



## Facility for Refugees in Turkey

### Priority Area Brief No. 1

# Health

January 2022

The Facility for Refugees in Turkey ('the Facility') was established in 2016 in order to place the very large and diversified portfolio of EU humanitarian and development projects within a clear planning, coordination and monitoring framework, to ensure efficiency of resource use and the overall coherence of the support programme. Another important strategic objective was to ensure full alignment of the support with the programmes and projects from the Turkish government (GoT).

In the first few years of the Syrian refugee crisis the refugees' health needs were supported by a range of humanitarian organizations. In late 2014 the refugees who were registered as Syrians under Temporary Protection (SuTP) became eligible for free healthcare services which enabled those SuTPs to have access to healthcare services in the province where they were registered. For other (non-SuTP) refugees (i.e. Persons under International Protection) health insurance is granted, however, the GoT introduced a requirement in December 2019 for beneficiaries to make a financial contribution to obtain healthcare services after 1 year.

Since 2014, a significant shift in the nature of the EU's support has taken place. As it became clear that the refugees would not be returning to Syria in the short term, the initial focus on providing emergency humanitarian assistance was gradually replaced with longer term development assistance. It also became clearer that the assistance needed to ensure that the potential impacts of the refugees' presence on local host communities and the health system needed to be minimized.

#### EUR 842M CONTRACTED

By mid-2021 a total of EUR 842M (including ECHO-managed projects) had been contracted under the Facility for the implementation of projects in the Health sector (or Priority Area), representing approximately 14% of the total amount of EUR 6 billion contracted under the Facility to-date.

A total of 17 projects (1 DG-NEAR and 16 DG-ECHO managed) have been completed and 6 are still ongoing. An important principle followed by the EU is to seek to ensure full alignment of the support provided with the Turkish government's own health programmes and policies.



The Facility has been supporting the GoT to respond to a number of problems generated in the health sector by the refugee crisis. These include the lack of awareness amongst the refugee community of the Turkish healthcare system - compounded by communication problems caused by their lack of Turkish language skills; the preference of the refugees to use hospitals as their first point of contact with the health system to diagnose and treat their health problems - leading to overcrowding in the hospitals in high refugee concentration provinces; limited availability of physiotherapeutic and reconstructive health services (such as prosthesis, transplantations, and reconstructive surgery) as well as of mental health services. Given that a large number of refugees move from province to province (or within their province) to do temporary or seasonal work such as construction or agricultural work, it is difficult for them to access health services.



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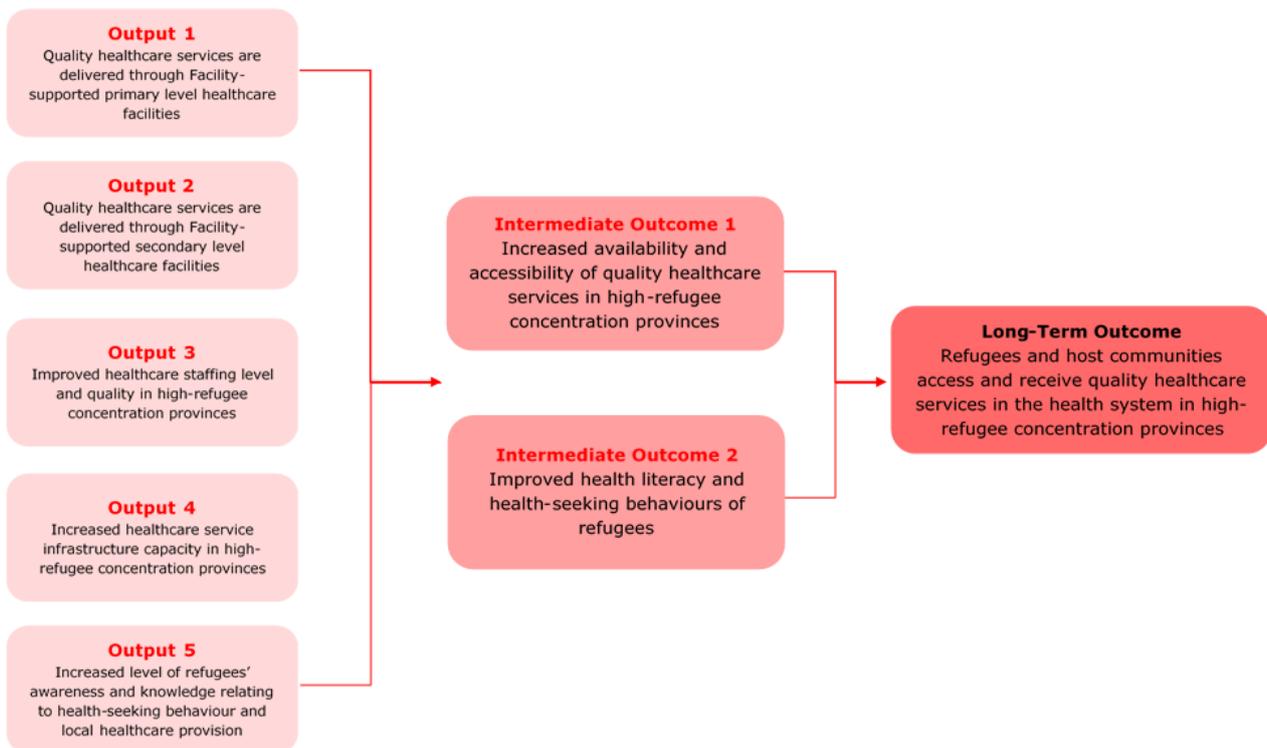
The fact that they are only eligible to receive emergency and pandemic healthcare services outside of their province of registration accentuates this problem.

