



Partners continued to provide critical health care services to vulnerable refugees

HIGHLIGHTS:

In Turkey, 3RP Partners provided medical devices to fully equip the hospital in Suruc refugee camp, which currently hosts some 28,000 Syrian refugees. Partners also provided transportation to 865 refugees in Adiyaman camp to enable them to access health services in Adiyaman's city centre and Gaziantep. Furthermore, 35 patients with chronic illness were transported from the camps to the hospitals in Adana, Gaziantep and Malatya.

In Lebanon, the preliminary results of the 2016 Vulnerability Assessment of Syrian Refugees (VASyR) indicate that 83 per cent of the refugees have access to healthcare. Prevalence of Global Acute Malnutrition among children aged 6-59 months seemed to be stable at around two per cent, which falls under the "Acceptable" category of the WHO Crisis Classification system. Meanwhile, Partners conducted a medical mission to the North and Bekaa areas through which 515 Syrian refugees received medical consultation and 81 refugees underwent surgery free of charge.

In Jordan, over 5,000 pregnant and lactating mothers, and caregivers in camps and host communities were reached with Infant and Young Child Feeding (IYCF) education and counselling on breastfeeding. Nearly 1,000 women of reproductive age (15-49 years) in camps and host communities were screened for malnutrition and provided with supplementation and education sessions on nutrition.

In Iraq, 22,000 patient consultations were conducted in primary health care facilities in refugee camps.

In Egypt, a health advocacy event organized in Obour City provided a platform of communication between the Syrian refugee community and healthcare service providers. At the event, Partners provided a briefing on the primary health services provided by the Ministry of Health.

NEEDS ANALYSIS:

The Syria crisis continues to place a huge strain on public health infrastructure across the five countries and has resulted in overwhelming patient caseloads, overworked health staff and shortages of medicines and equipment. Support by 3RP partners for the construction, expansion, and rehabilitation of health facilities needs to be further scaled up.

Vulnerable populations continue to be at heightened risk of communicable diseases due to overcrowding, substandard housing, limited access to safe water and sanitation, and varying degrees of access to primary health care (PHC) services. Management of non-communicable diseases also remain a major challenge. With the conflict now in its sixth year, the need to enhance mental health care services is becoming increasingly critical.

Access to reproductive health care services remains a key concern across the region with around four million women and girls of reproductive age assessed to be in need of special attention. Among children, improvement of health care services for newborns and need for routine immunization against vaccine-preventable illness remains a priority. The need for health and hygiene messaging is also a key focus area.



Syrian refugees in Iraq have access to free primary health care services provided by the Directorate of Health or 3RP Partners.

Sector Response Summary:



5,387,300 Refugees & Local Community Members targeted for assistance by end of 2016
1,475,330 assisted in 2016



Syrian Refugees in the Region:



4,687,000 Syrian Refugees expected by end-2016
4,784,000 currently registered



3RP Overall Funding Status:



USD 4.54 billion required in 2016
USD 1.97 billion received in 2016



Health sector gender analysis examines barriers Syrian refugees face in Jordan to accessing health services

A recent health sector gender analysis conducted by 3RP Partners in Jordan found that overuse and misuse of male gender power privilege is a factor limiting appropriate health seeking practices among Syrian refugees.

In primary health care, demand for access to health services related to chronic medical conditions is relatively equal for both females and males. However, females seek health services under reproductive health more than males. At secondary health care level, although eligibility for advanced healthcare referral relates to beneficiaries' legal documentation, patients with obstetric emergencies or high risk pregnancies, sexual and gender-based violence survivors, mental health and malnourished children are prioritized for treatment.

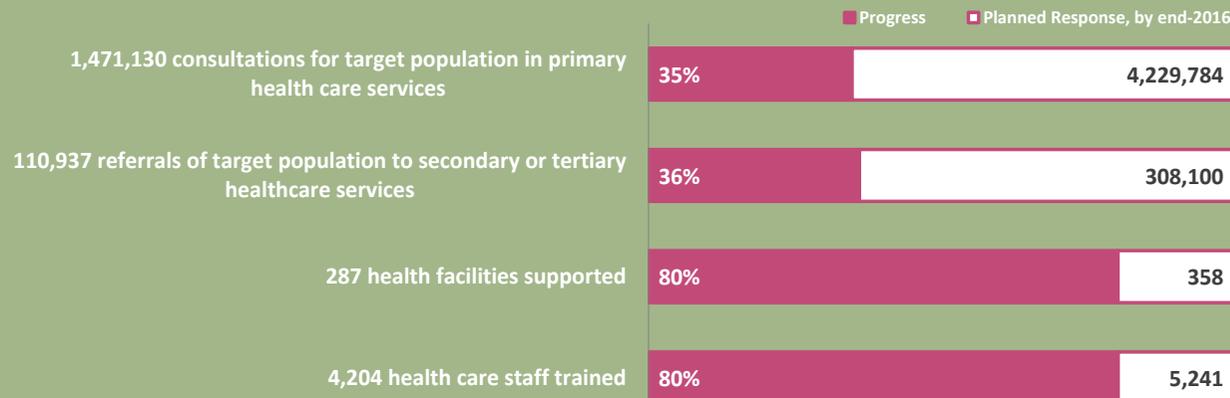
Socio-cultural aspects influence utilization of health services. Particularly, on reproductive health matters, female patients prefer female physicians and health service providers' inability to respond to this issue could affect service use. Other socio-cultural aspects influencing utilization of health services included: early pregnancy; limitations on women's movement which result in poor compliance to antenatal care; and compromised access to quality hygiene services by females.

The gender analysis established that due to costs associated with health care, Syrian refugees can be compelled to seek healthcare for a given condition after they start showing symptoms. In addition, stigma of being a 'refugee' has been reported by refugee women and men approaching health facilities.

Undergoing treatment for some health conditions has different economic effects on men and women. Economic insecurities have so far led households, especially mothers, into adopting different coping practices to mitigate ever increasing financial burden, such as reduction in food consumption, withdrawing children from school and taking on informal employment.

The report is available at: <http://reliefweb.int/report/jordan/inter-agency-task-force-iatf-health-sector-gender-analysis-final-report-july-2016>

REGIONAL RESPONSE INDICATORS: JANUARY - JULY 2016



These dashboards reflect the achievements of the more than 200 partners, including governments, UN Agencies, and NGOs, involved in the 3RP response in Egypt, Iraq, Jordan, Lebanon and Turkey. Progress and targets may change in line with data revisions. All data on this Dashboard is current as at 31 July 2016.