Damascus

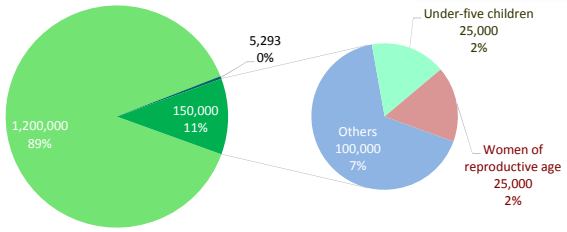
Syrian Arab Republic

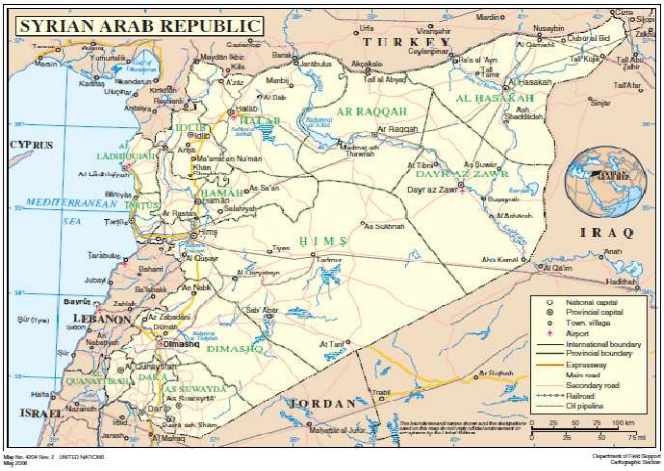
Urban Fact Sheet 2009

Public Health & HIV

Total Persons of Concern (PoCs)	1,200,000
estim. Nr. of Iraqi Refugees (reg/unreg)	1,200,000
Registered Iraqi Refugees	168,871
Other refugees (i.e. Somalia, Afghanistan)	5,293

Registered Iraqi Refugees	
U5 children	25,000
Women (15-49)	25,000
Others	100,000





Implementing Partners:
SARC, MOH, FRC and ACF

Operational Summary

POCs to UNHCR have access to primary preventive and curative health care at Syrian Arab Red Crescent's polyclinics. A total of 9 polyclinics supported by UNHCR, 6 clinics in Damascus and 3 clinics in Homs, Idleb and Aleepo. The French Red Cross has 1 clinic and International Medical Corps 3 clinics. Registered refugee pay 25 SYP for each medical service (consultation,medicines & lab. investigations). UNHCR signed agreements with Ministry of health and Ministry of higher education to access the public government hospitals for secondary & tertairy health care. All medical cases which need secondary and tertiary health care are referred to designated government hospitals.
In 2009 the objectives of the health working group were:
• Improve access to and quality of primary, secondary and tertiary health care services to Iraqi refugees
• Improve access to and quality of mental health and psychosocial responses for Iraqi refugees at all health care levels
• Expand environmental health activities including health care waste management, solid waste management, and the monitoring of potable water in refugee-hosting communities.
• Strengthen the gathering of health information regarding nutritional and diseases surveillance systems to ensure the data collected on Iraqi refugees' overall health status is available, is analyzed and is utilized
• Increase awareness among Iraqi refugees of available services at all levels of health care

Achievements and Challenges in 2009: The burden of diseases is high among Iraqi refugees and their arrival in massive numbers in 2006 and 2007 put considerable strain on Syria's public health system, highlighting the need both to ensure Iraqi refugees have access to quality health care and to support national health infrastructure in coping with substantial additional demand for its services. In 2009, agencies working in the health sector were abe to make significant progress. Closer cooperation with MOH which participated in the health working group notably led to a formal request from the Minister of Health that public hospitals of the 14 directorates in all Syria governorates treat all Iraqi patients referred from SARC and its partners ,thus significantly improving the geographical accessibility to health care. A harmonised referral system for secondary and tertiary health care was put in place, benefiting refugees living in Damascus and in other governorates. The flat rate introduced for all medical interventions in SARC clinics also helped give refugees increased financial accessibility to health care. Simultaneously, a standardised health information system started being implemented in most of SARC clinics, IMC and FRC. Moreover, nutritional surveillance has been started in Damascus, rural Damascus and Quneitra. The nutritional surveillance expanded to the North East significantly bolstering the health response in the most deprived part of the country.
• 269219 secondary health services provided by SARC
• 14342 referrals made by SARC to designated government hospitals
• More than 400 PoCs received tertiary health care after approval by the exceptional care committee.
• 300 heart surgery operations were approved out of the 400 submissions
• 455 Iraqi refugees benefited from cancer treatment at Albairouni University Hospital
• 30 Iraqi children received Thalassemia treatment
• Procurement of 20 minibuses, 20 field cars,20 ambulances & 10 cooling chambers were donated and delivered to MOH.
• Medical equipments worth $ 1,835.620 were procured for MOH and Ministry of Higher Education.
• Iraqi medical volunteers attended to 2924 refugees through outreach activities (health info,referrals etc)

