2014 Syria Regional Response Plan

Health

J. Health response

Lead Agencies	UNHCR		
Participating Agencies	WHO, UNICEF, UNFPA, Caritas, Refugee Egypt, Arab Medical Union (AMU), Mahmoud Mosque Society, Resala, Plan International, IOM, Save the Children, PSTIC, AMERA.		
Objectives	**1**. Improve access, quality and coverage to comprehensive primary health care for Syrian refugees in Egypt in 2014. **2.** Improve access, quality and coverage to essential secondary and tertiary health care for Syrian refugees in Egypt in 2014. **3.** Support the capacity of the national health care service to provide health care in the most affected governorates in 2014.		
Requirements for January to June 2014	US$30,543,077 (US$14,896,050 included for polio vaccination)		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-building or resilience
	US$**7,960,827**	US$***18,570,650***	US$**4,011,600**
Total 2014 indicative financial requirements	US$40,974,428		
Contact Information	Mamoun Abuarqub, abuarqub@unhcr.org		

1. ACHIEVEMENTS AND CHALLENGES

UNHCR and its partners have sustained and improved access and coverage to the health services available to Syrian refugees though the number of registered refugees has increased rapidly since March-April 2013. The health program has allowed access to public and NGOs-based health services. Syrians visiting UNHCR implementing partners' facilities from January to September 2013 benefited from around 20,000 visits to primary health care (PHC) with 16 per cent of the visits being for children under five, around 6,500 visits to secondary and tertiary health care, including emergencies and more than 1,100 antenatal care visits. The disaggregated data of PHC services utilization by gender reflects the breakdown of population by gender of 49 per cent for girls and women and 51 per cent for boys and men.

As part of the RRP5 implementation, UNICEF and WHO have carried out a needs assessment and capacity-building activities including the training of 231 MOH staff. Medicine, equipment and consumables for Ministry of Health primary health facilities have also been supplied: 32 clinics by WHO and 24 by UNICEF in Cairo, and Giza, Alexandria, Damietta and Fayoum. The scope of activities supports the provision of health services and mitigates the public health risks of the targeted population of Syrian refugees and host communities. Furthermore, while UNICEF and UNFPA have focused on PHC services including reproductive health, WHO has made arrangements with four Ministry of Health specialized hospitals which receive Syrian patients, and contributes to covering the cost of secondary and tertiary services provided to them.

A joint needs assessment led by UNHCR in September 2013 has revealed a sustained burden related to costly chronic illnesses in particular cardio-vascular diseases and diabetes. The study also revealed that the main obstacles to accessing health services are cost and distance from health facilities.

UNHCR and its partners face a key challenge in covering Syrians residing in remote areas in various Governorates and districts. In addition, the capacity and expertise of local NGOs in the coordination and delivery of health services is limited, which affects plans to expand access to health services in those areas where MOH services are not available.

Furthermore, UNHCR and its partners also face challenges during the current political transition to engage in dialogue with Ministry of Health authorities. UNHCR, its partners, and in particular WHO need to further intensify support and coordinate the access to public health services and support government-run facilities in refugee- dense areas. In addition, UNHCR coordinates with UNICEF, UNFPA and in particular WHO to support MOH in adopting the relevant policies and guidelines to ensure the access of target population to the essential health service packages, addressing the needs of refugees and host communities, and advocate with the Egyptian authorities on the health related rights and needs of the Syrian refugees.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Non-camp	250,000	200,000

The number of registered Syrian refugees has increased significantly during 2013. Therefore, it is expected that the demand for health services will increase in the different governorates of Egypt. However, the scope of services required will likely be similar to what has already been provided to refugees in previous years, but with more emphasis on the issues highlighted in the joint needs assessment.

The needs assessment highlighted that 78 per cent of the families have at least one person suffering with health needs with a high prevalence of chronic illnesses in particular cardio-vascular diseases. Furthermore, the main barriers hindering access to health services are the costs and the distance to health services. Therefore, it is worth highlighting that in Egypt, 72.8 per cent of expenditure on health is out of pocket as per a MOH survey conducted in 2010.

Therefore, UNHCR, WHO, UNICEF and UNFPA will put more emphasis on assisting the Ministry of Health facilities to be able to provide PHC services to Syrians, in particular women and children. This will include continued capacity-building activities based on health facility assessments in refugee residing areas, provision of medical equipment infrastructure, training, medicines and medical supply procurement.

Furthermore, enhancing health awareness and demand for primary preventative health care services among Syrians remains a key priority. Community health outreach will contribute to increasing access, utilization and coverage of public and NGO-based primary and referral care services.

Therefore, while focusing on supporting government facilities to improve access to primary health care services, sustaining and improving access to existing services provided by UNHCR health partners is also important. The focus will be on improving the quality of health services as well as monitoring utilization and access through strengthening data collection. A standardized health information system (HIS) will be prioritized to better inform on morbidity, mortalities, diseases trend, malnutrition problems and reproductive health data. This will help to improve ongoing planning, impact and prioritization of delivered primary and referral care services.

While the refugees' context-specific needs and priorities have been relatively consistent, the polio issue has taken a priority at the national level. Currently between 250,000 -300,000 Syrians are living in Egypt, 40 per cent of whom are children. This is in addition to refugees from a number of other countries where wild polio virus still circulates. The MOH has planned to conduct two rounds of Polio Immunization campaigns by the end of 2013: a National Immunization Day (NID) in November; and a Subnational Immunization Day (SNID) December 2013. In 2014, the MOH is planning to conduct one round of NID in March and another round of (SNID) in April.

3. RESPONSE STRATEGY

The Egyptian Government has allowed Syrian refugees to access public health facilities, hospitals and receive the same treatment as Egyptian nationals in terms of access and charges for health services, including emergency care. While the availability and capacity of the national public health system is limited, the increase in the number of Syrians registering with UNHCR will inevitably increase the demand for accessing health services. Therefore, the health sector response strategy will be based on achieving the following three objectives: **1**) Improve access, quality and coverage to comprehensive primary health care for Syrian refugees in Egypt in 2014. **2**) Improve access, quality and coverage to essential secondary and tertiary health care for Syrian refugees in Egypt in 2014. **3**) Support the capacity of the national health care service to provide health care in the most affected governorates in 2014.

The strategy will focus on the following priority areas:

1. Expand the capacity and geographical coverage of primary health care as an entry point to receive cost effective health services for Syrian refugees in Egypt.

2. Support the Ministry of Health public health system, especially primary health care facilities, through needs assessments and the procurement of equipment and supplies. Furthermore, key health staff will be trained to improve the quality and coordination of the services provided to the Syrian refugees.

3. Strengthen the capacity of UNHCR's current network of partners providing health services to Syrian refugees; this includes training and technical assistance to improve the quality and standards of the service provided through a robust monitoring and data collection system.

4. In order to meet the increasing demand for health services and the geographical spread of refugees, particularly in remote areas, and to overcome the limited capacity of implementing partners in remote areas, a coordination mechanism will be established in some governorates to facilitate access to MOH primary health care facilities, monitor referrals to secondary and tertiary health care to ensure that patients receive a cost-effective secondary and tertiary health care in their area of residence.

5. Furthermore, the UNICEF and WHO polio emergency response plan will support the polio Immunisation campaigns: to upgrade the two planned SIND rounds to full polio NID, and also to support the MOH in the polio NID rounds for March 2014 to ensure immunization of all 12.8 million under 5 children in Egypt, including refugees.

Raising awareness about the availability of health services is crucial for the increasing demand, access, and coverage of health services. Therefore, refugees will be mobilized by trained, culturally-sensitive community health volunteers from Syrian communities to increase their understanding of available health services and to raise awareness and health knowledge amongst refugees.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Improve access, quality and coverage to comprehensive primary health care for Syrian refugees in Egypt in 2014.									
Output	Targeted population by type (individuals) in 2014			Location(s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 1.1 Management of Communicable & Non communicable Diseases including EPI services		150.000		National	3.289.947	697.947	2.331.000	261.000	UNHCR, Caritas Alexandria, Refuge Egypt, Arab Medical Union (AMU), Mahmoud Mosque Society, Resala, Plan International, IOM, Save the Children, UNICEF, WHO
Output 1.2 National Polio campaigns implemented		30.000	12.770.000	National	14.896.050	0	14.896.050	0	UNICEF and WHO
Output 1.3 Comprehensive reproductive health provided to refugees		30.000	23.000	National	701.200	92.200	609.000	0	UNHCR, Caritas Alexandria, Refuge Egypt, Arab Medical Union (AMU), Mahmoud Mosque Society, Resala, Plan International, UNFPA, IOM, Save the Children, UNICEF, AMERA
Output 1.4 Appropriate infant & young child feeding practices promoted		25.000	9.000	National	670.600	0	670.600	0	UNHCR, Caritas Alexandria, Arab Medical Union (AMU), Mahmoud Mosque Society, Resala, Plan International, Save the Children, UNICEF, AMERA
Objective 1					**19.557.797**	**790.147**	**18.506.650**	**261.000**	

Objective 2.Improve access, quality and coverage to essential secondary and tertiary health care for Syrian refugees in Egypt in 2014.									
Output	Targeted population by type (individuals) in 2014			Location(s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 2.1 Referral network for secondary & tertiary care established and strengthened		12.000	120	National	5.336.000	5.300.000	36.000		UNHCR, Caritas Alexandria, Refuge Egypt, Arab Medical Union (AMU), Mahmoud Mosque Society, AMERA, Save the Children, IOM, WHO
Output 2.2 Secondary mental health services provided		4.000	900	National	380.680	352.680	28.000		UNHCR, PSTIC
Output 2.3 Access to emergency obstetric care provided		10.000		National	600.000	600.000			UNHCR, Caritas Alexandria, Refuge Egypt, Mahmoud Mosque Society, AMERA
Objective 2					**6.316.680**	**6.252.680**	**64.000**	**0**	

Objective 3. Support the capacity of the national health care services to provide health care in the most affected governorates in 2014.									
Output	Targeted population by type (individuals) in 2014			Location(s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 3.1 Acess to primary and essential secondary health care supported		200.000	250.000	National	2.922.600	222.000		2.700.600	UNHCR, AMU, UNFPA, Save the Children, WHO, UNICEF
Output 3.2 Capacity of staff developed				National	810.000			810.000	UNHCR, AMU, Refuge Egypt, UNFPA, IOM, Save the Children, UNICEF, WHO, FHI
Output 3.3 Essential drugs available		200.000		National	696.000	696.000			UNHCR, Save the Children
Output 3.4 Health Information System established				National	240.000			240.000	UNHCR and partners, WHO
Objective 3					**4.668.600**	**918.000**		**3.750.600**	

