

Syrian Refugees in Turkey, Life Conditions

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Study/Objective: The objective of this study is to clarify basic information about Syrian refugees who are living in Turkey and to share formal data about refugees' life conditions in Turkey.

Background: Throughout history, migration is one of the most important problems of humanity. Particularly in some areas where people suffer from conflicts, violations, and lack of basic needs, this situation is more difficult. Since the beginning of the Syrian conflict in 2011, increasing number of refugees have come to Turkey for asylum. Most of them are children and women. Unfortunately, this dangerous voyage from Syria has ended up with not only social or economic problems, but also dramatic humanitarian needs.

Methods: In this study, authors have conducted descriptive data analysis by viewing formal data from government authorities and scientific articles from the literature.

Results: From the outset of the conflict, Turkey has followed an open door policy to refugees. Since that time, about 3-million people have come to Turkey and try to adopt a new life. Currently 300-thousand of the refugees have been living in 26 temporary protection centers (TPC) that were established in 10 different cities near the Syrian border. The protection centers have been managed by the Emergency Authority of Turkey. The other 2.7 million refugees have been living in different cities and regions in Turkey. Over 60% of the refugees consist of women and children. In the TPCs, some facilities such as accommodation, food, health, education, and other humanitarian needs are provided by the Emergency Management Authority of Turkey. About 311,000 thousand children continue their education, and 100,000 of the adult refugees have been educated by the Ministry of Education of Turkey.

Conclusion: The coordination between international organizations and Turkey need to be enhanced to provide more effective facilities for refugees.

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Analysis of 112 Emergency Medical Service Utilizations of Syrian Refugees Residing in Ankara, Turkey

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Study/Objective: This study aims to investigate 112 emergency medical service utilizations among Syrian refugees residing in Ankara.

Background: With the civil war in Syria, lots of Syrians left their country and migrated to neighboring, or more distant countries since March 2011. The number of Syrian refugees in

Turkey was 2,747,946 in March 2016. While some of the Syrian refugees have been living in camps, 2,475,134 of them have been living in metropolis areas such as Ankara. There has been a parallel increase in the number of Syrian refugees and the number of Syrian refugees who benefit from health services, including prehospital emergency medical services.

Methods: In this descriptive, cross sectional study, data was obtained from the Department of 112 Emergency Health Services of Ankara Provincial Health Directorate. Records from January 1, 2013 to January 6, 2015 were analyzed.

Results: Utilization of 112 Emergency Medical Services among Syrian refugees has risen from the beginning of 2011 to the first five month of 2015. First five stations, responded to nearly half of (42%) the calls from Syrian refugees, based in Altındağ region, where Syrians densely live in Ankara. Prehospital emergency medical services were used mostly by people under 18 years old.

Conclusion: Findings suggest that staff in regions where the burden on the system has been increasing should be supported, and should be provided with abilities to overcome language barriers and cultural differences.

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Surgical Needs of Internally Displaced Persons in West Darfur, Sudan

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Study/Objective: To quantify the burden of surgical disease in a population fleeing conflict.

Background: The burden of surgical disease in refugees and Internally Displaced Person (IDP) populations has not been well-defined and is difficult to quantify because of logistical obstacles. Populations fleeing conflict are highly mobile, limiting the effectiveness of traditional sampling methods. In this study, we used satellite imagery and GPS technology to conduct a population-based surgical needs assessment amongst IDPs in Kerenik, West Darfur, Sudan.

Methods: Satellite imagery was used to identify man-made structures. Ground teams were guided by GPS to randomly selected households following a computer algorithm. A novel, laptop-based, surgical needs survey was administered by a physician to household residents. One randomly selected individual per household was designated to answer demographic and medical history questions, pertaining to themselves and

first degree blood relatives. All residents of the household were offered a physical exam looking for surgical disease.

Results: A total of 780 individuals answered survey questions; 82% were IDPs. A history, since displacement of surgical conditions, was reported in 38% of respondents, and by 73% of respondents in at least one first degree blood relative. Surgical histories included trauma (gunshots, stabbings, assaults; 5% respondents; 27% relatives), burns (6% respondents; 14% relatives), and obstetrical problems (5% female respondents; 11% relatives). A total of 1,485 individuals agreed to physical exams. Untreated surgical disease was identified in 25% of participants.

