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From Syria to Canada: A Critical Evaluation of Service-Delivery and Coordination along the Journey of Forced Migration (CS06-03)

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CS06-03: From Syria to Canada: A Critical Evaluation of Service-Delivery and Coordination along the Journey of Forced Migration.

I have no actual or potential conflict of interest in relation to this presentation

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BACKGROUND



RESEARCH OBJECTIVE:

To advance learning to improve coordination and service-delivery to crisis-affected populations along the migration journey, as highlighted by Canadian Red Cross (CRC) engagement with Syrian populations in the continuum-of-care from Syria to Canada.





METHODS

Qualitative

Phase 1: Analysis

- End of Mission (EOM) reports (n=8)
- Domestic evaluation of the Syrian Resettlement Response, which included key informant interviews (n=24), focus groups (n= 125 participants), and a survey of volunteers (n= 583).

Phase 2: Primary data collection

- Key informant interviews (n=25) with personnel directly supporting refugees in transit, at arrival, and through integration

Research team:

- joint leadership through International Operations and Disaster Management





FINDINGS - HEALTH CHALLENGES

“...THERE NEEDS TO BE MORE ROBUST UNDERSTANDING OF THE HEALTH CONSEQUENCES OF MIGRATION ...AND HOW ... SOCIAL DETERMINANTS OF HEALTH INFLUENCE HEALTH OUTCOMES.”

CONSISTENT WITH EXISTING EVIDENCE

Physical health:

- Dehydration; gastrointestinal, respiratory issues; exhaustion; cold/flu; rashes/skin infections, burns; maternal-child health issues; long-term disabilities and chronic conditions; injuries; dental problems.

Mental health/psychosocial:

- Sadness, grief, fear, frustration, worry, boredom, hopelessness; sleep disturbances; somatic complaints; family separation/ conflict, domestic violence
- Suicidal ideation/attempts; depression; generalized anxiety; PTSD symptoms
- SGBV (sexual assault, trafficking)





FINDINGS - SERVICE DELIVERY

Challenges to service delivery:

- External decision making restricting/enabling service delivery
- Provision of basic health and PSS during migration (transitory population) and following protracted displacement
- Language barriers/cultural barriers

•Successes in service delivery:

- Positive impact of refugee resilience on service provision
- Positive impact on refugee MH/PSS with active participation in planning and implementation of services
- Unique opportunities for Restoring Family Links programming
- Embedding of MH/PSS interventions in other programming





FINDINGS - COORDINATION

Challenges in coordination:

- Multiple stakeholders (within the RCRC Movement, external)
- Coordination within and across programmes, i.e. IO-Domestic DM, IO-Domestic Health, and Domestic DM-Domestic Health

Successes in coordination:

- Enabling capacity building and support to existing structures/systems.
- Close coordination with public health, child protection and other government services (federal, provincial, municipal); coordination with community organizations vital to ensure ongoing & long-term integration supports in place.





RECOMMENDATIONS

- Adaptability/flexibility in service design
- Holistic health programming includes MH/PSS as critical component.
- Intentional use of refugee capacity/resilience; involvement in planning and coordination
- Services/programming informed by international experiences; international operations informed by domestic expertise.
- Increase sharing/collaboration across programs, and with existing service providers
- Broad understanding of vulnerability/protection
- Prioritize family contact/reunification
- Inform/educate on health norms, the health system, and health promotion





CONCLUSION

Changing the way we do our work

- Integration of PSS into domestic disaster management
- Skills in humanitarian diplomacy, negotiation

Continuous learning and improvement

- Evaluation of support to community integration
- Further analysis of this data



“THERE’S HEALING IN CONNECTIONS WHEN WE’RE LESS ALONE.”





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THANK YOU.

QUESTIONS?