Sector indicators	Target
# of acute and chronic primary health care consultations (above 5& Under 5	127, 500 visits (above 5 years) 45, 000 visits (under 5)
# of antenatal care visits for women and girls	22.000
# of referrals for women, girls, boys and men to secondary and tertiary level	30.000
# of health facilities provided with medical supplies	10
# of children vaccinated in the Polio Vaccination campaign	12.800.000

Health - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total Requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	Requirements (US$)
SECTOR GRAND TOTAL	**30.543.077**	**7.960.827**	**18.570.650**	**4.011.600**	**10.431.351**

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Health in Egypt (US$)			
Agency	**Total Jan-Dec 2014**	**Jan-Jun 2014**	**Jul-Dec 2014**
IOM	800,000	480,000	320,000
PLAN	160,000	96,000	64,000
SCI	700,000	420,000	280,000
UNFPA	266,000	159,600	106,400
UNHCR	19,129,378	11,477,627	7,651,751
UNICEF	8,820,400	8,599,200	221,200
WHO	11,098,650	9,310,650	1,788,000
Total	**40,974,428**	**30,543,077**	**10,431,351**

I. Health and Nutrition response

Lead Agencies	WHO and UNHCR		
Participating Agencies	WHO, UNHCR, UNICEF, UNFPA, PU-AMI, IMC, UPP		
Objectives	1. Improve equitable access, quality, use and coverage to essential health care services, including referral, to Syrian refugees in camp and non-camp settings while ensuring sustained coverage of preventive, promotive and curative interventions in Iraq by end of 2014. 2. Improve coverage of comprehensive health services to Syrian refugees through integrated community level interventions by end of 2014. 3. Support the capacity of the national health care system to provide health and nutrition services to Syrian refugees and vulnerable Iraqis in the most affected governorates by the end of 2014.		
Requirements from January to June 2014	US$19,217,000		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US$14,842,000	US$3,250,000	US$1,125,000
Total 2014 indicative financial requirements	US$29,722,000		
Contact Information	Inge Colijn, colijn@unhcr.org Syed Jaffar Hussain, hussains@irq.emro.who.int		

1. ACHIEVEMENTS AND CHALLENGES

Through partners' concerted efforts, health needs assessments were conducted and provision of/access to health services for Syrian refugees were achieved despite the planned target being surpassed due to the rapid influx of refugees since 15 August 2013. Services and supplies were ensured, mass measles vaccination, Vitamin A supplementation and deworming campaigns conducted.

Poor feeding practices (limited exclusive breastfeeding for infants below 6 months and inadequate complementary feeding) have been reported. Though mass vaccination (polio/measles) including deworming and Vitamin A could reach more than 90 per cent, routine immunization services need to be redesigned to address strengthening routine immunization with periodic mass vaccination, neonatal and child health issues.

Systems for communicable disease surveillance and early detection of outbreaks have been established in the camps, although the systems remain fragile and vulnerable due to increased influx of refugees. PHC centres were established in the camps that are delivering a free-of-charge package of essential health services, including reproductive health and mental health.

Despite these achievements, the delivery of optimum health services to Syrian refugees has been constrained by limited financial resources allocated to health and increasing number of refugees while the Government's efforts to provide support to health services is dwindling. Furthermore,

with establishment of additional camps, more human resources will be required for curative and preventive health. Other challenges include the ongoing security concerns that negatively affect access to the camps, exacerbated by the recent bomb blasts in Erbil. Also, the increased number of refugees in host communities is putting strain on an already fragile and overloaded health system.

2. NEEDS AND PRIORITIES

The overall aim of these activities will be to prevent excess morbidity and mortality among displaced Syrian populations (both inside and outside camps) by supporting the Ministry of Health (MoH) in responding to health needs of target populations. To address the changing needs the plan is to prioritize key child survival interventions and in addition scale up services, apply innovative approaches for the hard to reach and plan for contingencies such as outbreaks of epidemic-prone diseases, malnutrition and total lack of access (remote programming).

Priority needs and objectives for the response to the Syrian refugee influx include ensuring the delivery of a comprehensive package of primary health and nutrition care and referral services, so as to provide optimal health services for Syrian women, girls, boys and men of all ages with varying health needs. Services will also include a full package reproductive health including emergency obstetric service, ante and post-natal services and family planning. In addition to comprehensive response to SGBV, including identification of cases, providing medical support and clinical management to survivors, this will be worked on closely with the protection groups in order of identifying referral pathways and standard operating procedures.

Routine immunization would be strengthened in all the camps. Mass vaccination for measles and polio with vitamin A+ deworming would be conducted. Services for Infant and Young Child Feeding (IYCF) and acute malnutrition where indicated would be provided. Nutritional surveillance would be conducted and advocacy for proper use of breast milk substitutes would be conducted. Essential equipment, medicines, vaccines, micronutrients, water purification and other essential supplies would be procured. Communication for development including health and hygiene promotion and IYCF and social mobilization for broader engagement of communities, local leaders and influential people to support the response scale up would be carried on.

Primary health care services will include the following: promotion of proper nutrition, reproductive and child care, including family planning, appropriate treatment for common diseases and injuries, routine immunization against major infectious diseases, home visits for new born care using female midwives/nurses from among the Syrian refugees, nutritional assessment and response, services for IYCF and acute malnutrition where indicated, baby hut services for breast feeding counseling, growth monitoring and hygiene education, integrated community case management, prevention and control of locally endemic diseases, education about common health problems and what can be done to prevent and control them. Services would also be delivered through community based volunteers/workers. Contingency preparedness for epidemic prone diseases, malnutrition would also be done.

Another key priority is to improve the diagnosis and management of chronic illness, particularly among the refugee population already suffering from chronic non-communicable diseases such as hypertension, diabetes, heart problems, asthma and the need to ensure they have access to uninterrupted treatment and periodic medical examination. Similarly, uninterrupted supply and management of essential medicines and other medical supplies and equipment is vital.

Mass vaccination against polio, is another emerging public health matter of international concern, following the recent confirmation of cases of polio virus in a country which was declared polio free since 1999. To reduce the high risk of re-introduction of polio in countries hosting Syrian refugees, there is a need to conduct countrywide massive vaccination of all target groups in these countries. In the case of Iraq, an average of 5,700,000 children under 5 years to be targeted as well as children attending primary school (ages 6-12) and to extend the NID to six rounds from the current four per year. Regional plans for such coordination's are being prepared by WHO and MoH as a matter of utmost urgency.

There will be also a need to strengthen the current disease surveillance and control system, including Disease Early Warning System and Outbreak prevention and control for the displaced population given the increased risk of communicable disease outbreak calling for an effective early warning and response system.

The health information system (HIS) will be strengthen to monitor the health interventions and for evidence based planning.

Environmental health interventions have also been identified as a major priority. This includes promotion of hygiene, safe disposal of waste, water quality monitoring along with ongoing health education and promotion which are elements that need to be enhanced.

Mental Health and Psychosocial Support for Syrians escaping conflict and seeking refuge from war and persecution is also another priority requiring urgent attention. The move from their homes to new habitats with uncertainty is causing anxiety, not only among adult population but also causing mental health stress among children.

Population group	Population in need	Targeted population
Camp	160,000	160,000
Non-camp	240,000	200,000

3. RESPONSE STRATEGY

The overall response will be based on applying the primary health care approach and strategy to ensure that essential health services are timely provided and are guided by proper assessment of needs, challenges and resources, appropriate organization and coordination of public health and medical services delivery.

At the camp level, this strategy will be implemented by ensuring that there is at least 1 primary health centre (PHC) for 10,000 people in each camp. The Ministry of Health will be the overall manager of camp based activities with the support of UN and NGOs with some involvement in running curative services. The Primary Health Care package will include treatment of communicable and non-communicable diseases and injuries/disabilities, immunization against major vaccine preventable diseases, prevention and control of outbreaks, standard practice of HIS, promotion of proper nutrition including IYCF, growth monitoring, integrated community case management and nutrition surveillance, comprehensive reproductive and child care including family planning and SGBV, mental health and psychosocial support, functional referral system, environment health, BCC including health and hygiene promotion and social mobilization for broader engagement of communities, local leaders and influential people to support and scale up the response will be carried out.

The response strategy for non-camp refugees will differ from those in the camp setting. The main priorities will be to ensure that refugees living in the non-camp settings have free access to health services and that the host population's access is not hindered by the influx of refugees. In order to achieve this objective, various components of the health system in the host community will be strengthened, including among others, supporting PHC and referral facilities located near the camps or areas with high concentration of displaced Syrian population, uninterrupted provision of medicines and supplies and equipment, capacity building for health practitioners; and health education and promotion to the population in the community.

The main constraints/challenges that could impact on RRP 6 activity implementation include:

- Further deterioration of security conditions and unstable political context leading to limited access to population in need of humanitarian assistance.
- Limited financial resources to undertake priority activities.
- Insufficient human resources and interruption of the medical supply chain.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Improve equitable access, quality, use & coverage to essential health care to Syrian refugees in camp and non-camp setting while ensuring sustained coverage of promotive, preventive, & curative interventions in Iraq by end of 2014.									
Output	Targeted population by type (individuals) in 2014			Location(s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 1.1 Establishment of health services and provision of comprehensive primary health care including NCD and MHPSS	160.000	200.000		Countrywide	2.580.000	1.800.000	700.000	80.000	UNHCR, WHO, UNICEF, UNFPA,PU-AMI, IMC, UPP, ACTED
Output 1.2 Increased comprehensive coverage of EPI services	51.000			Highly congested camps	400.000	400.000			UNICEF, WHO
Output 1.3 Comprehensive reproductive health services including emergency obstetric care and GBV services provided to Syrian refugees in camps and non camps	42.500	38.250		Countrywide	425.000	175.000	250.000		UNICEF,UNFPA
Output 1.4 Referral system for secondary and tertiary care established	34.000	51.000		Camps and districts with a high concentration of refugees	250.000	250.000			UNHCR, PU-AMI, IMC

Output 1.5 Appropriate infant and young child feeding practices promoted	21.250			Camps and districts with a high concentration of refugees	100.000	100.000			UNICEF
Objective 1					**3.755.000**	**2.725.000**	**950.000**	**80.000**	

