



Syrian refugees have accessed almost 3 million primary health care consultations so far this year

SEPTEMBER HIGHLIGHTS:

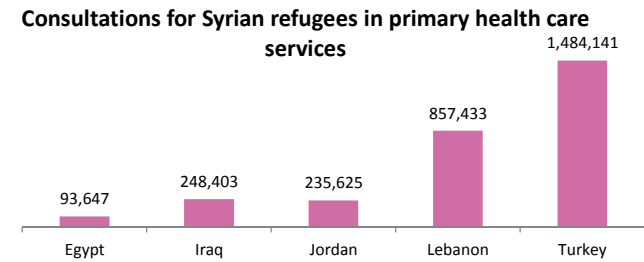
The security situation in Iraq has caused difficulties for health care services, with shortages in essential drugs becoming an increasing concern in urban health facilities since supply routes from Baghdad are disrupted. RRP partners are delivering essential medicines to overcome shortages. Meanwhile, despite the constrained security situation in Anbar province, health services continue to be provided by RRP partners for refugees in Al-Qaim camp.

In Egypt, an agreement was signed with the Ministry of Health for refugees and persons of concern of all nationalities to access acute and emergency care at six of its public hospitals in Greater Cairo. Already this year, some 40,000 referrals of Syrians have been made to secondary or tertiary health healthcare services in Egypt. In Iraq, some 11,000 referrals have been made this year to secondary or tertiary services. In Lebanon, where assistance can only be provided for emergency cases, some 43,400 patients have received inpatient or emergency care. In Turkey, there have been some 20,000 referrals to hospitals from camp clinics.

In Lebanon, staff at two hospitals received training on Clinical Management of Rape in the Bekaa and South regions during September. So far this year, 30 facilities across the country have received training and equipment to help them receive survivors of rape. In Turkey, the Minimum Initial Service Package-Echo training for Syrian service providers was conducted in Gaziantep during September. Almost 10,000 hygiene kits were provided during the month.

During September, four of the prefabricated health clinics were delivered to camp and non-camp locations in Turkey, with the remaining six expected to be delivered by the end of the year.

In Jordan, UNFPA conducted two workshops in Zaatari camp on Emergency Obstetrics and Best Practices gynaecologists, nurses and midwives. The training used an interactive approach including pre- and post-tests, as well hands-on practice, and covered life-saving technical interventions to save mothers' and newborns' lives. The first part of the family planning counseling training was also held for 18 participants including obstetricians and midwives in the IMC Azraq clinics.



Interior of the UNHCR procured field hospital - Nizip-Gaziantep / UNHCR 2014

SYRIAN REFUGEES IN THE REGION:



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.

