



266,141 children reached in a polio mop-up exercise in 4 provinces.

MARCH HIGHLIGHTS:

During the month, WHO and UNHCR co-chaired 2 Health Sector Coordination Meetings (March 4, 19) in Gaziantep, and 6 additional ad hoc technical meetings were held with various health partners. Technical support and assistance was provided to health sector partners on planning HerAMS (Health Resources Availability Mapping System). Guidelines for primary health care services in Turkey were identified for translation into Arabic to facilitate the inclusion of Syrian medical professionals into health services provision to Syrian refugees.

In the ongoing collaboration between AFAD and UNHCR to strengthen health service delivery, construction of the prefab health facilities commenced in Ceylanpinar and Viransehir camps.

Preparations continued for the nutritional survey to be carried out in May/June following the 'nutrition in emergencies' training for NGOs, INGOs, UN agencies and Ministry of Health staff. Following discussions with camp management, the Regional Nutrition Adviser for UNICEF will carry out a nutritional counselling session for the women's committee in Islahiye camp on 01 April 2014. Nutritional counselling will be a further activity to be implemented as part of programs funded by DFID and Japan, in addition to the completion of the survey, training and the distribution of multi-micronutrients to children under five and pregnant and lactating women.



Mop-up polio vaccination in Osmaniye/UNHCR 2014

The Government of Turkey takes the lead role for determining and implementing assistance provided to Syrian refugees, through the Prime Ministry Disaster and Emergency Management Presidency (AFAD). AFAD reports spending 2.5 billion USD on the Syrian Refugee Response in Turkey.

NEEDS ANALYSIS:

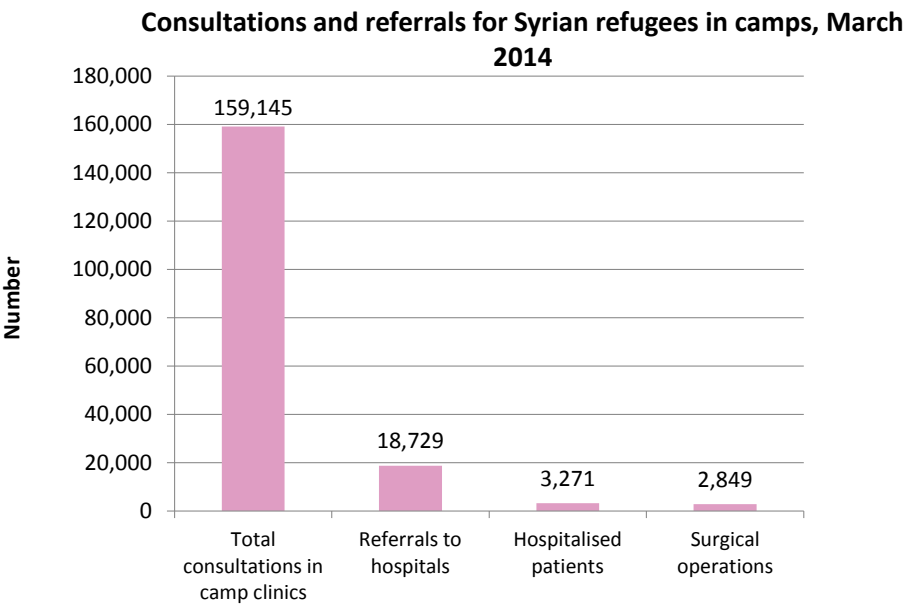
Based on findings from the AFAD profiling survey of 2013, a number of gaps can be highlighted.

- About 55% of refugees reported the need for psychological assistance.
- About 55% of non-camp refugees and one third of camp population have difficulties in obtaining required medicines.
- Clinically micronutrient deficiencies and anaemia were observed among children and pregnant and lactating women in the camps.
- A third of pregnant Syrian women were registered with complications and in need of RH services.
- 10% of refugees report problems with non-communicable diseases, including hypertension, diabetes, cancer, asthma, and renal failure.

This is aggravated by a number of observations by health workers, notably the increase in the risk of outbreaks of epidemic-prone communicable diseases including tuberculosis cases. Additionally, few NGOs are currently working to support Syrian refugee health services in Turkey.