Objective 2. Improve coverage of comprehensive health services to Syrian refugees through integrated community level interventions by end of 2014.									
Output	Targeted population by type (individuals) in 2014			Location(s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 2.1 Community health volunteer teams in place	160.000	200.000		Camps and districts with a high concentration of refugees	375.000	200.000	125.000	50.000	UNHCR, WHO, UNICEF, UNFPA, PU-AMI, UPP, IMC
Output 2.2 Community based Newborn care and Integrated Community Case Management (iCCM) programs implemented and monitored	21.250			Dohuk, Erbil, Suleyimania and Anbar governorates	115.000		115.000		UNICEF
Output 2.3 Community based reproductive health awareness programs using Syrian women volunteers	42.500	38.250		Camps and districts with a high concentration of refugees	135.000		110.000	25.000	UNFPA
Objective 2					**625.000**	**200.000**	**350.000**	**75.000**	

Objective 3. Support the capacity of the national health care system to provide services to Syrian refugees and vulnerable Iraqis in the most affected governorates by the end of 2014.									
Output	Targeted population by type (individuals) in 2014			Location(s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 3.1 Access to primary and essential secondary and tertiary health care supported	160.000	200.000		Countrywide	3.200.000	2.000.000	500.000	700.000	UNHCR, WHO, UNICEF, UNFPA
Output 3.2 Contingency plan for disease outbreak maintained	160.000	200.000		Countrywide	950.000	750.000	200.000		UNHCR, WHO, UNICEF
Output 3.3 Increased comprehensive coverage of mass vaccination campaigns (Measles, Polio, Meningitis) with deworming and Vit-A supplimentation	51000	240.000	5700000	All of the country (about 5,700,000 children per NID round), including both targeted Iraqis and Syrian children living	10.167.000	9.167.000	1.000.000		UNICEF,WHO
Output 3.4 Health information system strengthened	160.000			Countrywide	520.000		250.000	270.000	UNHCR
Output 3.5 Health Facility Asessment				Countrywide	0				UNHCR
Objective 3					**14.837.000**	**11.917.000**	**1.950.000**	**970.000**	

Sector indicators	Target
% of refugees having access to essential health services	370.000
% of women having access to reproductive health services	80.750
% of EPI coverage of under-fives children in the camp setting	51.000
% of children immunized for polio vaccines duirng campaings	5.700.000
Number of functioning health facilities equipped/constructed/rehabilitated	14

Health and Nutrition - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total Requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	Requirements (US$)
SECTOR GRAND TOTAL	**19.217.000**	**14.842.000**	**3.250.000**	**1.125.000**	**10.505.000**

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Health and Nutrition in Iraq (US$)			
Agency	**Total Jan-Dec 2014**	**Jan-Jun 2014**	**Jul-Dec 2014**
IMC	656,900	328,450	328,450
PU-AMI	2,420,000	1,210,000	1,210,000
UNFPA	2,200,000	1,200,000	1,000,000
UNHCR	4,705,000	1,875,000	2,830,000
UNICEF	11,183,500	8,483,500	2,700,000
UPP	573,100	286,550	286,550
WHO	7,983,500	5,833,500	2,150,000
Total	**29,722,000**	**19,217,000**	**10,505,000**

I. Health response

Lead Agencies	UNHCR and WHO Reproductive Health Sub-Sector: UNFPA Mental Health and Psycho-social Support Sub-Sector: WHO and IMC Nutrition Sub-Sector: UNHCR		
Participating Agencies	Action Aid, Aman Association, ACTED, Caritas, CVT, FRC, HI, IOM, IMC, IRC, IRD, IRW, JHAS, Medair, MdM, NICCOD, OPM, RHAS, RI, SCJ, TDHI, UNFPA, UNHCR, UNICEF, UNOPS, UPP, WHO,		
Objectives	6. Improve equitable access, quality and coverage to comprehensive primary health care for Syrian refugee women, girls, boys and men in Jordan by end of 2014. 7. Improve equitable access, quality and coverage to essential secondary and tertiary health care for Syrian refugee women, girls, boys and men in Jordan by end of 2014. 8. Support the capacity of the national health care system to provide services to Syrian women, girls, boys and men and vulnerable Jordanians in the most affected governorates. 9. Improve coverage of comprehensive health and rehabilitation services to Syrian refugees through integrated community level health and rehabilitation interventions by end of 2014.		
Requirements from January to June 2014	US$72,652,177		
Prioritized requirements (Jan-June)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US$37,330,099	US$31,299,682	US$4,022,396
Total 2014 indicative financial requirements	US$120,981,008		
Contact Information	Ann Burton, burton@unhcr.org Sabri Gmach, gmachs@who.int Shible Sahbani, Sahbani@unfpa.org Zein Ayoub, ayoubz@who.int Mary Jo Baca, mjbaca@InternationalMedicalCorps.org		
Gender Marker	2A		

1. ACHIEVEMENTS AND CHALLENGES

Much has been achieved from January to September 2013. The Ministry of Health (MoH) has maintained its policy of free access to primary and secondary care in their facilities for registered Syrians living outside of camps. Most refugees therefore have the right to access MoH services.

The strategic information base has improved and is guiding the Health Sector response both in camp and non-camp settings. In camps, UNHCR's health information system provides camp coordination groups and the MoH with timely information to respond to outbreaks as well as weekly health indicators to track coverage, health care utilization rates and select indicators for communicable diseases of concern. Outside camps, a number of key assessments have better determined the gaps in coverage and needs among both Syrian refugees and Jordanian host communities. For

instance, a joint rapid health facility assessment[78] was conducted in 313 MoH facilities in five northern governorates in June, revealing the impact of the Syrian influx. Coordination platforms at national and provincial levels have been strengthened by WHO and UNHCR, with increasing utilization of data and survey results to guide their work to ensure gaps and emerging needs are addressed. Direct support to MoH has been intensified in recognition of the massive burden on the national health care budget posed by the Syrian refugee presence. MoH immunization capacity was strengthened with over US$4 million of in-kind support to cold chain equipment and vaccines provided by UNICEF and US$5.52 million worth of essential medicines supported by WHO. The MoH has also supported Medécins Sans Frontiers to open a trauma surgery facility in Ramtha Public Hospital to support management of injured Syrians crossing the border, and has granted approval for ICRC to support Mafraq Hospital in war-wounded surgery. UNHCR delivered US$1.6 million worth of equipment to strengthen inter alia blood bank services in Mafraq, and renal dialysis capacity and neonatal intensive care in the north.

A measles outbreak was successfully contained with two mass campaigns jointly conducted by MoH, UNICEF, WHO, UNHCR and UNRWA in Zaatari and Mafraq and Irbid Governorates led by MoH; as a result, 82 per cent of children aged between six months to 15 years in Zaatari and 86 per cent of Syrians in Irbid and Mafraq were vaccinated against measles. Recognizing the potential impact on the host community, 533,008 Jordanian children were also vaccinated. Through the collaborative efforts of MoH, IOM, UNHCR and WHO, the case detection and cure rates for tuberculosis cases are adequate and a Public Health Strategy for Tuberculosis among Syrian Refugees in Jordan was adopted by the MoH.[79] Following a reported polio outbreak in Syria, an immunization campaign was carried out in late October in Zaatari camp, with 94 per cent coverage of children aged 0-59 months achieved.

Primary health care and essential secondary care continued to be provided for unregistered Syrians through a network of NGO clinics, particularly through the Jordan Health Aid Society (JHAS). At least 2792 refugees (1670 females, 1122 males) received inpatient secondary care supported by UNHCR through JHAS and Caritas while 3451 (2041 females, 1410 males) received outpatient secondary care); and 744 refugees (370 in camps, 374 out of camp; 295 females, 449 males) received life-saving, essential tertiary care. Efforts to expand access to Reproductive Health (RH) services continued with 213 health workers trained on RH quality and standards of care, Minimum Initial Service Package and clinical management of sexual violence. In Zaatari, 88 per cent of the 1628 deliveries between January to August were attended by skilled personnel, neonatal mortality audit was introduced and maternal mortality remains at zero. To strengthen nutrition of infants and young children 29,238 mothers/caregivers received infant and young child feeding (IYCF) services by Save the Children Jordan and Medair, supported by UNICEF; and the MoH has adopted, for the first time, Protocols in the Inpatient and Community-Based Management of Acute Malnutrition.[80] Mental Health and Psycho-social (MHPSS) services were expanded with 600 service providers

78 MoH, WHO, UNHCR, UNICEF, UNFPA, Harvard/IAPS, JUST & MDM *Joint Rapid Health Facility Capacity & Utilization Assessment*, July 2013.

79 Hashemite Kingdom of Jordan National TB Program, UNHCR, IOM, WHO, CDC, *Public Health Strategy for Tuberculosis among Syrian Refugees in Jordan*, July 2013

80 Hashemite Kingdom of Jordan MoH, *Inpatient and Outpatient Management of Acute Malnutrition*, 2013.

trained in various aspects of MHPSS. In Azraq, IFRC established a 40-bed hospital and IMC established primary health care, mental health and reproductive health services ready to receive refugees.

Principle challenges and concerns for the sector include:
Coordination between humanitarian and development actors is already in place but needs to be developed further. A comprehensive overview of humanitarian and development support to the national health sector needs to be elaborated. Syrian community involvement in the health sector is insufficient, and a comprehensive picture of different actors and their interventions is still being developed, which has affected gap analysis. Syrian refugee providers remain outside of the mainstream coordination mechanisms and fragmentation of health services in Zaatari – while improving – remains problematic. There is insufficient quantitative information about the access and uptake of non-camp refugees to health care services and their health status. Restriction of movement for women and girls may limit their access to health services, while lack of female providers for reproductive health services is also a significant barrier.

2. NEEDS AND PRIORITIES

Population group	Total Population	Targeted population[i]
Camp refugees	200,000	200,000
Non-camp refugees	600,000	600,000
Other affected population	700,000[ii]	300,000

i Further details on populations to be targeted can be found in sector objective and output table below. Information on target population at activity level is available through UNHCR Jordan or the Sector Chairs.

ii This total does not include the 3,850,000 individuals who will benefit from vaccinations.

With increasing numbers of Syrian refugees entering Jordan and the clearing of the registration backlog, demand on the public sector as well as NGO-supported clinics continues to grow. While demand for acute care is high, management of chronic non-communicable diseases (NCDs) and demand for prevention services is weak. The Syrian refugee health profile is that of a country in transition with a high burden of NCDs; 29 per cent of consultations in Zaatari in the first three months of 2013 were for chronic NCDs (diabetes constituted 17 per cent and hypertension 15 per cent). Communicable diseases also remain a public health concern with a measles outbreak in Jordan in 2013; 85 cases of tuberculosis diagnosed amongst Syrians since March 2012; and increasing numbers of both imported leishmaniasis and hepatitis A cases in areas hosting large numbers of Syrians. Of concern is the low routine immunization coverage in Zaatari and the patchy coverage of refugees outside of camps particularly in light of the polio outbreak with 13 confirmed cases in Syria as of mid-November. The last virologically-confirmed polio case in Jordan was reported on 3 March 1992.[81]

81 WHO, WHO EMRO: Jordan, 2013.

To support the continued provision of essential health services, major needs and priorities have been identified at community level, primary health care level, secondary and tertiary care and the national health system.