Conclusions

Achievements in 2009 have improved refugees' overall access to health services in Syria and the quality of these services in terms of primary and secondary health care. Tertiary health care still remains a major concern for UNHCR. Chronic diseases, cancer treatment and heart surgeries all calling for costly medical care, and in many cases long-term treatment , are very common among the refugee population. With a substantial part of the Iraqi refugee population likely to remain in 2010 and probable stable influx of new arrivals in that year. Unless a significant improvement in health services occurs in Iraq. Many refugees have been in Syria for several years and their means of survival is diminishing. Primary health care, reproductive and maternal health services will continue to be needed and observation of their nutritional status will need to be stregthened in order to ensure families' health status does not deteriorate. Particular attention has to be given to refugees living outside Damascus in the drought-affected areas in the North East of Syria where the risk of malnutrition among refugees and host population is high. Environmental health issue, such as water and waste disposal, continue to be of concern, given the high density of refugees in areas with poor sanitory conditions.

Recommendations and Action Points

• UNHCR to keep the current health policy with some minor update
• UNHCR needs to continue to deliver the secondary & tertiary health care through the existing designated government hospitals for the PoCs
• Coordinate & monitor the health services provision of primary, secondary and tertiary health care
• Advocate for the integration of family planning, STI into PHC delivery package
• Improving coordination mechanism for better efficiency
• Standardize the existing HIS, analyzing data to map out refugee's health profile
• Health working group must advocate with MOH to ensure that POCs are included in national contingency plan

Legend: Standard/ target reached ✔ Standard/ target borderline ! Standard/ target not reached ✘

UNHCR
United Nations High Commissioner for Refugees
Haut Commissariat des Nations Unies pour les réfugiés

Public Health Programme

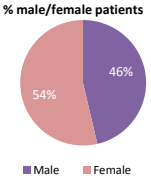
Coordination	2008		Standard
Do regular health coordination meetings take place?	Yes	✓	Yes
Access to Health Services			
Do PoCs have access to national health facilities?	Yes	✓	Yes
Do PoCs have to pay for primary health care?	Yes		
№ of HC facilities where PoCs have free access			variable
№ of consultations per trained clinician per day	55	!	≤ 50
Do PoCs have access to 2nd and 3rd level care?	Yes	✓	Yes
Does a referral system exist?	Yes	✓	Yes
Are referral cases reviewed by a board (or alt. system)?	No	✗	Yes

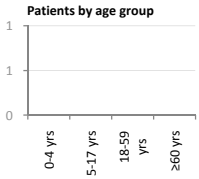
Health coordination meetings were held monthly over last year. UNHCR chaired these meetings in different locations. The meetings were hosted in rotation manner among UN agencies & SARC. UN agencies MOH,SARC and International NGOs attended these meetings.
PoC do have access to national health facilities at the primary health care level. SARC is the main implementing partner for primary health care services to all Iraqi refugees through its existing infrastructure, and it's agreed with MOH to cover the cost of needed vaccines to all children (including Iraqi children) in Syria, and UNICEF covered other expenses related to: immunization cards, AD syringes, cold chain equipments, and training of vaccinator. It was agreed with MOH to include Iraqi refugee children in all NIDs that target high risk areas

Public Health Status

Public Health Impact	2008		Standard
Crude Mortality Rate (CMR) *(from survey; if known)*	N/A	ⓘ	≤ 1.5
Under-fives Mortality Rate (U5MR) *(from survey; if known)*	N/A	ⓘ	≤ 3.0

