



3 Prefabricated field clinics were delivered to camp locations in Akcakale, Adiyaman and Nusaybin.

JANUARY/FEBRUARY HIGHLIGHTS:

In January 2015, a delegation from the WHO Field Presence in Gaziantep, together with local authorities, visited the newly built camp in Suruc in order to assess the health needs in the camp. The Government of Turkey has recently opened this camp close to the Syrian border with a capacity of 35,000 people. The camp is already sheltering approximately 10,000 refugees who fled from Kobane area in 2014.

The members of the Health Sector discussed their updated plans for 2015 during the February “Health Sector Coordination Meeting” organized and led by WHO. “Temporary Protection Regulation” implementations, winterization activities and the health situation in Suruc Camp were among the topics discussed during the meeting.

During February, WHO conducted several organizations and meetings in collaboration with Gaziantep University Faculty of Health Science to work on the curriculum and other arrangements for the ReNat (Refugee Nurse Adaptation Training) which aims to familiarize Syrian nurses in Turkey with Turkish health system and enable them to integrate into Turkish health service delivery to provide contextual services.

On 9 February 2015, 3 UNHCR procured prefabricated field clinics were delivered to Akcakale, Adiyaman and Nusaybin camp locations.

3 local NGOs: Syrian Social Gathering – SSG- in Mersin, International Middle-East Peace Research Center – IMPR- and Harran University Department of Public Health in Sanliurfa which received UNFPA’s grant support, started proving SRH / GBV counseling services to Syrians living in out of camp settlements in Mersin and Sanliurfa at the women counseling centers. SSG reported 1,700 obstetrics and gynecology patients received out-patient care in their UNFPA supported clinic (women counseling center) in January 2015. SSG, IMPR and Harran University’s women counseling centers also provide reproductive health awareness sessions.

Humanitarian Officer presented UNFPA’s humanitarian program in the “International Protection and International Standards on Health Response in Emergencies” meeting organized by UNHCR, Ministry of Health (MoH) and AFAD (the Disaster and Emergency Management Agency of the Prime Ministry of Turkey) on 12 February 2015 in Antalya.

In February, Syrian Social Gathering’s women counseling center in Mersin has provided reproductive health (RH) and family planning (FP) services to 950 Syrians; 180 antenatal care; 160 postnatal care; 250 women, 130 children, and 10 men received counseling and psycho-social support (PSS). The women counseling center in Harran University provided RH counseling to 150 Syrians and 100 women, 2 were referred to the hospital. International Middle-east Peace Research Center’s (IMPR) continued distributing hygiene kits accompanied by health education and counseling on personal hygiene and family planning to Syrian women in Sanliurfa.

UNFPA-TR started preparations for the Minimum Initial Service Package (MISP) Echo-training for Gaziantep, Kilis and Kahramanmaraş provincial partners on 10-12 March 2015 in Gaziantep.

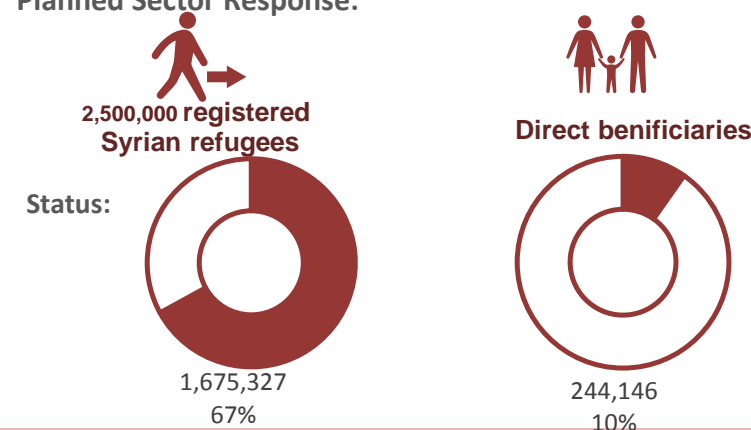
Since July 2013, IOM has been providing transportation assistance in Adiyaman camp for Syrians to reach hospitals. For the month of January 2015, IOM provided transportation to 1,371 Syrians refugees in Adiyaman camp to access health services. During the month of February 2015, 1,396 Syrians commuted between Adiyaman camp and health facilities.



WHO team visited the field clinic in line with the health needs assesment in Suruc Camp / WHO

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 FEBRUARY 2015