1. At community level, coverage of outreach and Syrian community involvement in the promotion or provision of health services is insufficient. This undermines Syrian access and coverage of key services, community capacity building, self-reliance and the ability to withstand future adversity. There is a need for greater access of refugees to information and enhanced refugee participation and engagement in identification of health and disability related needs, provision of information and linkages with health and rehabilitation services.

2. At primary health care level there is limited access for unregistered refugees, those with expired asylum seeker certificates and those with a Ministry of Interior Card that does not match their current place of residence. Assessments have demonstrated that these groups are very vulnerable and may incur significant out-of-pocket expenditures on health.[82] Moreover, many refugees are not aware of available health services and how they can be accessed. In MoH facilities, there is currently less demand from refugees for preventive services such as immunization, antenatal, postnatal care and family planning compared to curative services. There is critical need to strengthen uptake of routine immunization (Jordan has 10 vaccines in its schedule) and support campaigns for both Syrian and Jordanian children to respond to the threat of polio. Chronic NCD management is not always satisfactory, with inadequate monitoring, lack of a multidisciplinary approach and treatment interruptions. There are inadequate services for children with specific disabilities, e.g. cerebral palsy, while rehabilitation services do not meet the needs of the large numbers of injured. IYCF practices are poor and there is a high rate of formula feeding. While services exist to clinically manage sexual and gender-based violence (SGBV), the geographical coverage is limited and quality is not always satisfactory; moreover community and provider knowledge of services is low. Mental health problems are expected to be exacerbated as most refugees spend their third year in Jordan; furthermore there is an over-emphasis on trauma and less focus on supporting natural coping strategies and family/community resiliency; the geographic coverage of services needs to be widened; and more attention is needed for chronic mental health conditions, cognitive impairment, and pervasive developmental disorder.

3. Secondary and tertiary care need a continued high level of funding to ensure access to essential care such as deliveries, caesarean sections, war injuries, congenital cardiac abnormalities and renal failure. Despite the high level of care available in Jordan, gaps in service delivery exist including long-term post-operative care – especially for injuries – and surgical management of certain complications such as pressure sores. Costly complex treatments such as certain types of cancer cannot be supported with available resources necessitating difficult choices relating to resource allocation. A Reproductive Health

82 UNHCR and WFP, *Joint Assessment Mission of Syrian Refugees in Jordan*, June 2013.

Assessment[83] identified access to delivery services for unregistered non-camp refugee women as problematic due to lack of awareness of available mechanisms to ensure coverage. Due to the security situation, Gynécologie Sans Frontières was forced to pull out of Zaatari in September, leaving a gap in delivery services.

4. The MoH's critical role in providing refugee health services needs to be recognized and supported. Facilities in areas hosting large numbers of refugees are often overburdened. The Health Facility Assessment in the five northern governorates of Irbid, Mafraq, Jerash, Ajloun and Zarqa demonstrated that over 9 per cent of total patient visits were by Syrians. This manifests in shortages of medications – especially those for chronic diseases – and beds, overworked staff and short consultation times. This also fosters resentment amongst the Jordanian population. National capacity to provide community-based management and inpatient management of acute malnutrition has not yet been developed. The health information system in urban settings needs to be integrated nationwide and to be able to routinely disaggregate Syrians and Jordanians in key areas.

3. RESPONSE STRATEGY

The overall aims are to reduce excess morbidity and mortality; minimize the impact on the host community in order to promote peaceful co-existence and continue development gains; support the MoH to continue to meet the needs of refugee women, girls, boys and men and those of its own population; and promote male and female refugee participation and engagement. In addition, there should be continued monitoring of refugee health status, coverage and access especially for the most vulnerable, disaggregated by gender and age.

The MoH leadership through the National Emergency Coordinating Committee in coordinating and responding to the influx should be supported by the international community. Furthermore, strong coordination and effective partnerships should exist between UN agencies, NGOs and the national Health Sector to utilize the comparative advantages of each, avoid duplication and ensure that resources are used in the most cost-efficient way and with maximum impact. A coordination structure is already in place and includes sub-sectors on Nutrition; MHPSS; and RH. Links with other sectors will also be strengthened, such as with Protection on the health response to SGBV.
In order to do this activities within the Health Sector will:

1. Respond to immediate health needs of new arrivals including those with injuries, NCDs and specific needs.
2. Continue the provision and facilitation of access to comprehensive primary and essential secondary and tertiary health services both in and out of camps and strengthen the community health approach.

83 Boston University School of Public Health, UNHCR, UNFPA, CDC, Women's Refugee Commission, *Reproductive Health Services for Syrian Refugees in Zaatari Refugee Camp and Irbid City, Jordan. An Evaluation of the Minimum Initial Service Package*, 17–22 March 2013.

3. Strengthen the capacity of the national health system in most affected areas to respond to the current crisis, withstand future shocks and meet associated needs of the Jordanian population.

These three approaches will operate synergistically and as part of a continuum.

The response strategy in Zaatari and Azraq camps will be to ensure effective coordination to address gaps, including logistical and human resources support to MoH in order to strengthen their lead coordination role; continued monitoring of refugee health status, coverage and access especially for the most vulnerable; and promoting linkages with national health systems so that support will go to nearby MoH facilities where possible rather than creating high-level systems inside the camps.

For refugees in non-camp settings the national system will be supported through adequate human resources in areas most affected by Syrians, essential medicines, supplies, equipment and critical infrastructural improvements, and performance-based incentives for staff. Specific capacity gaps will be addressed though training, such as inpatient and outpatient management of acute malnutrition, clinical management of SGBV, integration of mental health into primary health care; or through staff secondment or human resource support, such as chronic disease management and specialized trauma surgery. The geographic focus on northern governorates is important, but attention will also be given to the acute health sector challenges faced in a number of middle and southern zone governorates.[84]

In relation to SGBV, health care providers play an important role in identification of survivors and critical clinical management and referral. This will be strengthened through training and improved monitoring in coordination with the Protection Sector and Family Protection Department. Critical gaps outside the camps which are not able to be met by the MoH will be met through supporting NGO clinics and support for referrals. Continued support to NGOs to relieve the burden on MoH facilities is needed until the MoH facilities are able to manage the increased workload. A health information system will be introduced in NGO facilities in order to contribute to the available data on Syrians, including data disaggregated by gender and age.

In both camp and non-camp populations two additional approaches will be developed. Firstly, a strategy to strengthen refugee participation and engagement in provision of information and selected health services (e.g. diarrhoea management with oral rehydration solution, behaviour change communication, Measuring Mid-Upper Arm Circumference screening, referral to Primary Health Centres), by training and supporting male and female community health volunteers, will be developed by agencies working in the Health Sector and resources sought for this. Secondly, vulnerability identification and scoring will be improved with the aim of better targeting and reaching those most vulnerable with essential services and assistance and monitoring of assistance against needs. This will build on a pilot project initiated in Zaatari in 2013 and expand to other sectors.

84 Such as Zarqa, Maadaba, Balqa, Maan, Karak and Tafilah.

In response to the polio outbreak in Syria the MoH, WHO, UNICEF and other actors in Jordan have developed a polio prevention and response strategy. This includes a total of four national immunization campaigns targeting all children under five including Syrians in camp and non-camp settings, strengthening active and passive surveillance for acute flaccid paralysis cases, introducing environmental surveillance, establishing three walk-in cold rooms and enhancing social mobilization for immunization.

The Health Sector will continue to conduct assessments in a coordinated manner of needs and capacities (including refugee women, girls, boys and men), coverage and impact (gender disaggregated), as well as ensure periodic monitoring and evaluation and the availability of the necessary information to inform strategic planning processes. In particular the observed gender differences in mental health consultations (more males than females), psychiatric admissions (more females than males) and injuries (more males than females) will be explored to determine if this represents a morbidity pattern or differential access.

In transitioning from humanitarian relief in the Syrian refugee context there is a need to link with the broader development initiatives in-country. This will entail stronger coordination both within and between the humanitarian and development sectors at all levels, Health Sector mapping of all development initiatives and the relationship between the humanitarian effort and development efforts, and development of longer-term plans to strengthen gaps highlighted by the humanitarian situation.

Certain gaps are beyond the capacity of the Health Sector to address, including the MoH staffing freeze which limits their ability to respond to the increased workload, or major infrastructure gaps such as the New Zarqa Hospital. Furthermore, humanitarian funding channels often preclude general budgetary support to the MoH but require funds to be channelled through humanitarian partners and in-kind support.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Improve equitable access, quality and coverage to comprehensive primary health care for Syrian refugee women, girls, boys and men in Jordan by end of 2014.									
Output	Targeted population by type (individuals) in 2014			Location (s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 1.1 Management of communicable and non-communicable diseases, including EPI services in place	200.000	640.000	3.380.000	Country Wide (Ajlun, Al Balqa, Amman, Azraq, Irbid, Jarash, Karak, Ma'an, Mafraq, Zaatari Camp, Zarqa)	20.774.281	15.340.958	4.784.500	648.824	FRC, IMC, IOM, JHAS, RHAS, SC Jordan, UNHCR (JHAS, IMC, FRC, RHAS, IOM), UNICEF, WHO
Output 1.2 Comprehensive reproductive health services provided to Syrian refugees and affected Jordanian population	50.000	35.000	15.000	Country Wide (Ajlun, Balqa, Amman, Aqaba, Azraq, Irbid, Jarash, Karak, Ma'an, Mafraq, Tafileh, Zaatari Camp, Zarqa)	6.196.104	2.251.971	3.944.134		IMC, IOM, IRC, TDHI, UNICEF, UNFPA(JHAS, IMC, AMAN, IFH, UPP, JWU, JAFPP)
Output 1.3 Increased availability of safe and confidential GBV related medical services	5.412	11.700	2.500	Country Wide (Ajlun, Balqa, Amman, Azraq, Irbid, Karak, Ma'an, Mafraq, Zaatari and EJC Camp, Zarqa)	631.753	577.706	54.047		UNFPA (JHAS, IMC, AMAN, IFH, UPP, JWU, JAFPP), IOM, IRC, Mdm JHAS,

