

Around 170,620 consultations for targeted population in primary health care services

REGIONAL HIGHLIGHTS:

In Egypt, cooperation between the Ministry of Health and UNHCR allowed registered refugees and asylum seekers to access Primary Health Care (PHC) as well as emergency care in public health systems. There were 7,120 acute/chronic consultations for targeted beneficiaries in PHC.

In Iraq, a total of 33,772 patient consultations were conducted in PHC facilities in refugee camps. Major cause for patient consultations remained upper respiratory tract infections, skin infections and urinary tract infection. 1,215 patients were referred to secondary and tertiary hospitals for further investigations and/or hospitalization and 1,032 patients attended mental care services.

In Jordan, in order to strengthen the surveillance system WHO has recruited 5 surveillance officers who are deployed in different parts of the country and a lab technician to enhance the lab capacity. Nutrition surveillance program in host communities was launched, 25 clinics from urban areas are being evaluated for inclusion.

During the month of January in Lebanon, as part of the first round of a polio mop-up vaccination campaign children under 5 years old residing in 199 different locations across the country received a dose of oral polio vaccine, the vaccine was provided free of charge and it is targeting a total of 139,253 children and the second round will take place in February. LCRP partners were able to provide a total of 111,858 PHC consultations and 5,416 individuals were assisted with their secondary health care hospital bills.

NEEDS ANALYSIS:

Across the five countries, the sheer demand for health services places enormous strain on public health infrastructure, and has resulted in overwhelming patient caseloads, overworked health staff and shortages of medicines and equipment.

Vulnerable populations are 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. Acute respiratory infections and diarrhoea continue to be prevalent among vulnerable communities all year round, but with specific seasonal peaks.

The need for routine immunization of children against vaccine-preventable illness remains a key priority. The need for health and hygiene messaging and proper waste management is also a key focus area.

Management of non-communicable diseases is a major challenge. High prevalence of hypertension, diabetes and cardio-vascular diseases among Syrian refugees, in addition to significant caseloads of chronic obstructive pulmonary disease and cancer, continues to spur demand for early diagnostic services and medicine.



Medical clinics in Azraq camp, Jordan. Christopher Herwig/UNHCR

Sector Response Summary:



5,387,300 Refugees & Local Community Members targeted for assistance by end of 2016
171,540 assisted in 2016



Syrian Refugees in the Region:



4,687,000 Syrian Refugees expected by end-2016
4,567,100 currently registered



3RP Overall Funding Status:



USD 4.55 billion required in 2016
USD 93 million received in 2016



CASH-BASED INTERVENTIONS FOR HEALTH PROGRAMMES IN REFUGEE SETTINGS - A REVIEW

The protection of refugees is firmly embedded in an understanding that human rights underpin all aspects of UNHCR's international protection work and provide the basic normative framework governing UNHCR's protection and assistance activities including in Public Health.

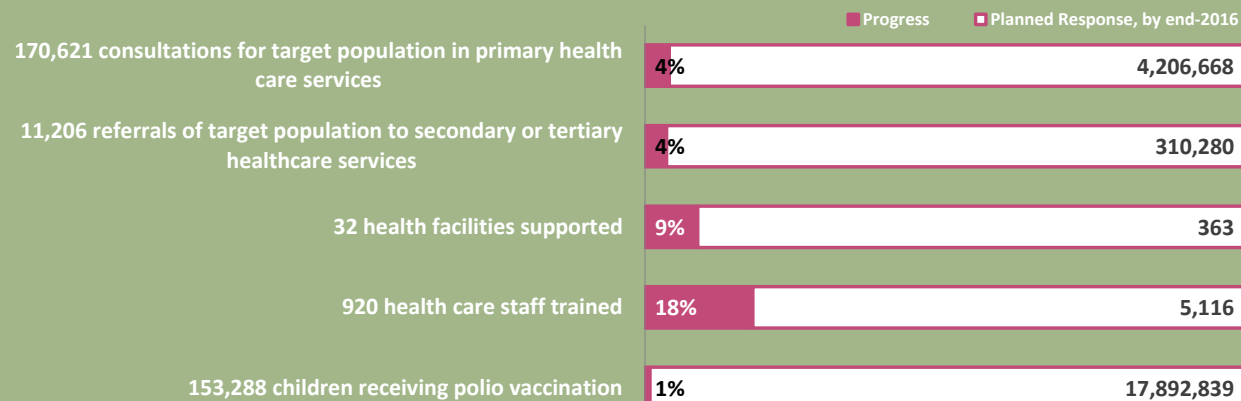
UNHCR aims to enable refugees to maximise their health status by supporting them to have equal access to quality primary, emergency and referral health services as nationals. The different operational settings pose challenges due to the wide variety of healthcare systems, healthcare financing models and disease patterns and burdens, in each region, country and even sub-nationally within a country.

The success of cash-based interventions (CBIs) in support of refugee health programmes has been determined by the provision of adequate incentives on both the demand and supply sides, as part of a comprehensive programme that addresses economic, social and cultural determinants of healthcare access and provision. The current UNHCR experiences focusing on reproductive health, offers tremendous learning opportunities to test assumptions of suitability and the potential of cash for improving access and health outcomes.

In determining whether CBIs for health is a suitable programme design option, the range of feasibility assessments required for all CBIs should be applied including a market assessment to determine the presence and the geographical spread of health facilities, that may require CBIs to ensure the access to the services, the quality of the services available at health facilities; access conditions to these services; prices and payment conditions

For the full report please visit <http://data.unhcr.org/syrianrefugees/regional.php>

REGIONAL RESPONSE INDICATORS: JANUARY 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 31 January 2016.