

Highlights of the Quarter 4

Turkey hosts 3.6 million Syrian refugees, the highest number of refugees globally. By the end of December, only **153,400** reside in temporary accommodation centers located in the south-east of the country, while the rest reside in urban areas. Since the beginning of the crisis, the Government of Turkey decided to protect and assist all Syrians in need under a temporary protection regime. Within this framework, registered Syrians are eligible to receive the same health services as Turkish nationals. By the end of 2018, **a network of 151** Migration Health Centres have been established where Syrian health professionals provide linguistically and culturally sensitive health care services to their fellow nationals.

In response to the humanitarian crisis in Syria, 3RP partners continue to provide life-saving health services to Syrian refugees in Turkey and to populations in northern Syria from Turkey under the Whole of Syria approach.

Revision of the new 3RP 2019-2020 health sector plan took place during November-December 2018. The coordinated response will tackle the gaps that continue preventing Syrian refugees from enjoying the highest standards of health. The slightly revised objectives focus on strengthening capacity for essential health care delivery, improving access to sexual and reproductive health services and gender-based violence management, strengthening communicable disease surveillance and prevention, and ensuring increased capacity for noncommunicable diseases (NCDs), mental health and rehabilitation.

Innovating to bring health for all, **more than 90** Syrian community health support staff are hired through WHO to provide home care for older and disabled Syrian patients. This pioneering initiative is at the core of the SDG agenda as it aims to integrate the most vulnerable ones into health delivery and ultimately, society. The health sector partners support the vision of the Ministry of Health of Turkey to build a migrant and refugee-sensitive health care system capable of responding to the needs of the Syrian population.

Language and cultural norms remains an obstacle for the access of Syrian refugees to health services, especially at the secondary and tertiary levels of care. The socio-economic status of refugees also poses a significant barrier to the access to certain medicines.

Non-communicable diseases pose an important burden for Syrians health and well-being, especially for older people and disabled people. Rehabilitation services and the prevention and management of NCDs are priority areas for intervention at the primary health care level. The mental and psychological consequences of conflict and displacement among the refugee population still place high burdens on their mental health. Needs for care continue to exceed treatment capacities.

Syrian women of reproductive age face economic, social and cultural deterrents to seeking sexual and reproductive health care.

Communicable disease prevention and surveillance needs to be strengthened at the national level to ensure safety for both refugees and host communities.

The low health literacy levels among Syrian refugees results in negative consequences for their effective access to health care, preventive and curative measures and overall well-being.

A workshop to advance the national research agenda on refugee health in 2019, setting the priorities to feed evidence-based intervention around six overarching topics: communicable diseases, mother and child health, mental health and substance abuse, health system, access to medicines, non-communicable diseases and health literacy; some **67** participants from Ministry of Health, national academicians and experts from WHO Europe attended the event to define next steps.

At least 188 Arabic-Turkish translators received training on medical terminology to serve as patient guides for Syrian refugees. Upon completion, these interpreters are quickly hired in several medical facilities across the country to bridge the linguistic gap between Turkish health care workers and Syrian patients. With their support, patients are able to express themselves in the consultation room and take well-informed decisions about their health.

Training of 180 doctors in basic computer training was conducted as well as the MBYS health information system used in migrant health center and other PHC institutions in Turkey.

As part of the Turkish health system, the seven WHO-supported RHTCs provide refugees with access to high-quality and affordable health services. In these centres, Syrian health care workers receive on-the-job training while providing culturally and linguistically-sensitive health care services for their fellow nationals. During the reporting period some **160,348** primary health care consultations were provided in these centres.

Furthermore, **2,300** Syrian refugees received psychosocial support, a type of counselling that includes psychological, social and legal counselling. When necessary, patients were referred to further social and protection services to ensure their complete wellbeing.