Output 1.4 Appropriate infant and young child feeding practices promoted	15.400	56.200	13.860	Country Wide (Ajlun, Al Balqa, Amman, Irbid, Karak, Ma'an, Mafraq, Zarqa)	2.281.554		2.276.330	5.225	IMC, MdM, IOM, UNICEF (SCJ, Medair)
Output 1.5 Improve access to mental health services at the primary health level	54.999	11.700	5.000	Country Wide (Amman, Aqaba, Azraq, Irbid, Karak, Ma'an, Mafraq, Tafileh, Zarqa)	2.570.549	18.016	2.528.513	24.021	CVT, IMC, IOM, NICCOD, TDHI, UNHCR (IMC), WHO
Objective 1					**32.454.242**	**18.188.649**	**13.587.523**	**678.070**	

Objective 2. Improve equitable access, quality and coverage to essential secondary and tertiary health care for Syrian refugee women, girls, boys and men in Jordan by end of 2014.									
Output	Targeted population by type (individuals) in 2014			Location (s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 2.1. Referral system for secondary and tertiary care established	3.623	7.326	250	Country Wide (Balqa, Amman, Azraq, Irbid, Karak, Ma'an, Mafraq)	8.853.192	6.357.055	2.496.137		Caritas, IMC, IR, IRD, JHAS, MdM, UNFPA, UNHCR (JHAS, Caritas),
Output 2.2. Secondary mental health services provided	1.208	3.000	3.000	Country Wide	387.339	354.310	33.029		MdM, WHO, JHAS, UNHCR
Output 2.3. Access to emergency obstetric care provided	500	510	1.400	Country Wide	822.720	606.531	216.189		JHAS, UNFPA, UNHCR
Output 2.4. Physical rehabilitation for persons with injuries and/or disabilities provided	5.250	9.575	5.251	Country Wide (Amman , Mafraq)	4.714.125		4.714.125		Action Aid, HI, IMC, OPM, RI,
Objective 2					**14.777.376**	**7.317.895**	**7.459.480**		

Objective 3. Support the capacity of the national health care system to provide services to Syrian women, girls, boys and men and vulnerable Jordanians in the most affected s by the end of 2014.									
Output	Targeted population by type (individuals) in 2014			Location (s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 3.1 Access to primary and essential secondary and tertiary health care supported	200.000	600.000	300.000	Country Wide (Aqaba, Azraq , Irbid , Mafraq, Tafileh, Zarqa and Zaatari)	14.839.254	8.190.375	5.582.946	1.065.933	ACTED, Caritas, IMC, IR, IRC, JHAS, TDHI, UNFPA, UNHCR (JHAS), UNOPS, UPP, WHO
Output 3.2 Capacity building developed	12.082	45.000	6.300	Country Wide(Ajloun, Balqa, Amman, Irbid, Jarash, Karak, Ma'an, Mafraq, Zarqa and camps (Zaatari and EJC))	1.932.923	240.210	803.935	888.778	JHAS, MDM, MEDAIR, UNFPA, UNHCR, UNICEF, WHO
Output 3.3 Essential chronic disease drugs available	12.082	5.000	5.000	Country Wide(Balqaa, Amman, Irbid, Karak, Madaba, Mafraq, Zarqa)	2.612.286	1.741.524	270.236	600.525	UNHCR, WHO, MDM, MEDAIR, JHAS
Objective 3					**19.384.463**	**10.172.109**	**6.657.118**	**2.555.236**	

Objective 4. Improve coverage of comprehensive health and rehabilitation services to Syrian refugees through integrated community level interventions by end of 2014.									
Output	Targeted population by type (individuals) in 2014			Location (s)	Detailed requirements from January - June 2014				Partners
	SYR in camps	SYR in urban	Other affected pop		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 4.1 Community health volunteer teams in place	60.000	89.670	30.010	Country Wide(Ajlun, Balqa, Amman, Azraq, Irbid, Karak, Ma'an, Mafraq, Zarqa)	3.795.824	1.411.235	1.648.946	735.644	ActionAid, FRC, IMC, MdM, JHAS, MEDAIR, OPM, RI, UNHCR (IRD, FRC),
Output 4.2 Community level referral system in place	55.000	32.267	5.000	Country Wide (Balqa, Amman, Country Wide, Irbid, Karak, Ma'an, Mafraq, Tafileh, Zarqaa, Zaatari Camp	1.218.178		1.218.178		Action Aid, IRD, MEDAIR, OPM, TDHI, UNHCR (IRD, FRC)
Output 4.3 Community management of acute malnutrition programs implemented and monitored	43.200	129.600	45.200	Country Wide	845.540	240.210	605.330		Action Aid, JHAS, MEDAIR, UNHCR (JHAS), UNICEF (Sc Jordan, Medair)
Output 4.4 Community Level Rehabilitation provided					-				Activities planned. To be considered in next review
Output 4.5 Community level mental health provided	24.000	6.006	3.000	Country Wide (Ajlun, Amman, Azraq, Irbid, Mafraq, Zaatari Camp, Zarqa)	176.554		123.108	53.447	IMC, OPM, UNHCR (IMC), WHO
Objective 4					**2.240.272**	**240.210**	**1.946.615**		

Sector indicators*	Target
# of boys and girls receiving measles vaccine	380.960
# of women and girls (less than 18) who receive antenatal care	63.862
# of GBV survivor (women, girls, boys and men) who access medical care	22.650
# number of facilities providing mental health services	1.856
% of deliveries undergoing caesarean section	5
# of male and female health workers trained	1.530
# of health facilities equipped/ constructed/ rehabilitated	87
# of male and female community health volunteers trained and supported	1.130
* these are just a sample of the total indicators being monitored under the RRP6 Jordan	

Health - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total Requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	Requirements (US$)
SECTOR GRAND TOTAL	**72.652.177**	**37.330.099**	**31.299.682**	**4.022.396**	**48.328.831**

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Health in Jordan (US$)			
Agency	**Total Jan-Dec 2014**	**Jan-Jun 2014**	**Jul-Dec 2014**
ACTED	300,000	180,000	120,000
ActionAid	1,425,000	855,000	570,000
Caritas	6,800,000	4,080,000	2,720,000
CVT	2,500,000	1,500,000	1,000,000
FRC	3,000,000	1,800,000	1,200,000
HI	3,000,000	1,800,000	1,200,000
IMC	7,363,289	4,417,973	2,945,316
IOM	918,470	551,082	367,388
IRC	4,060,000	2,436,000	1,624,000
IRD	1,474,900	884,940	589,960
IRW	4,205,952	2,523,571	1,682,381
JHAS	9,770,000	5,862,000	3,908,000
MdM	4,150,000	2,490,000	1,660,000
Medair	1,518,000	910,800	607,200
NICCOD	177,500	106,500	71,000
OPM	140,000	84,000	56,000
RHAS	720,000	432,000	288,000
RI	5,475,000	3,285,000	2,190,000
SCJ	2,000,000	1,200,000	800,000
TDHI	255,000	153,000	102,000
UNFPA	10,046,051	6,027,631	4,018,420
UNHCR	24,552,858	14,731,715	9,821,143
UNICEF	11,501,057	6,900,634	4,600,423
UNOPS	1,900,000	1,140,000	760,000
UPP	158,931	158,931	-
WHO	13,569,000	8,141,400	5,427,600
Total	**120,981,008**	**72,652,177**	**48,328,831**

H. Health response

Lead Agencies	UNHCR, WHO, MoPH		
Participating Agencies	MoPH, MoSA AJEM, Amel Association, Armadilla SCS Onlus, Beyond, Caritas Lebanon Migrant Centre, Centre for Victims of Torture, Fundacion Promocion Social de la Cultura, Handicap International, Humedica, International Medical Corps, International Orthodox Christian Charities, International Organization for Migration, Makhzoumi Foundation, Medair, Medical Aid for Palestinians, Medecins du Monde, Première Urgence-Aide Médicale Internationale, Relief International, ReStart, Save the Children, Seraphim Global, Soins Infirmiers Development Communautaire, Young Man's Christian Association. UNHCR, UNFPA, UNICEF, WHO, UNRWA		
Objectives	5. Improve access, coverage, and quality of primary health care services 6. Improve access and quality of secondary and tertiary health care services 7. Strengthen national health care system		
Requirements from January to June 2014	US$111,029,453		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US$72,143,950	US$25,685,750	US$13,199,753
Total 2014 indicative financial requirements	US$188,110,729		
Contact Information	P. M. Njogu, Njogu@unhcr.org, A. Rady, radya@who.int		

1. ACHIEVEMENTS AND CHALLENGES

The rapid increase in refugee population in the course of 2013 has put a significant strain on health services, and refugees have found themselves at increasing risk of deteriorating health status and distress. Poor shelter, lack of appropriate waste disposal, and poor hygiene are major contributing factors to health problems among refugees from Syria. The serious humanitarian situation in Syria coupled with poor living conditions of refugees in Lebanon has heightened risks of disease outbreaks, including measles and polio, and the introduction of new diseases to the host community.

Although Lebanon has a wide network of health care, affordability is increasingly becoming the main barrier to health for affected populations. Health services in Lebanon are largely privatized and based on user fees. Refugees are expected to cover the costs of treatment, which can reach significantly above their means. Humanitarian actors continued to assist refugees with treatment costs and supported the fragile network of public health providers with medicines, equipment and staff capacity to respond to increased demand and mitigate against deteriorations in services for Lebanese communities.

By end October 2013, humanitarian partners had supported some 317,000 primary healthcare interventions for refugees and other affected populations, including for 60,840 Palestine Refugees from Syria (PRS). Partners worked with the Ministry of Public Health (MoPH) to contain a measles outbreak affecting 1,745 children of which 88 per cent were Lebanese nationals. Some 730,000 children were vaccinated for measles and 231,057 children received oral polio vaccines and the routine immunization programme was strengthened with cold chain equipment, vaccines and staff training. 75,000 patients received chronic care medications and 769 cases of cutaneous leishmania were put on treatment. Reporting on communicable diseases was strengthened and health care providers were trained on epidemiological surveillance. Over 14,000 Syrians received psychosocial support however the limited number of mental health professionals at PHC centres hindered provision of mental health services. Anecdotal evidence also suggests that antenatal care was negatively impacted by user fees.

Providing secondary healthcare in Lebanon's fragmented and privatized health system is extremely costly. Faced with rising patient numbers and limited resources, humanitarian agencies had to restrict financial support to the most vulnerable refugees with life-threatening conditions and increase the refugee contribution from 15 per cent to 25 per cent. Within these tight targeting criteria, partners supported over 28,000 Syrian in accessing care for life-threatening conditions. Beneficiaries included nearly 1,500 new-borns and infants, and 7,500 pregnant women. UNRWA referred some 3,150 Palestine refugees for urgent secondary healthcare.