Key priorities in the health sector include:

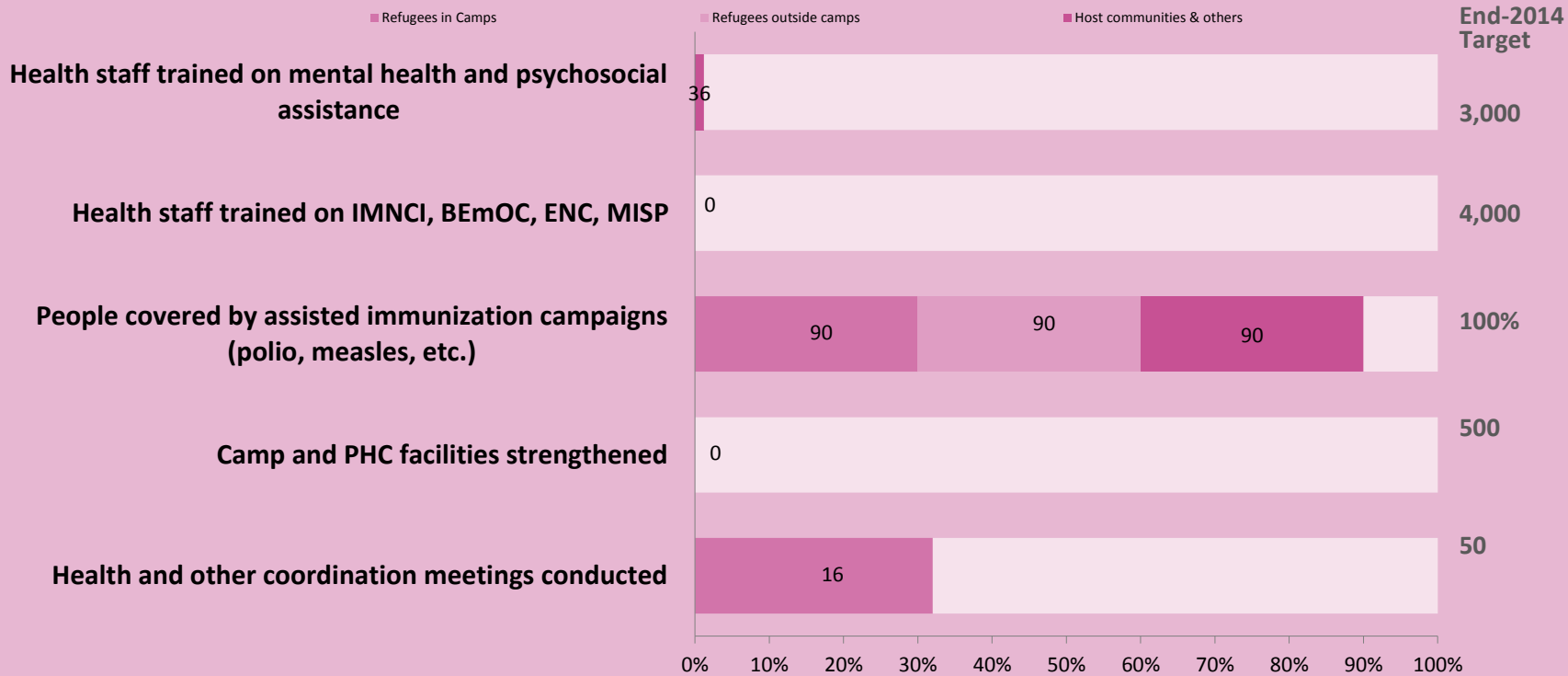
- Health Coordination
- Primary health care services
- Prevention and control of communicable diseases and immunization
- Mother and child health care and reproductive health
- Mental health and psychosocial support, including for survivors of SGBV.
- Chronic and non-communicable diseases
- Emergency preparedness



Leading Agencies: WHO - Dr Maria Cristina Profili, WHO Representative in Turkey: mcpeatur@who.int; UNICEF - Lucy Watt Monitoring and Reporting Officer – Emergency: lwatt@unicef.org; UNHCR - Theresa Malone, Public Health Officer: malone@unhcr.org; UNFPA - Behire Ozek, Humanitarian Affairs Officer.

Participating Agencies: WHO. UNICEF. UNHCR. UNFPA

PROGRESS AGAINST TARGETS:



Targets based on expected population of 1,000,000 Syrian refugees in Turkey by end-2014. There are currently 667,496 registered refugees in Turkey.