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Syrian Refugees in a Container City in Turkey: Retrospective Evaluation of Primary Care Admissions

Türkiyede Bir Konteyner Kentteki Suriyeli Mülteciler: Birinci Basamak Başvurularının Retrospektif Değerlendirilmesi

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ABSTRACT

Objective: The aim of this study was to collect and share information about primary care (PC) services provided to the Syrian refugees in Kilis container city and to evaluate their situation excluding preventive services. We also tried to determine further needs.

Methods: This is a retrospective type descriptive study. Data about PC services provided to Syrian refugees in Öncüpınar was collected by personal contacts and observation besides summarizing our own experience. The container cities have a manual system. For the take of the analysis, information from the paper files was transferred to an electronic database. The study covered the period between April 2012- where settling of Syrians started- and 20th December 2012 when admissions were recorded. Total number of admissions to the PC center was 17399 during this period.

Results: Health care services are provided through a PC center, 112 medical emergency service stations and a tent hospital. Most of the admissions were in 12-59 month age group (20.2%), followed by 20-29 years age group (16.6%), 46% of all admissions were acute problems including respiratory tract infections, gastrointestinal system problems, soft tissue infections and pain. Hypertension was the most common diagnosis among chronic conditions. Of all admissions, 10.8 % ended up with referral, 17.5 % of the patients were referred to the emergency service where the remaining were referred to different specialty services.

Conclusion: This is the first study of the PC services provided to the Syrian refugees in Turkey and identifies main causes of admissions and referrals. Day by day living in the host country, all requirements are increasing and changing occasionally. Therefore the situation should be reviewed constantly and plan should be done for the current and future needs.

Key words: Container City, Primary Care Services, Syrian Refugees

ÖZET

Amaç: Bu çalışmanın amacı, Suriyeli mültecilere sunulan önleyici hizmetler hariç olmak üzere birinci basamak sağlık hizmetleri hakkında Kilis konteyner kentindeki mültecilerin durumunu paylaşmak, bilgi toplamak ve durumu değerlendirmektir. Ayrıca gelecekteki ihtiyaçları belirlemeye çalıştık.

Yöntem: Çalışma retrospektif tipte tanımlayıcı bir çalışmadır. Öncüpınar'daki Suriyeli mültecilere birinci basamak hizmetleri hakkındaki kendi tecrübelerimizi özetlemenin yanı sıra kişisel görüşmeler ve gözlemler yaparak veri toplandı. Konteyner şehirlerin manuel bir sistemi bulunmaktadır. Analizler için, kâğıt dosyalardan gelen bilgiler elektronik bir veri-tabanına aktarıldı. Çalışma Suriyelilerin yerleşiminin başladığı Nisan 2012'den itibaren 20 Aralık 2012 tarihine kadar kayıtların kaydedildiği süreyi kapsamaktadır. Bu dönemde birinci basamak sağlık merkezine başvuruların toplam sayısı 17399 idi.

Bulgular: Sağlık hizmetleri birinci basamak hizmetleri, 112 acil tıbbi servis istasyonu ve bir çadır hastane aracılığıyla sağlanmaktadır. Başvuruların çoğu 12-59 aylık grupta (% 20,2), 20-29 yaş grubunda (% 16,6) yapılmıştı. Başvuruların büyük çoğunluğu solunum yolu enfeksiyonları, gastrointestinal sistem sorunları, yumuşak doku enfeksiyonları ve ağrı gibi akut problemlerdi. Kronik durumlar arasında hipertansiyon en sık görülen tanıydı. Tüm başvuruların % 10,8'i sevk ile sonuçlandı. Hastaların % 17,5'i acil servise, geri kalan hastalar ise farklı uzmanlık servislerine sevk edildi.

Sonuç: Bu çalışma, Türkiye'deki Suriyeli mültecilere sunulan birinci basamak hizmetleriyle ilgili ilk çalışma olup, başvuruların temel nedenleri belirlenmiştir. Günden güne mültecilerin gereksinimleri artmakta ve değişmektedir. Bu nedenle durum sürekli gözden geçirilmeli ve mevcut ve gelecekteki ihtiyaçlar için planlamalar yapılmalıdır.