Reduced health assistance has placed a heavy burden on refugees and health providers. Some refugees skipped treatment or resorted to negative coping mechanisms to pay for care. At the same time, hospitals accumulated significant unpaid bills[38]. Some hospitals resorted to unorthodox methods of collecting payment, such as detaining patients or bodies of the deceased, requesting upfront payment, and confiscating registration documentations. Without sustained humanitarian support in 2014, these incidents could escalate to outright denial of access to health care.

Partners have put in place a number of measures to rationalize costs and strengthen oversight of secondary health care programmes to ensure the most effective use of resources. These include daily patient visits, immediate medical and financial audit of files upon discharge and standard procedures for service delivery. Partners also visit hospitals regularly to follow up on various issues, such as inappropriate procedures, poly pharmacy, and quality of care.

Malnutrition is an increasing challenge. Since May 2013, 64 children suffering from acute malnutrition were identified. Partners trained staff in 25 PHC centres to identify malnutrition and treat moderate cases, while referring severe acute malnutrition (SAM) cases for specialized care in pre-identified hospitals. Results from a country-wide nutrition survey are expected in December and will provide insight on the magnitude and severity of the problem. UNRWA trained and recruited additional health staff in its 27 health centres across Lebanon.

38 As of October 2013, 4 government hospitals are owed over US$269,000 in unpaid bills arising from the 25% refugee contribution.

Humanitarian and government agencies stepped up preparedness in relation to the use of chemical weapons in Syria. 17 frontline hospitals were identified and supported with personal protective equipment, antidotes and training. In addition, over 60 Lebanese Red Cross first responders were trained to identify and triage persons exposed to chemical weapons.

Recent confirmed cases of polio in north-eastern Syria are of significant concern and require immediate response. An outbreak risk assessment conducted by WHO in May 2013 indicates that Lebanon is at increased risk of reintroduction of polio[39]. It is estimated that some 500,000 Syrian children have not been immunized, and vaccination coverage among displaced Syrians and host communities in border areas is suboptimal.

2. NEEDS AND PRIORITIES

The health status of refugees and affected populations is likely to deteriorate in 2014 without sustained humanitarian support. Based on current trends, it is estimated that vulnerable persons among affected populations will require a primary healthcare intervention at least once in 2014[40]. Some groups, including pregnant and lactating women, children under five years of age, older persons[41], persons with disabilities, and those with acute life threatening diseases have elevated needs for healthcare that will require priority attention. Persons exposed to critical health events such as disease outbreaks will also be prioritized.

Population group	Population in need	Targeted population
Syrian refugees	1,500,000	900,000
Palestine refugees from Syria	100,000	55,000[i]
Affected Lebanese	1,500,000	900,000
Lebanese returnees	50,000	30,000

i Based on an estimate of three visits to health centres per year.

Some 20 per cent of projected refugees and the affected population are children under 5 years of age (573,000 persons). It is estimated that 5 per cent of new-borns will be premature and suffer from neonatal distress and congenital malformations, needing prolonged medical care. Partners project that a further 5,000 refugee children need specialized care for life-threatening conditions in 2014. Improving early detection of malnutrition, community awareness and infant and young child feeding practices are important priorities in light of recent reported cases. A nutritional survey is underway and will provide better population based data to fine-tune the nutritional response.

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39 The last case of poliomyelitis due to wild poliovirus was reported in 1999 in Syria, and 2002 in Lebanon.

40 The *Vulnerability Assessment for Syrian Refugees (VASyR)*, WFP, UNHCR, UNICEF found 72% of refugees to be vulnerable. Pending the completion of similar assessments on PRS and Lebanese returnees, a similar proportion of these groups have been considered to be vulnerable for the purposes of planning.

41 Over 60 years of age.

Some 25 per cent of the projected population (775,000 persons) will be women of reproductive age and 124,000 will be pregnant women requiring essential pre-natal, delivery and post-natal services. Persons with disabilities and older persons will continue to need special attention with the particular health challenges they face given their lack of visibility and mobility within the community. In addition, some 20 per cent of the displaced population are expected to have mental health disorders in 2014, requiring specialised follow up and support.

Current trends suggest that some 50,000 Syrian refugees will require acute medical and surgical interventions in secondary and tertiary hospitals. With the cost of life-saving procedures averaging US$565 per patient in 2013, significant international support will be required to ensure that the most vulnerable are not subjected to undue distress and an increased risk of mortality. Improved access to life-saving treatment for the most vulnerable among the Lebanese population through existing mechanisms including the NPTP[42] is also a vital intervention to ensure continued social cohesion in communities hosting large numbers of refugees.

Health providers will continue to need support to be able to absorb the vast increase in patient numbers. A recent WB assessment found that US$1.4-1.6 billion is needed until end 2014 to stabilize and restore access and quality of health, and other services to pre-conflict levels[43]. The network of health centres and hospitals providing reduced-cost services to refugees must be expanded and training of health workers increased, to ensure access to treatment for refugees and diminish deteriorations in services for local populations. Additionally, health providers will need support replacing essential equipment and drugs that have come under strain because of continued increase in demand.

The capacity of GOL/MOPH in terms of preparedness and response to outbreaks must be rapidly reinforced, particularly in light of recent outbreaks of measles and polio. The expansion of the Government's early alert and response system is an urgent need. A synchronized sub-regional polio immunization campaign targeting the countries hosting most Syrian refugees is also of utmost urgency.

42 National Poverty Targeting Programme.

43 *Lebanon - Economic and social impact assessment of the Syrian conflict (ESIA)*, World Bank, 20 September 2013

3. RESPONSE STRATEGY

Humanitarian partners will work to maintain the health status of the affected population, reduce health risks and respond to potential disease outbreaks. They will also ensure treatment for those with life-threatening conditions. The strategy for 2014 seeks to:

- **Improve access, coverage, and quality of primary health care services**. Partners will target the most vulnerable with a minimum package of services based on the MOPH network package.[44] An expanded network of primary health care centres (PHCCs), including Ministry of Social Affairs' (MOSA) Social Development Centres (SDCs), shall be the first entry point for preventive, curative care, health promotion activities, and referral for secondary care[45]. Additional mobile medical units will be established to reach vulnerable persons in remote locations. Partners will work on improved clinical management and treatment of mental health disorders, in addition to other psychosocial support activities and access to psychotropic medications.

- **Improve access and quality of health care services at the secondary and tertiary level.** Existing health facilities have the capacity to absorb increasing demand, however as health care is privatized and expensive, humanitarian actors will prioritize and target vulnerable refugees, specifically pregnant women, new-borns, persons with specific needs as well as emergency life-threatening medical and surgical interventions.

- **Support the national health system to respond to the increasing number of persons in need of health care in addition to supporting preparedness to respond to public health challenges.** Partners will work with MOPH and MOSA to improve access to and utilization of PHCCs and SDCs by reducing consultation fees, increasing availability of physicians , ensuring availability of essential drugs and supplies including reproductive health supplies, providing centres with essential equipment, and capacity building on various issues. The National Poverty Targeting Programme will be reinforced to assist with treatment costs for vulnerable Lebanese.

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44 Groups considered to be vulnerable include children under 5, women of reproductive age, older persons and persons living with disabilities and mental health disorders.

45 Partners plan to expand the PHC network from 60 to 180 facilities.

Partners will work to improve efficiencies by centralizing procurement of essential drugs for acute and chronic conditions and making them available to targeted refugees and vulnerable Lebanese for a nominal fee[46]. UNHCR will also use a Third Party Administrator (TPA) to administer and audit medical and financial services provided by contracted hospitals. This will reduce the burden on partners, enabling them to focus on case follow up and monitoring. It is hoped that this will also provide for better scrutiny of treatments prescribed to targeted groups, given reports of unnecessary medical procedures, poly-pharmacy, and the prescription of expensive therapeutic regimes. Despite efforts to reduce costs, partners will only be able to reach up to 72 per cent of the at-risk groups outlined in this response in line with overall assessments of vulnerability conducted by WFP, UNICEF and UNHCR. In the event of a funding shortfall, partners will be forced to further increase refugee contributions towards health costs reducing their access to basic care.

Health education and mass information activities will also be expanded across the country. Refugees will be encouraged to seek treatment in contracted hospitals where UNHCR and partners have negotiated preferential rates.

Palestine Refugees from Syria will continue to be supported by UNRWA through its health centres and by providing referrals and support for secondary and tertiary hospitalizations for life-threatening conditions. UNRWA will maximize available resources to provide primary health care and life saving secondary and partial tertiary health care services. UNRWA will also support the provision of life-saving emergency visits for PRS in Lebanon.

46 Humanitarian partners will import drugs and distribute them to the network of PHC thereby lowering procurement of drugs locally which can be as much as 4-6 times more expensive.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Improve access, coverage and quality of primary health care services										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 1.1 Treatment of acute and chronic conditions in PHC settings	420.000	28.080	400.000	6.680	National	25.113.664	23.548.080		1.565.584	Amel Association, Humedica, IMC, IOM, Makassed, Medair, PU-AMI, SCI, Seraphim Global, SIDC, UNHCR, (Amel, IMC, CMLC, PU-AMI, Makhzoumi Foundation, IOCC, Restart), UNICEF (MOPH, MOSA, Beyond, RI, IMC, PUAMI, IOM, HI, CLMC, MF, IOCC, Humedica, SG, Makassed), UNRWA, WHO
Treatment of acute and chronic conditions in PHC settings	33.600		140.000	7.000	National	3.004.267	3.004.267			MOSA

Output 1.2 Management of childhood illness	222.000	12.300	200.000	5.600	National	17.659.553	7.418.691	9.571.818	669.044	Amel Association, IMC, IOCC, IOM, Makassed, Makhzoumi Foundation, Armadilla S.c.s. Onlus, Medair, SCI, Seraphim Global, UNHCR (Amel, IMC, CMLC, PU-AMI, Makhzoumi Foundation, IOCC, Restart), UNICEF (MOPH, IOCC, Beyond, RI, MOSA, IMC, PUAMI, IOM, HI, CLMC, MF, IOCC, Humedica, SG, Makassed), UNRWA, WHO
Management of childhood illness	32.000	3.300	100.000	2.000	National	4.161.512	4.144.012		17.500	MOSA
Output 1.3 Reproductive health and family planning services provided	34.000	2.000	40.000	1.000	National	9.699.326	5.884.738	3.575.031	239.557	Amel Association, IMC, IOM, Makassed , Medical Aid for Palestinians, Medair, SCI, UNFPA, UNHCR (Amel, IMC, CMLC, PU-AMI, Makhzoumi Foundation, IOCC, Restart), UNICEF (MOPH, MOSA, Beyond, RI, IMC, PUAMI, IOM, SCF, HI, CLMC, MF, IOCC, Humedica, SG, Makassed), UNRWA, WHO

