



Together with Gaziantep University, WHO is in preparation to conduct Refugee Nurses Adaptation training (ReNAT).

APRIL HIGHLIGHTS:

Dr. Nedret Emiroğlu, the Deputy Director of Division of Communicable Diseases, Security and Environment of the WHO regional Office for Europe and Dr. Ute Enderlein, Technical Officer, Country Emergency Preparedness paid a visit to WHO Field Presence in Gaziantep. During the mission, Dr. Emiroğlu visited the Suruç Camp and had a series of meetings with WHO staff and senior health officers in Gaziantep province, including immunization/vaccination activities, public health and emergency health services for refugees and host population. Dr. Enderlein visited the Nizip Camp and had discussions with the camp health directors about emergency and public health services provided in the camps.

Upon the invitation of WHO Field Presence in Gaziantep, a mission of senior health directors of the Ministry of Health of Turkey including General Directorate of Emergency and Disaster Management Services, Public Health Institution and Public Hospitals' Institution, visited WHO office and conducted various meetings. In coordination with WHO, the mission attended the monthly health sector meeting and briefed and updated the members of the health sector group. Ministry of Health made a presentation on health activities, current situation and response as well as future plans.

Accompanied with WHO Public Health Officers, the Ministry of Health mission visited Mersin and Şanlıurfa provinces to make observations and meetings with provincial health directors. The team also visited a Ministry of Health certified temporary health facility operated by an INGO.

Refugee Nurses Adaptation training (ReNAT) meeting was held together with the Dean and Faculty Members of Gaziantep University. WHO and Gaziantep University have already collaborated for the refugee doctor adaptation training (ReDAT). Main objectives of both trainings are to reduce the burden on Turkish health personnel and to enhance integration of Syrian medical personnel in the provision of healthcare.

UNFPA planned partnering with the Ministry of Health in May to conduct 2 EMoC trainings aiming to build the capacity of the Syrian service providers working in Turkey. The MoH is expected to nominate senior personnel to participate in the MISP training that will be delivered by UNFPA.

UNFPA supported NGOs are providing counseling focused on sexual and reproductive health, and gender based violence, to Syrian refugees residing out of camps in Mersin and Sanliurfa provinces. It was reported that through these arrangements, 2,166 women received psycho-social services (PSS) in April 2015. It was reported that in April, 33 women under age of 18 received services.

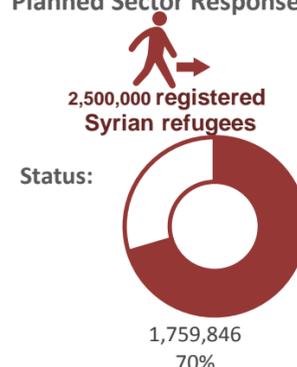
IOM continues with the provision of transportation services in Adiyaman camp. During the month of April 1,254 Syrians commuted between Adiyaman camp to health facilities in the city center. On average, around 17% of attendants to medical services are children below 12 years old.



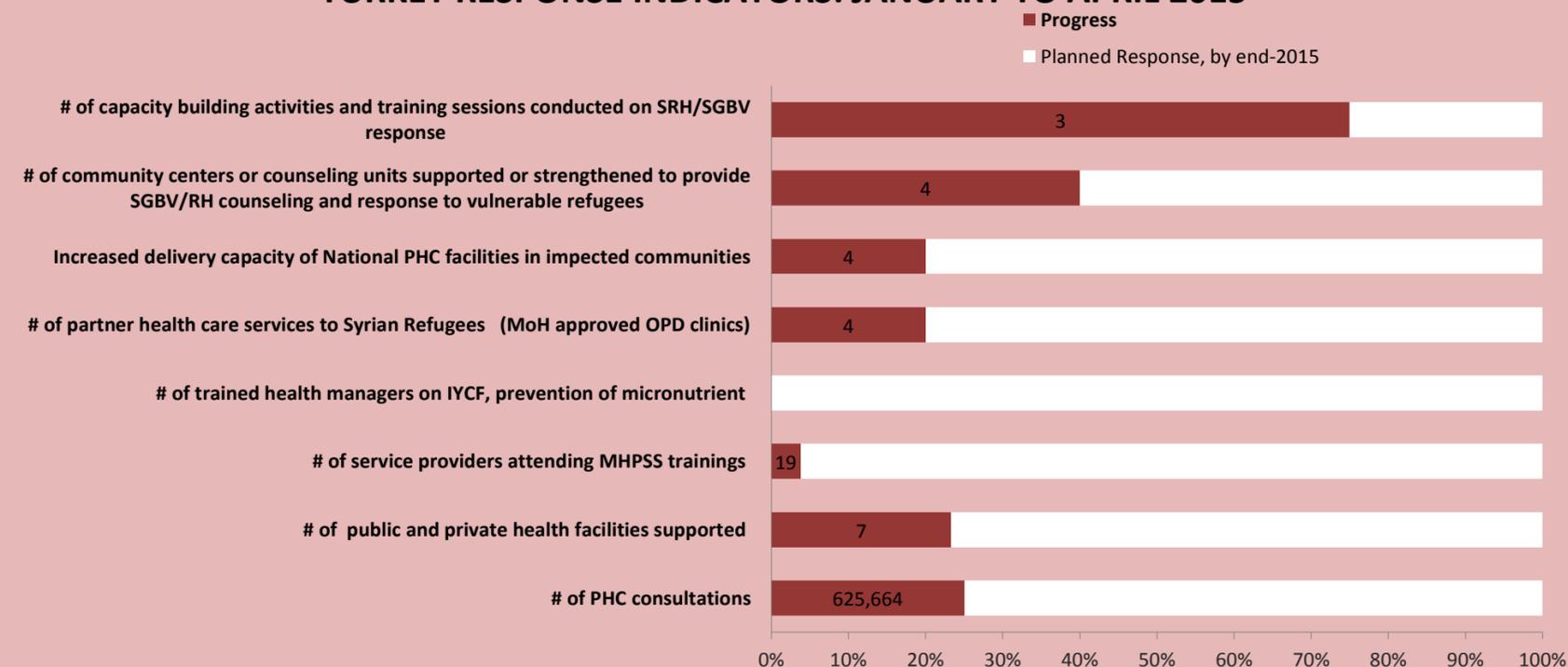
UNFPA supported women counseling unit in Mersin

Key Figures:

Planned Sector Response:



TURKEY RESPONSE INDICATORS: JANUARY TO APRIL 2015



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.