Medical and psychosocial support teams also conducted outreach services in the community to bring health care to all those people experiencing difficulties in reaching health centres. This is an essential service to identify vulnerable families and individuals in need of further social support, protection or referrals for acute medical conditions.

Highlights of the Quarter 4 (cont'd)

Provision of counselling and referrals on health related issues along with psychosocial support by **ASAM** continued as depicted below: **33,317** primary health counseling including referrals to hospitals were provided **2,269** persons were provided with transportation to health facilities.

23,695 Syrian refugees and members of impacted communities received SRH services

11 service delivery units provide SRH services

5,186 refugee (adolescents and youth) received health information services.

909 pregnant women received ante-natal care services.

2,177 refugees attended awareness raising activities on STIs, including HIV

6,127 MHPSS consultations (including psychiatrist referrals) were provided.

In addition, other projects implemented by ASAM also support the sector with the related activities such as basic health counseling, psychiatrist referrals and psychosocial support services. ASAM also organizes awareness raising activities about hygiene, healthy nutrition, basic health rights and sexually transmitted illnesses. The above data mainly provided from the reports of Refugee Health Training Centers and Women & Girls Safe Spaces.

As at end of December 2018, the national Health Information System reported a **75 per cent** immunization coverage (DPT3) of refugee children under 1 year. More than **72,065** doses of DPT3 vaccines have been administered to the under-one-year old and some **83,733** doses to the group age of under-five age group.

The number of refugee children under five years reached through the vaccination programme is around **103,040**. Around **45 per cent** of Syrians under temporary protection in Turkey are children.

UNFPA continued to provide sexual and reproductive health (SRH) services to refugee women and young people through **35** Women and Girls Safe Spaces (WGSS) and **4** Youth Centers in **17** cities and in collaboration with **7** implementing partners; **KAMER, MUDEM, ASAM, TOG, HUKSAM, Eskişehir Osmangazi University, Harran University**. **34** of these WGSS provide services integrated to Migrant Health Centers of MoH.

From January as of December 2018, **165,455** individuals were reached through SRH services. In-service trainings to WGSS / Youth Centers personnel on SRH were also provided.

In addition, UNFPA started supporting MoH in conducting reproductive health counseling trainings for Syrian health personnel working at Migrant Health Centers. These trainings were conducted in Adana, Mersin, Hatay, İstanbul, Gaziantep, Şanlıurfa, Konya, Bursa and Kahramanmaraş in the Q4 and **496** Syrian medical personnel (doctors and nurses) were trained on MoH standard reproductive health techniques.

Another service that is provided at WGSS and youth centers is psychosocial support (PSS). The PSS activities are conducted by a psychologist and a social worker.

In Q4, **17,583** beneficiaries received psychosocial support (individual or group) through UNFPA supported WGSS and youth centers. In addition, **56** WGSS / youth center service providers received supervision and self-care trainings conducted by Bilgi University Trauma and Mental Health Center, an implementing partner of UNFPA, in Ankara, İzmir, İstanbul, Hatay and Gaziantep.