THE STRATEGY IS TO ENSURE QUALITY HEALTH SERVICES FOR EVERYONE

The Facility's healthcare support strategy aims to ensure that refugees obtain quality health services in line with their needs, while simultaneously maintaining the level and quality of healthcare provision to the local host communities. Whilst the strategy is focused mostly

on increasing the availability and accessibility of primary healthcare services in the provinces where the concentration of refugees is greatest (approximately 29 provinces) it also seeks to reinforce secondary healthcare services. An additional and critically important objective is to improve the refugee population's health-seeking behaviours through health promotion and health literacy trainings. The strategy being implemented by the Facility is summarized in the figure below:

### The Facility's Health Support Strategy



The approach taken and results obtained to-date in the implementation of the two main strands of the Health Priority Area strategy represented by Intermediate Outcomes 1 and 2 are presented below:

## 1. Improving access to quality healthcare services

### 1.1. Primary Healthcare Services Provision

The major primary healthcare support programme supported by the Facility is SIHHAT (Healthcare Services Provided for the Syrian Population Under Temporary Protection), which entered its second phase (SIHHAT II) this year. The project has now established and is operating 180 Migrant Health Centres (MHCs) (out of a total target of 190) across the 29 focus provinces. The MHCs provide a range of primary healthcare services including reproductive healthcare (ante and post-natal care) and immunization services. Of these, 48 provide a set of more specialized services over and above the

normal primary healthcare services in order to help alleviate the pressure on local hospitals (e.g. internal medicine; gynaecological; paediatrician; dental care and psycho-social support). They also have vehicles to enable them to provide mobile health services. Whilst the outbreak of the COVID-19 pandemic in early 2020 led to a large reduction in the use of the MHCs on a walk-in basis, the Facility monitoring system has found that whereas refugees used to use the hospitals as their primary source of healthcare they have now shifted to using primary healthcare clinics, thus adapting to the Turkish system. Providing COVID-19 vaccine in the MHCs also accelerated this process.

Under the Facility supported SIHHAT project, 180 Migrant Health Centres (MHCs) have been operating in 29 high refugee concentration provinces, 48 of which provide additional specialized health services.



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Increasing numbers are also registering with local Family Health Centres, which is a further indicator of integration into the Turkish healthcare system. Almost 1 million refugees are now registered in Family Health Centres.

Primary healthcare service provision is also being strengthened in rural areas and to temporary agricultural settlements through the provision of mobile services that target both refugees and host communities. The mobile cancer screening services established under SIHHAT I are also being continued under SIHHAT II.

Survey data shows an increase in refugee utilization rates of health services<sup>1</sup> and focus group discussions with beneficiary groups conducted in multiple Facility-focus provinces consistently indicate a high level of refugee satisfaction with the level of accessibility and quality of primary healthcare services - thus indicating the success of the Facility-supported projects. Additionally, the data on the proportion of women who have an unmet need for reproductive health services shows a significant reduction over the life of the SIHHAT I project.

By the end of 2020 the Facility had supported 97% of pregnant refugee women to receive one or more antenatal care consultations; 58% of new mothers to receive at least one postnatal care consultation and almost 5 million vaccination doses have been provided to refugee children.



### 1.2. SECONDARY HEALTHCARE SERVICES PROVISION

The Facility's support to secondary healthcare provision has consisted of a range of different types of investment. These include the construction of two state hospitals - one in Kilis province and the other in Hatay province. Both are now nearing the construction completion phase.