Anahtar kelimeler: Birinci Basamak Hizmetleri, Konteyner Kent, Suriyeli Mülteciler

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INTRODUCTION

Full two and half years have passed since the start of the conflict which have cost thousands of lives; as well as injured and displaced many in Syria. According to the Disaster and Emergency Management Agency of Government of Turkey - AFAD - the total number of Syrians registered and assisted in 21 camps in 10 provinces is 200.034 by 26th September 2013.¹ While the total number of Syrians registered in Turkey increased to almost 539,761 by 12th December and the total number of Syrians in Turkey is estimated to be over 700.000 people by the Turkish government.² According to the Foreign Minister; humanitarian assistance until today contributed over 1,311,150,000 which is almost 601.177.204 USD.³ Also according to the Humanitarian Assistance Report 2013, Turkey was the fourth largest government donor of humanitarian assistance in 2012.⁴ More than 45.696 children inhabit in camps and 6.051 of them were born in Turkey.¹

Kilis is one of the host cities for refugees. Syrians started to reside in "Öncüpınar" container town of Kilis in March 2012 Öncüpınar container town was built on 315.000 m² with 2.053 containers in 2012. Second container town, "Elbeyli" was established and new settlers have settled since May 2013. Elbeyli container town has 3.592 containers. Kilis itself has a population of 88000, which almost doubles with the newcomers. Furthermore, this number is increasing every day. 13.570 are settled in Öncüpınar and 17.210 are settled in Elbeyli, whereas fifty-five thousand are estimated to be settled in the city centre.¹

The aim of this study was to evaluate the refugee situation in Kilis container city in Turkey, collect and evaluate the information about primary care services provided to the Syrian refugees and evaluate first 9 months of services (in 2012) in immigrant PC centers (PCC) in Kilis province, excluding preventive services. We also explored situation of services and tried to determine further needs.

METHOD

Data about health care services provided to Syrian refugees in Öncüpınar was collected by personal contacts and observation besides summarizing our own experience. Following setting up a basis about the general services, we planned a retrospective

study where we went through all the files of Syrian admissions in Öncüpınar manually. Different from the general electronic medical recording system in Turkey, the container cities have a manual system, where all information from the admissions are recorded to paper files. The total numbers of services are reported to the Ministry of Health at certain intervals.

For the sake of the analysis, information from the paper files was transferred to an electronic database. As manual recordings and their transfer from paper to electronic format may be subject to error, two independent researchers from our study checked all the information transferred to electronic database. This electronic database contained demographic data of the admissions besides admission numbers and causes, as well as referral numbers and causes. The study covered the period between April 2012- where settling of Syrians started- and 20th December 2012 when admissions were recorded. At this period, the total number of admissions to the primary care center were 17399. The data analyzed did not cover the admissions or services for preventive services. The PCC has a separate room for preventive services including family planning and vaccinations where they had separate manual filing system. The data from those files need to be further analyzed for a separate publication.

Local permissions for the study were taken from the local government of Kilis, besides ethical approval from ethics committee.

SPSS (version 17.0) package program was used for data analysis. Qualitative variables are given as number (S) and percentage (%). Continuous variables obtained by measurement (quantitative variables); arithmetic mean, standard deviation, minimum, maximum values are given. Chi-square and Fisher's exact tests were used to assess qualitative data. Pearson test was used for the normal distribution and the correlation coefficients and statistical significance were calculated by using the Spearman test. A p value of <0.05 was considered to be significant in all statistical analyzes. The results were evaluated in a confidence interval of 95% and a significance level of p <0.05.

RESULTS

Health care services in this region are provided through a primary health care center, 112 medical emergency service stations and a tent hospital. Primary care center requirements such as staff, drugs and equipment are provided by Provincial Public Health Directorate. Tent Hospital and 112 medical emergency services are coordinated by Provincial Health Directorate and tent hospital's health services are provided by a joint effort of public hospitals. The Syrians that are not registered in the container cities are allowed to take free health services from local family physicians.