Reproductive health and family planning services provided	16.000	1.200	20.000	520	National	501.760	501.760			MOSA
Output 1.4 Mental health pshychosocial services and support persons with disability	15.500	2.800	10.000	900	National	3.765.841	106.000	3.487.593	172.248	CLMC, FPSC, HANDICAP INTERATIONAL, IMC, IOM, Makhzoumi Foundation, Armadilla S.c.s. Onlus, Medical Aid for Palestinians, Seraphim Global, UNHCR (Amel, IMC, CMLC, PU-AMI, Makhzoumi Foundation, IOCC, Restart), RESTART, UNICEF (Medical Aid for Palestinians)
Output 1.5 Health promotion and outreach and outbreak prevention	124.000	7.000	100.000	3.800	National	2.766.987	896.276	1.642.282	228.429	Amel Association, IMC, IOM, Makassed, Makhzoumi Foundation, Armadilla S.c.s. Onlus, Medical Aid for Palestinians, Medair, Seraphim Global, SIDC, UNFPA, UNHCR (Amel, IMC, IOCC, CMLC, PU-AMI, Makhzoumi Foundation, Save The Children), UNRWA

Health promotion and outreach and outbreak prevention	2.000		50.000	800	National	867.449		867.449		MOSA
Outptu 1.6 Polio Campaign					National	4.000.000		4.000.000		WHO (MOPH, Beyond), UNICEF (MOPH, Beyond)
Objective 1						**63.005.370**	**37.853.785**	**22.276.724**	**2.874.861**	
GoL						**8.534.987**	**7.650.038**	**867.449**	**17.500**	

Objective 2: Improve coverage and quality of secondary and tertiary health care										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 2.1 Management on neonatal and congenital conditions	4.130	2.400			National	3.856.651	1.864.795	109.145	1.882.711	CLMC, UNHCR, UNRWA
Management on neonatal and congenital conditions	680				National	2.118.750	1.718.750	400.000		MOSA
Output 2.2 Management of obstetric and gynecological conditions	35.280	3.120			National	20.071.000	19.934.378	119.159	17.463	Amel Association, UNFPA, UNHCR (Globemed), UNRWA
Management of obstetric and gynecological conditions	34.000				National	10.500.000	9.750.000	750.000		MOSA

Output 2.3 Management surgical conditions	7.730	1.150			National	7.270.025	6.161.498	1.108.527		Amel Association, CLMC, HANDICAP INTERNATIONAL, Medical Aid for Palestinians, UNHCR, UNRWA
Management surgical conditions	6.950				National	8.416.250	3.916.250	4.500.000		MOSA
Output 2.4 In and out patent management of medical conditions	17.850	89.000			National	6.925.053	6.329.494	595.559		Center for Victims of Torture, Medical Aid for Palestinians, UNHCR, UNRWA
In and out patent management of medical conditions	5.450				National	4.730.000	3.230.000	1.500.000		MOSA
Objective 2						**38.122.729**	**34.290.164**	**1.932.390**	**1.900.174**	
GoL						**25.765.000**	**18.615.000**	**7.150.000**		

Objective 3: Strengthen national health systems										
Output	Targeted population by type (refer to individuals) from Jan-Jun 2014				Location(s)	Total Requirements Jan - June (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 3.1 Strengthen primary health care system	907.000	56.150	700.000	22.350	National	7.185.842		1.476.636	5.709.206	IMC, IOM, Makhzoumi Foundation, Armadilla S.c.s. Onlus, Medair, UNFPA, UNHCR (IOCC, Save The Children), UNICEF (MOPH, MOSA, Beyond, RI, IMC, PUAMI, IOM, HI, CLMC, MF, IOCC, Humedica, SG, Makassed), WHO (MOPH)
Strengthen primary health care system			408.000	5.000	National	282.650		14.000	268.650	MOSA
Output 3.2 Strengthen secondary/tertiary health care system	907.000	56.150	1.080.000	27.350	National	1.964.930			1.964.930	WHO (MOPH), UNHCR, MF, Save the children
Output 3.3 Surveillance of diseases of PH importance	907.000	56.150	1.080.000	26.350	National	750.582			750.582	WHO (MOPH), UNHCR, Save the Children, UNRWA
Surveillance of diseases of PH importance	907.000	56.150	1.080.000	26.350	National	8.000			8.000	MOSA
Objective 3						**9.901.354**		**1.476.636**	**8.424.719**	
GoL						**290.650**		**14.000**	**276.650**	

Sector indicators	Target
# of patients receiving PHC service by age and sex	1.051.350
# of pregnant women attending ANC visits at PHC Centers	344.160
# of children under 5 year old vaccinated by age and sex	575.230
# of children under 5 years age received oral polio vaccine	1.120.000
# of patients receiving inpatient care by age and sex	146.885
% of delivery by cesarean section	35%
# of health providers trained by cadre	1.860
# of structures equiped by category	600

Health - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total Requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	(US$)
Humanitarian agencies	**111.029.453**	**72.143.950**	**25.685.750**	**13.199.753**	**77.081.276**
Government of Lebanon (GoL)	**34.590.637**	**26.265.038**	**8.031.449**	**294.150**	**34.475.737**

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Health in Lebanon (US$)			
Agency	**Total Jan-Dec 2014**	**Jan-Jun 2014**	**Jul-Dec 2014**
AMEL	752,802	456,476	296,326
CLMC	2,413,600	1,196,800	1,216,800
CVT	200,000	100,000	100,000
FPSC	822,000	434,750	387,250
HI	4,360,000	2,180,000	2,180,000
HUMEDICA	500,000	250,000	250,000
IMC	5,563,950	2,531,900	3,032,050
IOCC	376,000	188,000	188,000
IOM	2,516,001	1,410,001	1,106,000
MAKASSED	768,380	384,190	384,190
MAKHZOUMI	545,000	272,500	272,500
MAP	266,000	133,000	133,000
MEDAIR	2,819,040	1,409,520	1,409,520
PU-AMI	676,800	338,400	338,400
S GLOBAL	2,072,000	1,036,000	1,036,000
SCI	2,523,284	1,260,942	1,262,342
SIDC	107,400	53,700	53,700
UNFPA	8,682,500	4,882,500	3,800,000
UNHCR	93,051,811	53,816,405	39,235,406
UNICEF	31,577,787	17,648,030	13,929,757
UNRWA	12,398,701	9,745,022	2,653,679
WHO	15,117,673	11,301,317	3,816,356
Total	**188,110,729**	**111,029,453**	**77,081,276**
GoL	**69,066,373**	**34,590,636**	**34,475,737**

I. Health response

Lead Agencies	UNHCR, WHO		
Participating Agencies	UNICEF, UNFPA, IOM		
Objectives	1. Coordination for equitable emergency health response, streamlining of decision making, monitoring and information management in partnership with local authorities and other actors 2. Continuation and strengthening of essential and equitable PHC services for Syrian refugee women, girls and boys and men in Turkey 3. Strengthening communicable diseases surveillance and response, including immunization, to mitigate morbidity and mortality among affected and displaced population 4. Strengthening health promotion, protection and intervention, including MCH and reproductive health services 5. Support effective management of non-communicable diseases and mental health services, including core SGBV services for Syrian refugee women, girls and boys and men in Turkey		
Requirements from January to June 2014	US$35,612,750		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US$12,416,200	US$16,320,550	US$6,876,000
Total 2014 indicative financial requirements	US$62,535,500		
Contact Information	Shannon Kahnert, kahnert@unhcr.org Felicia Mandy Owusu, owusu@unhcr.org Therese Malone, malone@unhcr.org Dr Maria Cristina Profili, mcp@euro.who.int Azret Kalmykov, aks@euro.who.int Dr. Zahidul Huque, huque@unfpa.org		

1. ACHIEVEMENTS AND CHALLENGES

AFAD reported that since the beginning of the crisis almost 1.6 million outpatient services were provided to Syrians in the camps, of which about 300,000 cases were referred to hospitals in various towns. Reportedly as of October 2013, more than 28,000 surgical operations were performed and 6,100 births were recorded in the hospitals. Supported state health response is in place and well-established.

UN agencies provide the requested technical support (including various technical guidelines, protocols and tools) to health partners to support the response of the Turkish health system (for example, list of the national reference laboratories, leishmaniasis protocols, health/hygiene kits, equipment and supplies, environmental and mental health guidelines, health assessment tools, chemical safety and training materials on chemical exposure and trauma care; health indicators; EWARN for communicable diseases; list of health education materials in Arabic and English; training service providers on emergency RH and SGBV). The mapping of health sector organizations providing assistance to Syrians in Turkey along the Turkey-Syria border has been conducted. The health sector agencies have provided technical support and assistance for development of

EWARN framework for communicable diseases along Turkey-Syria border. All received requests for assistance with supplies were met by UN agencies.

In order to ensure continuity of essential public health programmes and health services to the refugee population, the following priorities have been identified:

- **Health Coordination**
- **Primary health care services**
- Prevention and control of communicable diseases and immunization
- Mother and child health care and reproductive health
- Mental health and psychosocial support, including for survivors of SGBV.
- Chronic and non-communicable diseases
- Emergency preparedness

There is a clear need for health coordination, information management and technical support due to the increasing number of health NGOs along Turkey/Syria border. The limited overall funding of health sector through the RRP5 challenged the planned implementation.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Camp	300,000	300,000
Non-camp	700,000	700,000
Turkish and non-Turkish children under 5 years old (polio response)	1,300,000	1,300,000

Higher number of patients are requiring mental health and psychosocial support. The demand for access to health care is high, especially for psychosocial support. According to a survey carried out by AFAD, almost 55% of refugees report the need for psychological assistance. Few NGOs are currently working to support the health of refugees in a variety ways, including through the provision of mental health and psychosocial support services in some urban locations.

According to AFAD survey, access to medicines remains one of the few challenges for both categories camp and non-camp refugees. 55% of non-camp refugees and one third of camp population have difficulties in obtaining required medicines.

The AFAD survey showed that about 10% of refugees report problems with non-communicable diseases (NCD), including hypertension, diabetes, cancer, asthma, and renal failure.