Secondly, the Facility has supported the upgrading of 543 secondary healthcare facilities with sophisticated medical equipment to enhance their diagnostic and treatment capabilities. Additionally, 10 MoH (Ministry of Health)-operated Community Mental Health Centres (CMHCs) have been supported under SIHHAT whilst several other Facility-funded projects have supported the operation of 8 NGO-run mental health clinics.

Finally, one of the most significant areas of support to the provision of hospital services in the focus provinces has been the training and supply of 1,128 Bilingual Patient Guides<sup>2</sup> to enable refugees to be supported with interpretation services for their consultations with Turkish healthcare professionals.

In the second half of 2020 the Facility enabled approximately 3.6 million hospital consultations to be made by refugees in the Facility-focused provinces and over 156,000 Syrian refugees were treated as in-patients in public hospitals.

### 1.3. STRENGTHENING HEALTHCARE SYSTEM STAFFING

By the end of 2020 almost 3,900 healthcare staff had been employed with the support of the Facility - most of which were contracted under the SIHHAT project. Almost half of these were Bilingual Patient Guides, 20% were doctors and the rest were nurses, midwives, psychologists, social workers and paramedical staff. Also by December 2020 almost 2,900 healthcare workers had been trained to be able to work in the migrant health centres in the Facility's focus provinces - most of whom were Syrian. Once the pre-deployment theoretical and practical training is completed the SIHHAT project provides additional in-service training. Training has also been provided to Turkish staff working in the MoH to enable them to adapt their service delivery approaches to the particular needs of the refugee population.

The Facility had supported the training of over 10,500 healthcare workers by the end of 2020.

### 1.4. INFRASTRUCTURE DEVELOPMENT

In addition to the construction of two state hospitals in Kilis and Hatay (mentioned above), 113 hospitals were supported with medical equipment and 430 ambulances and 102 mobile health service vehicles were supplied in late 2020. Under a new project financed as part of the current (second) tranche of funding, the Facility will support the construction of 65 new MHCs and the refurbishment of 52 more. Additionally, it will support the upgrading/refurbishment of 110 post-operative rehabilitative care (PTR) units in hospitals.

<sup>1</sup> SIHHAT survey data indicates that this rate increased from 71% in 2018 to 76% in 2020.

<sup>2</sup> 966 Bilingual Patient Guides (BPGs) were trained, 1,128 BPGs were employed. These figures do not include those who were separately reported as Translator/Interpreter.



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### 2. IMPROVING REFUGEE HEALTH LITERACY AND HEALTH-SEEKING BEHAVIOUR

A critically important part of the strategy to address the refugee crisis in the Health Priority Area is the education of refugees on the effective management of their health status. This relates to the adoption of healthy lifestyle practices, adhering to vaccination schedules, complying with pre-natal and post-natal check-up requirements, knowing when and how to consult with medical practitioners on a preventive and early treatment basis, etc. Given the low formal education completion levels of a large proportion of the refugee population, the migration practices of many for economic reasons and their generally very low level of knowledge of the Turkish language this is a major challenge for the MoH and other Facility-funded project implementing agencies.

In addition to the many health education sessions conducted in MHCs over 164,000 individuals had been reached through outreach activities conducted by a range of Facility-funded projects by December 2020.



Whilst the SIHHAT survey showed that refugee health literacy levels had increased by a third between 2018 and 2020 they remain much lower than they should be - with only 24% of surveyed refugees having an adequate or better level of health literacy. In terms of improved health-seeking behaviours the same survey found almost no improvement (with 38% practising positive behaviours) - thus indicating the scale of the challenge (but also possibly some effects of the COVID-19 social mobility restrictions).

*Note: All data valid as of December 2020*

The **Facility for Refugees in Turkey** is a programme financed by the European Union aimed at helping the Government of Turkey manage the pressures upon its society and economy caused by the influx of approximately four million refugees from neighboring countries (over 90% of whom are from Syria). The Facility's budget is EUR 6 billion. A total of 105 Actions - both ongoing and completed - have been implemented under the Humanitarian (62 Actions) and Development (43 Actions) streams of the Facility, covering humanitarian assistance, education, health, municipal infrastructure, social cohesion, livelihoods and migration management.

This Brief has been prepared by the SUMAF Technical Assistance Team which provides M&E services to the Facility for the EU.

For more information go to: [https://ec.europa.eu/neighbourhood-enlargement/news\\_corner/migration](https://ec.europa.eu/neighbourhood-enlargement/news_corner/migration)