The 112 medical emergency service stations are deployed in accommodation facilities and Öncüpinar Border Gate. In its first year emergency aid teams transferred 6,500 Syrians to Kilis State Hospital, and 1125 Syrians to the neighboring cities. In addition there is a tent hospital in the container city where specialists including pediatricians, gynecologists, internal medicine specialists work. Patients who are examined at primary care center and require further examination and treatment by specialists were referred to the specialist at the tent hospital in the container city. If a surgery or further examination is needed, the patient is transferred to the hospital 2 km far from the containers. The expenses related to the treatment of such patients are covered in coordination with the Turkish government. All services are provided by the local health care staff in day and night shifts.

The admissions to the PCC, when preventive purposes are excluded, were divided into two subheadings. In April, over a thousand admissions were accepted for wound control or dressings while there was no admission for other causes. Starting from May, admissions for other purposes were also accepted and recorded. No admission for wound control or dressing has been observed after October. The majority of the patients for dressings were males. The details of admissions according to gender and distribution according to months are given in Table 1.

Table-1. Distribution of admissions by months, gender and admission types.

Over the first nine months of the admissions, most of them were in 12-59 month age group (20.2%), followed by 20-29 years age group (16.6%).

All 1118 admissions in April were for dressing and wound control. Starting from May 2012, PCCs received admissions for several different causes. In the following months, 46% of all the admissions during May-December were acute problems such as respiratory tract infections (n=5221, 30.0%), gastrointestinal system problems (n=1099, 6.3%), soft tissue infections (n=463, 2.7%), and pain (n=1224, 7.0%). Respiratory problems include acute tonsillitis, acute pharyngitis, acute rhinitis and acute bronchitis, Gastrointestinal problems observed were acute gastroenteritis and acute gastritis. Pain is another frequent cause of admission for Syrian refugees. Pain includes myalgia, headache, lumbago and arthralgia. Conjunctivitis is an acute infection diagnosis which is observed most frequently in May (n=69), August (n=79) and September (n=57). In October, November and December, varicella was observed at higher frequency than the other months (n=35, n=0=103 and n=35 respectively). During the study period chronic problems have been a rare cause of admission. Among the admissions of chronic conditions hypertension was the most common diagnosis (n=238, 1.3%).

In all age groups respiratory tract infections rank as the most common diagnosis. Respiratory tract infections were more frequent in 15-19 age group than over 60 years age group ($Z=-5.792$, $p<0.0001$).

Of all admissions, 10.8 % (n=1877) ended up with referral, 17.5 % (n=329) of the patients were referred to the emergency service where the rest of the patients were referred to different specialty services; 13.4 % (n=252) of the patients were referred to ortopedics followed by gynecology (13.2 %; n=248) , pediatrics (8 %; n=152) , general surgery (6.1 % ;n=116) and dermatology (4.4 % ;n=84) . Referral rates did not differ by months ($\chi^2=3$, $df=3$, $p=0.392$). Females seemed to have more referrals; 12. 3% (n=938) of female admissions were resulted as referrals whereas 9.7% (n=939) of male admissions ended up with a referral. There was no statistical difference between men and women ($Z=-1.162$, $p=0.245$).

DISCUSSION

This is the first study of the primary care services provided to the Syrian refugees in Turkey, and identifies the main causes of admissions and referrals. It adds to the limited amount of knowledge that is currently available from other countries on the services provided to this vulnerable group. The present study has a number of possible limitations. First is its being a retrospective study on the paper files of the refugees where a very rapid service is provided in a resource-limited setting. There is always a possibility in such studies that all interventions or causes of admissions might not have been recorded. Second is it being conducted in PCC of one town and may not necessarily reflect the situation in other container towns in Turkey or other neighboring countries which was mentioned as correspondence in Lancet.⁵⁻⁷ Third, the research was conducted in a container city that contains almost 15000 Syrians. Another 55000 inhabitants lived in the city center and in another container city. Causes of admissions to the health centers in city center may differ from the ones of a container city. Fourth, the study covers the first nine months of services, but the services might have been changed further in time. On the other hand, strengths of this study are that the total sample was relatively large and we were able to obtain medical records of all the admissions to the PCC available. In considering the generalizability of our findings, we can compare it with the studies in other countries. The world has witnessed examples of refugee camps several times in the history, due to several reasons –one common being wars. Health services in these camps have been a subject of discussion and there is a good literature regarding these.⁸⁻²⁴ In the following section, we discuss our findings using the structure we used in our Results section.