Clinically micronutrient deficiencies and anaemia have been observed among children and pregnant and lactating women in the camps. There is most likely a need for supplementary feeding programs particularly for children under age five, as well as pregnant and lactating women.

The risk of outbreaks of epidemic-prone communicable diseases including tuberculosis cases is increasing. The EWARN for communicable diseases needs further support for refugees and the host community. Vaccination coverage for all antigens decreased considerably by the end of 2012 in Syria. This highlights the importance of further strengthening the immunisation programme to reach all refugees in Turkey. Following the reports of confirmed 13 polio cases in the Syrian Arab Republic on November 11, 2013 and as a part of the global and regional responses, WHO/UNICEF will provide immediate life-saving interventions to assist Turkish health authorities in vaccinations, surveillance, social mobilization, technical assistance and quality monitoring in high risk provinces.

According to AFAD survey, ne third of pregnant Syrian women (13% of total women refugee population) are registered with complications and in need of RH services. Breastfeeding practise among refugees is still low. Reproductive and MCH health services (including SGBV) will be supported and strengthened through the current health structures and community facilities.

Since January 2013 there has been a move to strengthen the UN presence (UNHCR, WHO, UNICEF, UNFPA, IOM) in southern Turkey to support health coordination, existing relief operations and to monitor the trends on the Turkey-Syria border, such as health care provision through primary

and secondary care clinics and mobile facilities, delivery of essential medicines and medical supplies, need assessment, technical capacity support, etc. There are substantial technical and coordination gaps and health sector support requirements along Turkey-Syria border.

3. RESPONSE STRATEGY

Health sector activities will focus at the following:

1. Coordination for equitable emergency health response, streamlining of decision making, monitoring and information management in partnership with local authorities and other actors;

All necessary health information materials (situation reports, bulletins, who does what, where and when (4W), media reports, and progress reports) will be prepared and distributed. Five hundred health facilities will be covered through a coordination platform.

2. Continuation and strengthening of essential and equitable PHC services for Syrian refugees, including essential life-saving medicines and other medical supplies;

Based on mapping a priority of health facilities will be supported, including camp and non-camp health facilities are strengthened, including replacement of tent health clinics by containers to improve the quality of services. The foremost requirement is the integration of Syrian health professionals for service provision inside and outside the camps, with almost up to 3,000 health workers to be trained, integrated and supported.

3. Strengthening communicable diseases surveillance and response, including immunization, to mitigate morbidity and mortality among affected and displaced population;

Supporting the GoT in its efforts to develop an Early Warning and Response System (EWRS) to detect, assess, report and respond to health events and public health risks in line with the International Health Regulations (IHR) and the EU communicable disease surveillance system. Immediate life-saving polio vaccination activities will take place through three rounds of planned campaigns in high-risk provinces. Routine vaccination would be accelerated by increasing assistance with cold chain system and its necessary components.

4. Strengthening health promotion, protection and intervention, including MCH and reproductive health and psychosocial support services, including for survivors of SGBV;

Technical support for strengthening of safe-motherhood programs, Integrated Management of New-born and Childhood Illness (IMNCI), Basic and Comprehensive Emergency Obstetric Care and Essential New-born Care, family planning programs will be provided respectively through training and provision of medical equipment, supplies, hygiene, health/RH kits, service manuals and health education materials. Refugee children under five and their mothers are monitored to access a standard package of maternal, child health and new-born care services, including immunization. RH services will be ready to link and meet GBV program needs. Medical facilities inside and out of the camp be used to assist in outreach and information dissemination on available services for survivors of SGBV, as well as to provide information on the health consequences of SGBV.

5. Support effective management of non-communicable diseases and mental health services.

Further support and contributions to the efforts of the GoT will take place to provide effective, appropriate, efficient community based practice and referral services for persons with disabilities (including mental health) and NCD. Up to 1 million Syrian refugees will have access to mental health and psychosocial support services. Up to 100 health centres will be equipped with needed rehabilitative services and NCD and GBV services get strengthened accordingly. Lactating and pregnant women and children will receive nutritional support.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Coordination for equitable emergency health response, streamlining of decision making, monitoring and information management in partnership with local authorities and other actors									
Output	Targeted population by type (individuals)			Location(s)	Detailed requirements				Partners
	SYR in camps	SYR in urban	Host communities		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 1 - Health service delivery supported	300.000	700.000	Health sector organizations and health care structure in Turkey	Refugee hosting provinces	787.050	78.500	78.500	630.050	"UNICEF, UNHCR (with AFAD, MoNE and NGOs)"
Output 2 - Strategic decision making is informed and coordinated	300.000	700.000	Health sector organizations and health care structure in Turkey	Refugee hosting provinces	589.600	66.000	51.000	472.600	"UNICEF, UNHCR (with AFAD, MoNE and NGOs)"
Output 3 - Planning and Strategy Development are in place	300.000	700.000	Health sector organizations and health care structure in Turkey	Refugee hosting provinces	552.100	41.000	63.500	447.600	"UNICEF, UNHCR (with AFAD, MoNE and NGOs)"
Output 4 - Contingency Planning and Preparedness	300.000	700.000	Health sector organizations and health care structure in Turkey	Refugee hosting provinces	551.050	53.500	53.500	444.050	"UNICEF, UNHCR (with AFAD, MoNE and NGOs)"
Total					**2.479.800**	**239.000**	**246.500**	**1.994.300**	

Objective 2. Continuation and strengthening of essential and equitable PHC services for Syrian refugee women, boys, girls and men in Turkey, including essential life saving medicines and other medical supplies, for filling gaps and unmet needs in the heal									
Output	Targeted population by type (individuals)			Location(s)	Detailed requirements				Partners
	SYR in camps	SYR in urban	Host communities		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioration of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 1 - Camp and non-camp based health and PHC facilities supported and strengthened	300.000	700.000	Up to 500 health facilities	Refugee hosting provinces	13.141.600	717.500	10.837.850	1.586.250	WHO, UNFPA, UNHCR
Output 2 - Capacity building support to PHC staff is provided	300.000	700.000	Up to 3,200 health workers	Refugee hosting provinces	250.000	-	-	250.000	WHO, UNFPA, UNHCR
Total					**14.422.050**	**842.500**	**11.012.850**	**2.566.700**	

Objective 3. Strengthening communicable diseases surveillance and response, including immunization, to mitigate morbidity and mortality among affected and displaced population									
Output	Targeted population by type (individuals)			Location(s)	Detailed requirements				Partners
	SYR in camps	SYR in urban	Host communities		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioration of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 1 - Early Warning and Response System is supported.	300.000	700.000	-	Refugee hosting provinces	225.000	90.000	60.000	75.000	WHO
Output 2 - Capacity support to field epidemiology staff is provided	300.000	700.000	11 epidemiology centres	Refugee hosting provinces	275.000	105.000	70.000	100.000	WHO
Output 3 - Improved laboratory capacity	300.000	700.000	11 provincial laboratories	Refugee hosting provinces	125.000	37.500	60.000	27.500	WHO
Output 4 - Strengthened cold chain and vaccination	300.000	700.000	4,500,000	Three rounds will be implemented of polio and MMR, targetting a total of 6 million children between 0-59 months including Syrian and Turkish populations.	2.075.000	1.987.500	60.000	27.500	WHO, UNICEF
Total					**2.700.000**	**2.220.000**	**250.000**	**230.000**	

Objective 4. Strengthening health promotion, protection and intervention, including MCH and reproductive health services									
Output	Targeted population by type (individuals)			Location(s)	Detailed requirements				Partners
	SYR in camps	SYR in urban	Host communities		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 1 - Available MCH, sexual and reproductive health care, including obstetric care and family planning	300.000	700.000	-	Refugee hosting provinces	3.267.500	1.050.000	1.075.000	1.142.500	WHO, UNFPA
Output 2 - Population and health staff have access to health promotion and education materials	300.000	700.000	-	Refugee hosting provinces	375.000	50.000	175.000	150.000	WHO, UNFPA, UNICEF, IOM
Output 3 - Children under five and mothers (including lactating mothers) are monitored with access to maternal, child health and newborn care services	300.000	700.000	-	Refugee hosting provinces	500.000	107.500	107.500	285.000	WHO, UNFPA, UNICEF
Total					**4.142.500**	**1.207.500**	**1.357.500**	**1.577.500**	

Objective 5. Support effective management of non-communicable diseases and mental health services									
Output	Targeted population by type (individuals)			Location(s)	Detailed requirements				Partners
	SYR in camps	SYR in urban	Host communities		Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	
Output 1 - Mental Health and psychosocial interventions supported	300.000	700.000	-	Refugee hosting provinces	190.000	92.500	40.000	57.500	WHO, IOM, UNFPA
Output 2 - Health centres equipped with needed rehabilitative services	300.000	700.000	Up to 100 centers	Refugee hosting provinces	4.249.850	4.174.850	50.000	25.000	WHO, UNHCR
Output 3 - People with disability benefit from rehabilitative services	300.000	700.000	-	Refugee hosting provinces	67.500	12.500	25.000	30.000	WHO
Output 4 - Health facilities providing NCD services are strengthened	00.000	700.000	Up to 100 centers	Refugee hosting provinces	3.757.350	3.627.350	35.000	95.000	WHO, IOM, UNFPA, UNHCR
Output 5 - Vulnerable population receive nutrition support	100%	100%	Lactating and pregnant women and children	Refugee hosting provinces	3.603.700	0	3.303.700	300.000	UNICEF
Total					**11.868.400**	**7.907.200**	**3.453.700**	**507.500**	

Sector indicators	Target
# of health and other coordination meetings conducted	50
# of camp and PHC facilities strengthened	500
% of people covered by assisted immunisation campaigns (polio, measles, etc.)	100%
# of health staff trained on IMNCI, BEmOC, ENC, MISP	4.000
# of health staff trained on mental health and psychosocial assistance	3.000

Health - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total requirements (US$)	Life-saving or preventing immediate risk of harm (US$)	Preventing deterioriation of vulnerabilities (US$)	Capacity Building / Resilience (US$)	Requirements (US$)
SECTOR GRAND TOTAL	**35.612.750**	**12.416.200**	**16.320.550**	**6.876.000**	**26.922.750**

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Health in Turkey (US$)			
Agency	**Total Jan-Dec 2014**	**Jan-Jun 2014**	**Jul-Dec 2014**
IOM	450,000	225,000	225,000
UNFPA	8,900,000	4,450,000	4,450,000
UNHCR	35,663,100	21,576,550	14,086,550
UNICEF	10,067,400	5,513,700	4,553,700
WHO	7,455,000	3,847,500	3,607,500
Total	**62,535,500**	**35,612,750**	**26,922,750**

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