



WHO organized 2 trainings on Mental Health Detection and Referral and Psychosocial Support for 35 field workers in Gaziantep.

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DECEMBER HIGHLIGHTS:

WHO

The 6th session of the Refugee Doctors Adaptation Training (ReDAT) was held in collaboration with the Ministry of Health of Turkey and Gaziantep University. 26 Syrian doctors from various fields participated in the training which aims at integration of Syrian doctors and nurses into Turkish health services system for possible healthcare delivery to Syrian patients in Turkey. In an innovative approach, the one-week courses on primary health care provide and insight to a wide-range of topics from vaccination schedule to availability of medicines, from Turkish health legislation to communicable and non-communicable diseases.

The 4th and final session of the Refugee Nurses Adaptation Training (ReNAT) for 2015 was held with the participation of 27 Syrian nurses in Gaziantep. The training was conducted in collaboration with the Ministry of Health of Turkey and Gaziantep University and aimed at possible integration of Syrian health professionals into Turkish healthcare system. The trainings covered a wide range of topics along with on-site trainings in community and family health centres.

2 trainings were held on Mental Health Detection and Referral and Psychosocial Support for 35 field workers. The trainings were conducted in Arabic in collaboration with International Medical Corps. In line with WHO Guidelines, a number of topics were discussed including mental disorders, case identification and referral in emergencies, stigma and human rights, communication skills.

IOM

Case Management: Total number of cases responded is 137 as of December 2015. Total number of beneficiaries as of the end of December 2015 is 521. For the month of December, 31 cases of 81 beneficiaries have been supported.

Although the total number of cases is 137, total number of assistance provided is 157, as in some cases there are multiple needs. Most of the referrals are in need of accommodation or rental assistance. 70 of the total 157 assistance were provided accommodation/rental assistance and this is 44.6 % of the total response. It is followed by medical equipment and needs with 47 (29.9 %), transportation with 25 (15.9%), material assistance with 10 (6.4 %), food assistance with 4 (2.5) and documentation/translation and legal assistance with 1 case (0.6 %).

Support to Community Centres: IOM continued with the support of STL center in Urfa and in November 1090 Syrians were reached through life skills and recreational activities

On 12 December, STL organized 'A Future Together' festival in Sanliurfa. Around 200 children attended the festival which covered a range of different activities.

STL PSS outreach team provides Arabic, Maths and drawing classes for two children with disabilities in their homes, as they cannot attend the regular classes. Additionally and during the month of December, IOM supported SSG to open multiservice center in Antakya and IBC to open in Istanbul. Activities in these centres will be reported in 2016.



Recreational activities for children in Urfa, STL center supported by IOM

Key Figures:

Planned Sector Response:



NEEDS ANALYSIS:

- Syrian refugees, especially those living in local communities are exposed to vaccine-preventable diseases such as measles and pertussis.
- Though not a general challenge at the moment, malnutrition is expected to become a challenge among newly arriving refugees.
- There are major concerns for the increasing mental and psychosocial problems of Syrian refugees.
- Surgical trauma and intensive care of large number of severely injured patients from the conflict areas and their long term post-operation rehabilitation require enormous inputs of human and financial resources and equipment.
- The large population of women in the reproductive age and life-threatening reproductive health risks are a matter of priority.
- Continued and expanded support to partners to participate in the healthcare provision of Syrians to enable equitable access, specifically to primary and chronic disease healthcare service is needed.
- Focusing on the primary healthcare provision is needed to be continued so that the patient load on secondary and tertiary healthcare and respective costs can be reduced.
- The role of the family and community healthcare centres as primary care providers for Syrian refugees needs to be strengthened, including mental health for the impacted communities.
- For better planning, Health Information System of the family and community health centres to register and report on Syrian refugees needs to be expanded.

TURKEY RESPONSE INDICATORS: JANUARY TO NOVEMBER 2015

