have now accessed antenatal consultations in Egypt this year, with the number rising to 8,600 Iraq, and more than 16,200 in Jordan. In Turkey, one third of pregnant Syrian women are reported to have complications requiring reproductive health services.

In Turkey, all ten of the planned pre-fabricated **health facilities** are now under construction in camps and urban areas. In Egypt, RRP partners have supported more than 80 Primary Health Care (PHC) facilities with staff training and equipment in areas with a high concentration of Syrians. In Iraq, the rehabilitation of five PHCs in urban areas of Erbil Governorate has begun, while essential drugs have been provided to the Ministry of Health. In Jordan's new Azraq Camp, the clinic in Village 3 saw more than 3,000 patients during May - an average of 150-200 cases a day. In Lebanon, equipment has been provided to 46 health care facilities so far this year.

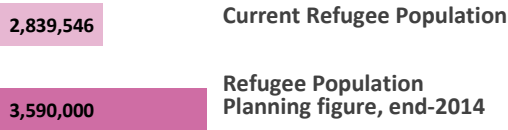
In Egypt, around 100 Syrian community health volunteers are **receiving training** to raise awareness on the main causes of morbidity and mortality, as well as to promote the importance of immunization and ante-natal and post-natal care. This is part of the process of strengthening community level systems to link refugees to health care in the urban settings. Training and capacity building has now reached more than 1,400 health workers in Jordan, 400 in Iraq, and 300 in Lebanon. In Turkey a nutrition in emergencies training was held to address the current and anticipated nutrition concerns during the Syrian crisis. This training complements the distribution of high nutritional biscuits which has reached some 77,000 children in 18 camps.

Referrals of Syrian refugees to secondary or tertiary healthcare services during May



One Syrian Refugee child during the Polio Campaign vaccination in Lebanon

SYRIAN REFUGEES IN THE REGION:



The RRP6 **Mid-Year Update** was released on 3 July, based on a review of refugee movements and arrival rates, RRP response achievements, gaps and needs, and funding contributions received. The revised Syrian refugee population planning figure, RRP budget, and response targets are reflected in this dashboard.

NEEDS ANALYSIS:

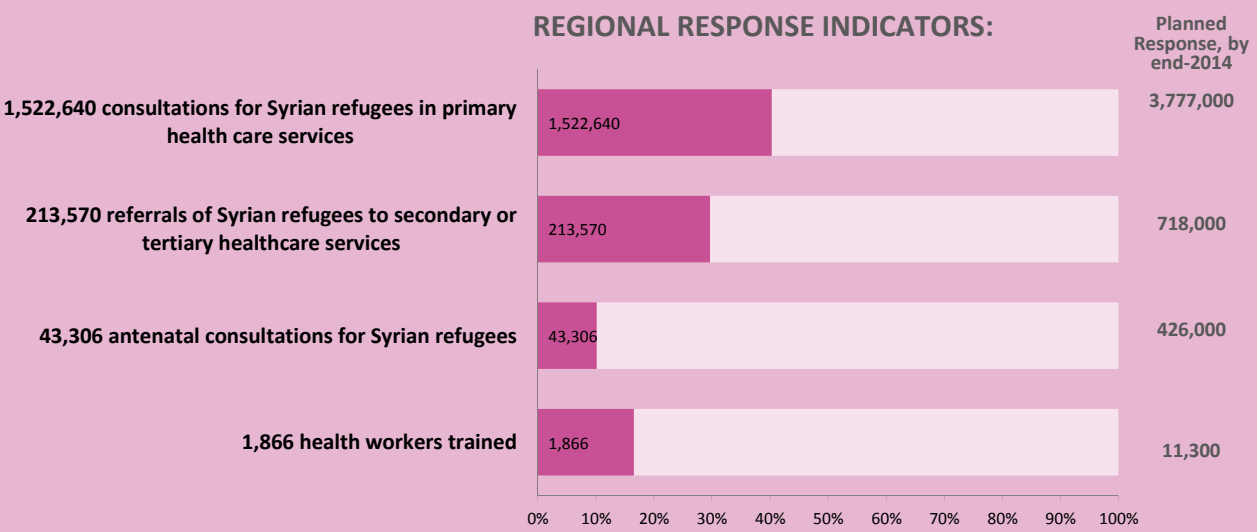
Syrian refugees outside camps have free access to national health care systems in all RRP countries aside from Lebanon. For refugees in camps in Iraq and Turkey, free access to primary health care is provided by national health systems (and in the case of Iraq through humanitarian partners), whereas 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 and that service providers underserve 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 patients 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:



Planned response based on full funding of RRP6 for an expected population of 3.59 million Syrian refugees in the region by end-2014. There are currently 2.84 million refugees in the region and the overall RRP6 appeal is 30% funded.