Capacity building in refugee research through Health Needs Assessment

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Outline

• The project: *Health situation and health care needs of Syrians living in Zeytinburnu*

• Education and training implications
Acknowledgement

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• Zeytinburnu Belediyesi
• Yeryüzü Doktorları Derneği
• Deniz Feneri Derneği
• Our team: Meltem, Büşra and Ceyda
• Ellyn and Sophia from University of Sheffield
• Interviewers, especially Sanyya
• Funder: Bezmialem Vakıf Üniversitesi BAP
Different needs of refugees living in Istanbul

- Urban/outside camp
- Numbers small proportionately but impact on a larger group local population
- Language and culture difference
- Wider impact of health problems, e.g. outbreaks
- Impact on health care system
- Zeytinburnu with its high population of migrants/refugees from various countries
What should be our role as an academic Public Health Department?

• Assessed the need for a needs assessment- desk based gap analysis
• Aimed to describe the problems with a focus on policy implications.
• Will share results with relevant organisations and authorities.

• Create evidence for policies through research
• Use the process for capacity development

1. Determine institutional role and responsibilities for any emerging issues in the population.
2. Avoid duplications
Evidence based policies - HNA based planning (and evaluation)

3. Collaborate with civil society and governmental, international institutions; involve Syrians themselves.

Who else?

UNHCR???
Conduct of the study

• Methodology: quantitative and qualitative
  • Quantitative household survey
    • 15-49 age group woman as interviewee
    • UNHCR questionnaire for Syrian refugees living outside camps
  • Qualitative: semi structured interviews with women, Syrian and Turkish doctors, head of Syrian and Turkish NGOs, Public Health Directorate Deputy Director, Zeytinburnu Deputy Mayor and interviewer opinion etc.
  • Interviewer training- Arabic native language, English speaker interviewers

• Challenges
  • Sheffield students
  • Sampling
  • Reaching sample population
  • Language barrier
  • Interviewers- finding Arabic-Turkish speakers; training

4. Use mixed methodology- utilise skills in social sciences research along with epidemiological skills

5. Aim for generalisable and comparable results across Turkey and Middle East
Some findings

• **Living conditions**: high rent and undesirable house conditions such as absence of central heating, common reasons for complaints

• **Aid**: ‘food aid’ is the most common type, although irregular

• **Health care entitlement**: not widely understood by Syrian women

• **Attendance at health care institutions**: complaints for long wait, negative attitudes of staff and language barrier

• **Using birth control**: not common

• **Childhood vaccinations**: generally up to date

• **Clinicians**:
  • suffer from language barrier
  • aware of hostile staff attitudes towards Syrians
  • have a negative attitude towards *perceived* high rate of child birth and birth to very young mothers.
Interviewer reflection and notes- raising expectations

• «The first question I always got was "what's the use?". I tried all I could to explain the importance of the research, the way it worked, and its probable results to the interviewees. Some of them sure got interested and asked me to help them with health-related problems. On the contrary, others wouldn't believe a thing I said and would tell me it is all in vain and that they have undergone many researches and many questionnaires before this one for nothing. "I was in Gaziantep before I came here. A girl came just as yourself and took all this info from me. I haven't heard from her since" an interviewee once told me.»

6. Be concerned with raising expectations with HNA.
Think about community research fatigue
«To be a Syrian refugee in Turkey is to forget about normal life and to keep thinking of what is next. I wish my next step would be to help all the women I interviewed.»

Sanyya Taha
Interviewer
Interviewer reflection and notes-demands

«Some of the things I was asked for
- wheel chairs
- unaffordable medicines
- an amount of money for specific needed surgeries (eye surgeries for blind little girls, photos of the heart, liver surgeries)
- obtaining kimliks (the woman would be pregnant and is helpless to get it herself, would have lost it and her application to it again got rejected, or applied a long time ago and keeps getting delayed)
- children vaccination
- trusted translators in state hospitals
- cheap homes for rent»
Interviewer reflection and notes - education

• «Very few are the children who were able to continue their studies after they came to Turkey. One day a little girl asked me if I could teach her. The registration in Turkish schools isn't easy at all and her parents don't have the money to put her in a Syrian school nearby.

• Syrian schools unfortunately demand fees from students. I'd look at her and remember how my school mates and I played truant sometimes and made our teachers angry for not willing to study and do homework. »
Interviewer reflection and notes-
single mothers

«Many men who have a family to guarantee the future of found it hopeless in Turkey and risked their lives to Europe. Their women and children have to be patient for at least 6 months until they are able to go too and start a new life. "what is the most important problem for you in here?" I asked. "My husband is away. I am alone. I have no one to help me here" I was answered. In this case, the woman herself becomes the head of household and has to do everything by herself in a country that is not her own. It needs all the courage of the world to stand up to it.»
Added value

1. Turkey’s international role in international relief and development initiatives
2. Raising awareness for needs of other refugees
3. Change in culture: Collaboration in addressing messy problems
4. Public Health training competency: «assessing the needs of disadvantaged populations»
5. MA dissertations and peer learning

What next?
1. Share results and recommendations- report, presentation and publication(s)
2. Build on results- further work for Syrians and other refugees?
3. Comparisons with local population- satisfaction with health care
4. Serving the community?
Possible areas for education and training

1. Challenges of addressing refugee health problems
2. Role of social sciences/scientists in addressing refugee health issues
3. Sources of information in making decisions on refugee health - conducting health care needs assessment
4. Research methodology on refugee health
5. Role of governmental, civil and academic institutions in improving refugee health
6. Advocacy - bottom up policy change: leadership; communication; collaboration; sharing information etc. in refugee health context
7. Training of interviewers and interpreters
8. Monitoring and evaluation of initiatives - at country level?
9. UG and PG curriculum implications
• “We do not learn from experience ... we learn from reflecting on experience.”

John Dewey
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