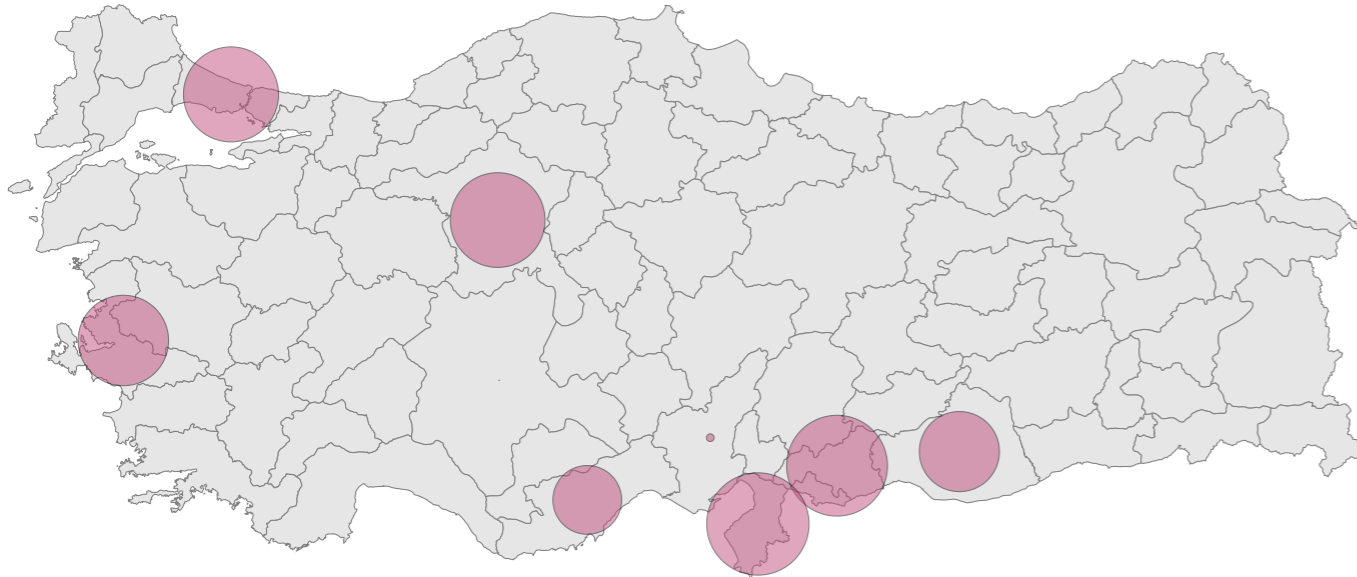
Photo credit: WHO/Saltan

3RP Achievements in 2018 in the Health Sector, Turkey

Q4 January 2018 - December 2018

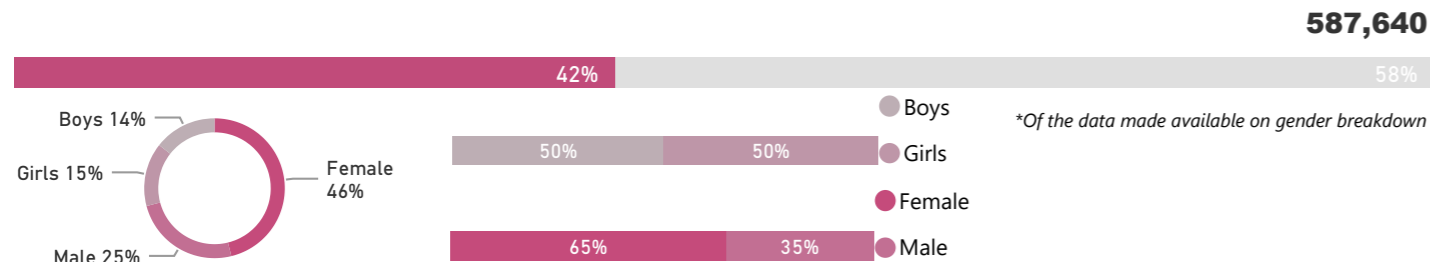


of consultations received by Syrian refugees in Turkey in refugee health centers directly supported by 3RP activities



Boundaries shown on this map do not imply official endorsement by UN.

of consultations received by male and female Syrian refugees in supported primary health centers in 2018

