

Refugee Doctors Adaptation Training was conducted in March.

MARCH HIGHLIGHTS:

With UNFPA's support, three national 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, 1,139 women received psycho-social services (PSS) in March 2015.

In March, UNFPA field team has conducted RH awareness session in Nizip 1 camp on Basic Anatomy/Physiology and Biology of the Human Body and the Genital Organs. Around 30 Syrian women have benefitted from the session.

UNFPA conducted Minimum Initial Service Package (MISP) Echo-training for 24 participants from Ministry of Health –public health directorates, health directorates, Ministry of Family and Social Policies, AFAD, and university public health departments of Kilis, Kahramanmaras and Gaziantep on 10-12 March 2015 in Gaziantep.

In March, IOM provided transportation to 1,684 Syrians refugees living in Adiyaman camp to access health services outside the camp.

In March, IOM provided an induction on mental health and psychosocial support in emergencies for 19 staff members of IOM's implementing partner who are working in the multiservice center in Mersin.

Integration of the Syrian health personnel into Turkish health system delivery can alleviate the workload on the Turkish health personnel. In March, WHO, in collaboration with Gaziantep University and local authorities has organized a training programme, with curriculum and various modules. The first of these trainings for Syrian doctors (Refugee Doctors Adaptation Training-ReDat) were completed with very promising feed-back and outcomes for the integration into Turkish system. The preparation for expanding a similar training for Syrian nurses (Refugee Nurses Adaptation Training-ReNAt) is continued, which will enable them to familiarize with the Turkish health system.

The Public Health Emergency Management (PHEM) Training was successfully conducted together with the Ministry of Health of Turkey and WHO Regional Office for Europe on 23-27 March 2015 with 23 participants from 8 countries, 6 facilitators and 1 observer in Urla Emergency and Disaster and Simulation Centre (URLASIM) in Izmir.

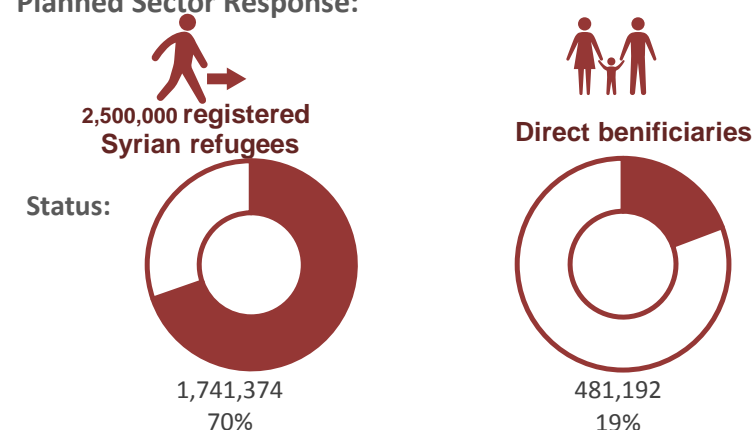
During the 4 days' trainings, UN System (Cluster Approach); WHO Emergency Response Framework; Communicable Diseases and Public Health Surveillance Systems, Frameworks and Strategies; Chemical and Radiological Incidents; International Health Regulations and Risk Assessment; Internally Displaced Populations; and Environmental Health and Water Sanitation were among the lecture topics. WHO Emergency and Preparedness Technical Officers from WHO/EURO and Gaziantep Field Presence facilitated and offered a number of courses during the training.



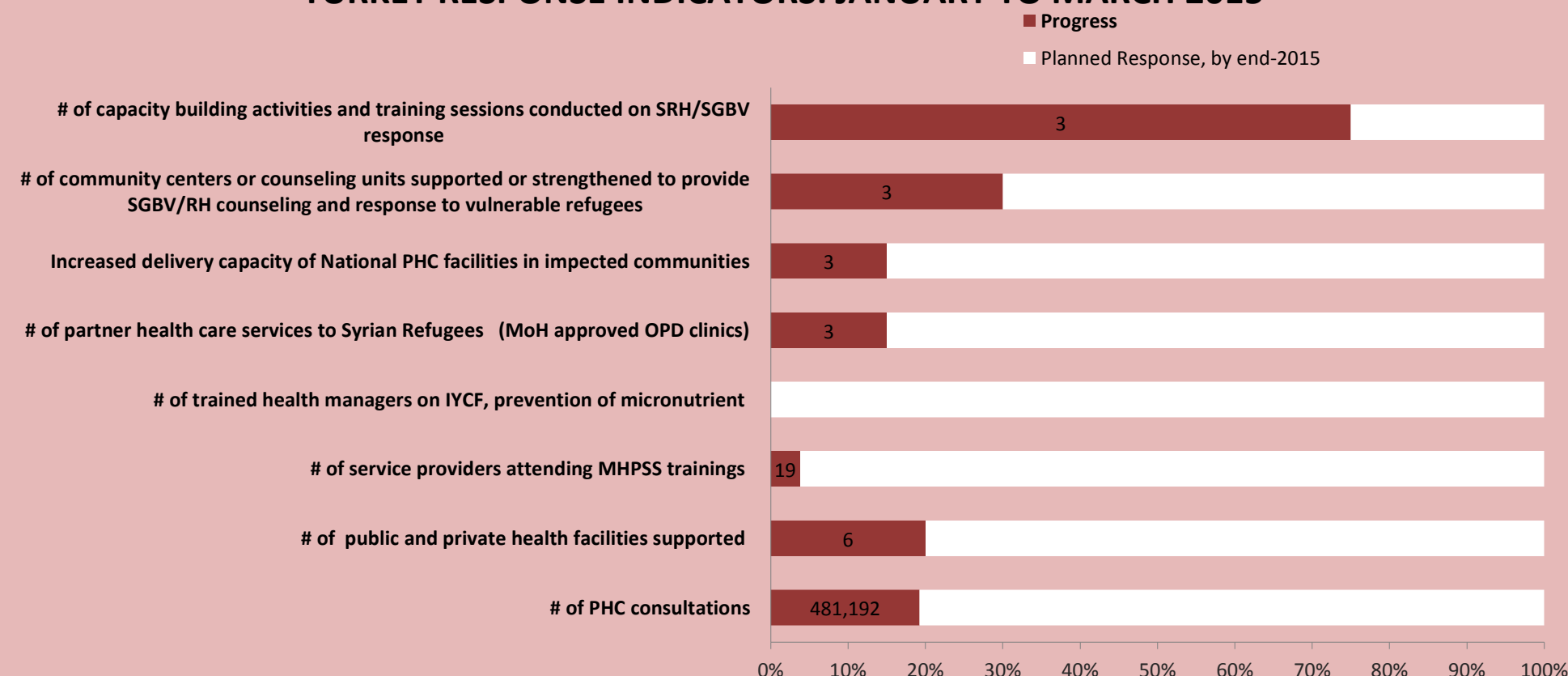
Vaccination activities in a camp clinic, UNHCR

Key Figures:

Planned Sector Response:



TURKEY RESPONSE INDICATORS: JANUARY TO MARCH 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.