Patient load and health seeking	Nr	%
Total nr. of ***consultations per year*** for refugees	475,909	100%
Average nr. of ***new*** patients per month per clinic	1,156	100%
Average nr. of ***repeat*** patients per month per clinic		0%
Average nr. of ***male*** patients per month per clinic	535	46%
Average nr. of ***female*** patients per month per clinic	620	54%
Average nr. of patients ***age 0-4 yrs*** / month / clinic		
Average nr. of patients ***age 5-17 yrs*** / month / clinic		
Average nr. of patients ***age 18-59 yrs*** / month / clinic		
Average nr. of patients ***age ≥60 yrs*** / month / clinic		





Average nr. of ***referrals per month*** per clinic	13,274
Total nr. of ***referrals per year*** for refugees	
Total nr. of referrals ***approved by Health Committee***	1,400

U5 Morbidity (%)	%
N/A	ⓘ
N/A	ⓘ
N/A	ⓘ
N/A	ⓘ
N/A	ⓘ

Crude Morbidity (&)	%
Hypertension	ⓘ
Diabetes	ⓘ
Heart diseases	ⓘ
Renal diseases	ⓘ
Cancer	ⓘ

Nutrition

Malnutrition	2008		Standard
Global acute malnutrition rate (GAM)	N/A	ⓘ	≤ 5%
Severe acute malnutrition rate (SAM)	N/A	ⓘ	≤ 2%
Prevalence of anaemia in children under five	N/A	ⓘ	≤ 20%
Prevalence of anaemia in women of reproductive age	N/A	ⓘ	≤ 20%
Average number of kilocalories per person per day	N/A	ⓘ	2100

Nutrition surveillance was conducted by UNCEF in conjunction with MOH in 2009. ACF in cooperation with SARC/UNICEF and UNHCR support conducted a nutrional survey in North Eastern governorate of Syria. Although the malnutrion rate was low, anaemia prevalence was found to be high, affecting over 50% of both malnourished and non-malnourished children

Reproductive Health

Maternal and Newborn Health	2008		Standard
Do pregnant women have access to antenatal care?	Yes	✓	Yes
Do pregnant women have access to safe delivery care?	Yes	✓	Yes
Do women have access to family planning?	Yes	✓	Yes
Sexual and Gender-based Violence	2008		
Proportion of rape survivors who receive PEP <72 h	N/A	ⓘ	100%
Proportion of rape survivors who receive ECP <120 h	N/A	ⓘ	100%

Pregnant women have access to ANC within the existing SARC health facilities. The MCH services are limited and lack of clinical guidelines of STI and family planning. No screening for toxoplasmosis, rubella and anaemia prophylaxis.Tetanus toxoid immunization and Vitamin A prophylaxis are not provided. Access to family planning & immunization through MOH clinics. Access to safe delivery care & EMOC through the obstetric & gynecology university hospital(public)

HIV/AIDS

Prevention	2008		Standard
Condom distribution rate (Nr. of condoms/person/month)	N/A	ⓘ	≥ 0.5
Does appropriate IEC material exist for PoCs?	N/A	ⓘ	Yes
Are risk groups targeted with prevention programs?	N/A	ⓘ	Yes
Proportion of donated blood units screened for HIV	N/A	ⓘ	100%
Do pregnant & lactating women have access to PMTCT?	N/A	ⓘ	Yes
Care and Treatment			
Do PoC's have equal access to ART as host community?	No	✗	Yes
Nr. of HIV Positive POCs receiving ART	N/A	ⓘ	variable
Prop. of HIV-pos mothers receiving cotrim. prophylaxis	N/A	ⓘ	100%
Prop. of HIV-pos infants receiving cotrim. prophylaxis	N/A	ⓘ	100%

HIV/AIDS cases are reported by NAP focal points in all 14 governorates to the NAP national level. These cases are also reported by the reference laboratory in Damascus that confirm all samples reactive for HIV in Syria. If a foreigner is found to be positive, he/she is expelled from the country. Therefore HIV screening for ANC as well as for VCCT is not recommended.

Legend: Standard/ target reached ✓ Standard/ target borderline ! Standard/ target not reached ✗

UNHCR United Nations High Commissioner for Refugees Haut Commissariat des Nations Unies pour les réfugiés