



### Sector partners work with national authorities to promote access to services for refugees and impacted communities

#### REGIONAL HIGHLIGHTS:

This month a rotavirus vaccine has been introduced in Jordan as part of the national expanded programme on immunization of the Ministry of Health, which is available to all children in the country, Jordanians and refugees alike. Rotavirus is a common cause of watery diarrhoea in young children.

In Iraq, more than 25,000 refugees utilized available primary, secondary and tertiary health care services provided by the Directorate of Health (DoH) and NGO partners with the support of UN agencies. With the onset of spring, overall health care utilization is decreasing amongst refugees, largely due a reduction in consultations for upper and lower respiratory infections.

In Egypt, flyers have been prepared listing UN-supported public primary health care facilities in Greater Cairo in order to raise awareness about the health mainstreaming and to facilitate refugees access to public facilities. So far this year, 21,494 acute/chronic public health consultations have been conducted and more than 7,000 referrals made to secondary and tertiary level of care.

In Lebanon, the Health Steering Committee, led by the Ministry of Public Health, was launched to focus on strategic planning and decision-making in the health sector. Also in Lebanon this month, 60 health care staff from around 40 primary health care centres received Psychological First Aid (PSA) training.

In Turkey, 3RP partners provided counselling on sexual and reproductive health and gender-based violence to 1,139 women living in communities in Mersin and Sanliurfa provinces. Reproductive health awareness sessions were also provided in Niziip 1 camp this month. Meanwhile in Jordan, a two-day training workshop on Post Abortion Care (PAC) was provided for 22 doctors, nurses and midwives working at maternity clinics in humanitarian settings.

#### NEEDS ANALYSIS:

Increasing demand throughout the region is stretching national health systems and services, which provide significant health care to Syrian refugees. Insufficient personnel, medical supplies, and inadequate service delivery mean vulnerable populations are at increased risk of communicable diseases due to unfavourable environmental conditions and limited access to basic health services, such as child immunization.

Shortcomings in health systems also increase the risks of a wide range of health issues. The management of non-communicable diseases (NCDs) is a significant challenge. Nearly 30 per cent of refugees in Jordan suffer from NCDs such as hypertension or diabetes, and 78 per cent of households in Egypt have reported a family member suffering from a chronic disease. Access to adequate and appropriate reproductive health care is a continuing need. It is necessary to improve capacities for basic and comprehensive emergency obstetric and neonatal care at primary, secondary and tertiary health care locations.

The main nutrition concern among refugees is micronutrient deficiency such as iron deficiency. Global acute malnutrition rates are at acceptable levels, below five per cent among refugees.

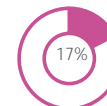


Vaccination activities in a camp clinic. UNHCR

#### Sector Response Summary:



**5,362,842** Refugees & Local Community Members targeted for assistance by end-2015  
**938,084** assisted in 2015



#### Syrian Refugees in the Region:



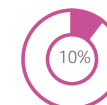
**4,270,000** Syrian Refugees expected by end-2015  
**3,966,702** currently registered or awaiting registration



#### Health Sector Funding Status:



**USD 369 million** required in 2015 (Agencies)  
**USD 39 million** received in 2015



### STRENGTHENING THE RESILIENCE OF THE HEALTH SYSTEM IN TURKEY

Since the start of the year almost half a million primary health consultations have been provided to Syrian refugees in Turkey. This has placed a huge demand on the national health system and service provision, affecting both refugees and host communities. A key priority for 3RP partners is to bolster national systems and increase capacities, to increase the health system's ability to cope with the current and future emergencies.

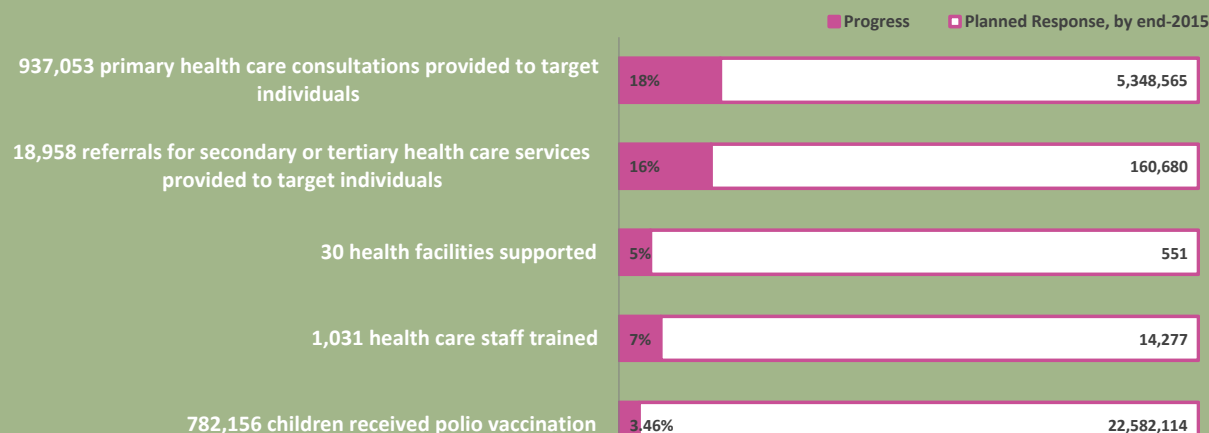
A training programme was launched this month which will integrate Syrian health professionals into the Turkish health system, reducing the workload of the existing Turkish health personnel.

In coordination with 3RP partners, Gaziantep University and local authorities designed the curriculum and training modules and the first session (Refugee Doctors Adaptation Training-ReDat) was attended by Syrian doctors and completed this month. The feedback has been very promising and partners are now preparing for expanding a similar training for Syrian nurses (Refugee Nurses Adaptation Training-ReNAT), which will enable them to familiarize with the Turkish health system and further expand the integration of Syrians into the system.

During March, a Public Health Emergency Management (PHEM) Training was also successfully conducted with the Ministry of Health, with 23 participants from eight countries, six facilitators and one observer in Urla Emergency and Disaster and Simulation Centre (URLASIM) in Izmir.

This four-day training covered topics including: the UN System; WHO Emergency Response Framework; Communicable Diseases and Public Health Surveillance Systems, Frameworks and Strategies; Chemical and Radiological Incidents; International Health Regulations and Risk Assessment; Internally Displaced Populations; and Environmental Health and Water Sanitation.

### REGIONAL RESPONSE INDICATORS: JANUARY - MARCH 2015



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 March 2015.