Conclusion: This study combined unique sampling and survey techniques to perform a population-based assessment of the surgical burden of disease in a highly mobile, marginalized population. We identified significant recent histories of trauma and other surgical conditions, and on exam found a high burden of untreated surgical disease. Health officials and non-governmental agencies working with IDP and refugee populations should be cognizant of the high prevalence of surgically treatable conditions in these communities.

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Impacts of the Interim Federal Health Program on Healthcare Access and Provision for Refugees and Refugee Claimants in Canada: A Stakeholder Analysis
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Study/Objective: This study examines the perceptions of key stakeholders regarding the impact of the Interim Federal Health Program (refugee health policy) reforms in 2014, on access and provision of healthcare for refugees and refugee claimants.

Background: The Federal Government funded the Interim Federal Health Program (IFHP) since 1957, ensuring comprehensive healthcare insurance for all refugees and refugee claimants seeking protection in Canada. Retrenchments to the IFHP in 2012 greatly reduced healthcare access for refugees and refugee claimants, generating concerns among healthcare stakeholders affected by the reforms. In 2014 a new IFH program temporarily reinstated access to some health services however, little was known about the reforms and its impact on stakeholders.

Methods: Data was collected using semi-structured key informant interviews with refugee health policy stakeholders (n = 23). Four stakeholder groups were identified: refugees and refugee claimants (n = 6), policy-makers and government officials (n = 5), civil society organizations (n = 6) and professionals and practitioners (n = 6). Using a stakeholder analysis, stakeholder positions and influences regarding the policy were mapped and a content analysis, using NVIVO 10, was employed to abstract themes associated with barriers and facilitators to access and provision of healthcare.

Results: The findings reveal that the majority of stakeholders expressed mixed and opposing views regarding the 2014 reforms, with varying levels of influence over the policy. Moreover,

five facilitators to accessing health care were identified, and eighteen themes regarding barriers to health care access and provision were abstracted. Four common barrier themes were perceived among all stakeholder groups, including lack of communication and awareness among refugees and providers.

Conclusion: The study highlights that the IFHP reforms in 2014 have transferred refugee health responsibility to provincial authorities, resulting in bureaucratic strains, inefficiencies, overburdened administration and delayed healthcare seeking by refugees due to existing barriers. There are some benefits to the reforms, but lack of support and mixed opinions among the majority of stakeholders emphasized the need for policy reformulation with stakeholder engagement.

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Reproductive, Maternal, Newborn and Child Health (RMNCH): Interventions and Delivery Modalities in Fragile Settings: A Review of Literature

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Study/Objective: The objective of this review was to systematically identify interventions and service-delivery modalities, that have measurably improved Reproductive, Maternal, Newborn or Child Health (RMNCH) in fragile settings during conflict or disaster response.

Background: Over 1.4 billion people live in fragile settings, making them particularly vulnerable to the effects of disasters and protracted conflicts. Sixty percent of preventable maternal deaths, 53% of deaths in children under-five, and 45% of neonatal deaths occur in fragile settings. Synthesized information regarding interventions and modalities used in fragile settings, and their measured outcomes, is significantly lacking.

Methods: A literature review was conducted systematically using academic databases PubMed, CINAHL, DoPHER, WoS, CDSR, Scopus, and Global Health up to July 8, 2015. Hand-searching was conducted, and grey literature was assessed. Inclusion criteria were studies: i) Including interventions/service-delivery modalities in RMNCH; ii) Target population included women of reproductive age, pregnant women, mothers, newborns, or children under-five; iii) In conflict/disaster response in fragile settings. All study designs eligible. Exclusion criteria were studies: i) Only including mental health; ii) Not including target population; iii) Not in fragile/post-disaster/post-conflict; iv) Without measured outcomes. Data extracted for setting, project, methods of delivery, results and study design.

Results: The search yielded 66 articles from 25 countries published between 1996-2015. Contexts included IDP/refugee camps, active conflicts, earthquakes, famine, tsunamis and other humanitarian crisis. Due to study variations, quantitative meta-analysis was not performed. Measurable improvements in health or access in fragile settings included skilled birth attendance, postnatal care, management of hemorrhage, use of modern contraceptives, HIV treatment, and more. Compelling