In April; the first month when Syrians started to settle the container city, acute conditions and wounds were the priorities and dressing was the most common cause for admission. Related health services were accordingly planned and run.

In May, we observed a much higher number of admissions to PCC. This could be attributed to increasing number of refugees to container city during that time. But it may as well be the result of an interruption to having health care services for a while and the need was much higher after it.

The causes of admissions were similar among months. In June, October and December, soft

tissue infection rates were higher. This can be attributed to increased number of wounded Syrians because of increased crushes during these months.

A publication in Lancet gives some information about the Syrian patients in Lebanon.⁶ According to this report, 47% of the patients had skin diseases (leishmaniosis, scabies, lice, and staphylococcal skin infection); 27% had digestive system diseases; 19% had respiratory diseases; 7%, especially children, suffered from malnutrition; 2% had infectious diseases (measles, jaundice, and typhoid); and 13% were diagnosed with mental illness as a result of trauma and displacement.⁶ According to a study which was about the utilization of primary health care services among Syrian refugee and Lebanese women, the most common reasons for seeking care were non-communicable diseases (40.6%) and sexual and reproductive health issues (28.6%).²⁵ According to another report from Jordan, there was a huge increase in surgical care demand. Surgical and trauma care needs included amputations, burn care, acute surgical conditions (e.g., accidents, falls)⁷ and in Zaatari camp in Jordan, urgent care needs could be assessed by physicians. Some routine tests (e.g. thyroid stimulating hormone, routine blood tests) and some medications could not be provided (e.g. asthma inhalers).²⁶

From what Lebanon, Jordan and Turkey provide we could see that most causes of admissions are similar and shows that the causes related to the trauma they are having are added to the causes of admissions in daily life. The causes of primary care admissions in the container town were also similar to the causes recorded in standard primary care services provided to the local population.²⁷

The referral rate was 10.8%. The referral need is either for specialty care or emergency care. The hospital is not far from the container PCC and the transport has not been a major issue. Although there have to be specialists in the container city as well, sometimes due to the lack of staff and increased need in the hospital, specialty care was limited to the hospital setting. In the literature, several referrals rates related to refugees were reported. A publication about Afghan refugees in Iran showed that the most common health referral for females and males (0-14) was perinatal diseases (15.1%, 15.2%, respectively). In the females (15-59) it was ophthalmic diseases (13.6%), and for males it was nephropathies (21.4%).²⁴ In another publication, Iraqi refugees'

referral numbers in Jordan were given as follows: 31 747 referrals or consultations to a specialty service, 18 432 drug dispensations, 2307 laboratory studies and 1090 X-rays. The specialties most commonly required were ophthalmology, dentistry, gynecology and orthopedics surgery.²⁸ These causes for referrals are similar to our referrals.

Refugees come from countries and regions with their own unique sets of health risks and exposures, but there are certain presenting problems that commonly occur in the primary care settings. In addition, follow-up of the patient who has irregular follow-up in primary care, the inability to obtain regular records and problems in access to the patients are the problems that make the follow-up of the refugees difficult in the primary health care systems.

CONCLUSION

Situation of immigrants is not stable, such as their requirements. Day by day living in the host country, all requirements are increasing and changing occasionally. Therefore the situation should be reviewed constantly and plan should be done for the current and future needs. Also the information provided from the field is expected to be useful for practitioners and researchers working on refugee health care. Cultural differences, origin country's common diseases and genetic disorders affect the content of health services. Learning these differences will be helpful to serve more efficient health services for refugees.

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