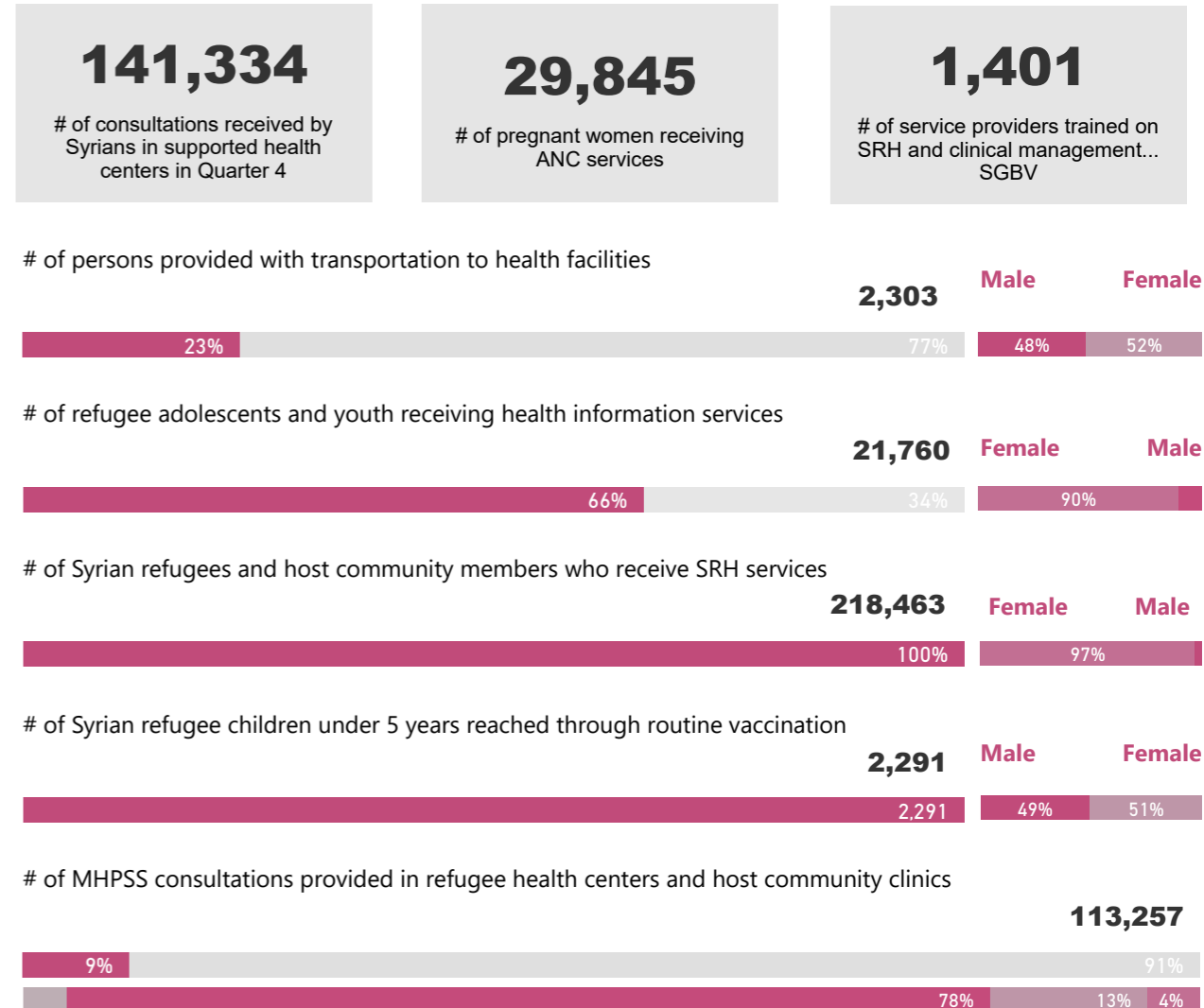


Supporting Agencies WHO UNICEF UNHCR UNFPA RI ASAM IOM IMC GIZ EU AID IPHS

Reporting Agencies WHO / MoH UOSSM UNHCR UNFPA RI IPHS IOM ASAM AIDoctors

Figures shown here refer to health sector 3RP supported activities in Turkey. Sources: ActivityInfo - Health Sector DB 2018 Feedback: BEQIRIM@who.int, IMTurkey@unhcr.org

Achievements



Boys Female Girls Male

All data is cumulative for 2018 unless stated otherwise

