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

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Study/Objective: The objective of this field research study is to advance learning to improve coordination and service-delivery to crisis-affected populations; highlighted by Canadian Red Cross (CRC) engagement with Syrian populations along the continuum-of-care from Syria to Canada.
Background: Syria is the biggest humanitarian and refugee crisis of our time. Per the United Nations High Commissioner for Refugees (UNHCR), 4.8 million Syrians have fled to surrounding nations, and 6.6 million are internally-displaced. In 2015, the Canadian Prime Minister-elect pledged to bring 25,000 Syrian refugees to Canada. CRC deployed technical personnel along the entire migration journey: Jordan, the Mediterranean Sea, Greece, Germany, and Canada. Service-delivery coordinated by CRC included clinical health, referral, Psychological Support Services (PSS), Restoring-Family-Links (RFL) protection, transportation, lodging and other services.
Methods: End of Mission (EOM) reports (n = 8) were analyzed. CRC Syria Response Evaluation was reviewed, which included key informant interviews (n = 24), focus groups (n = 125 participants), and a survey of volunteers (n = 583). Based on this data and operational experience we have identified recommendations. The EOMs and Response Evaluation will be used to develop an informed set of questions to panel members who can speak to their extensive experience involved in the response; including deployed technical personnel, a Syrian who journeyed from Syria to Canada, and frontline service-providers.
Results: Approximately 42% of the refugees arriving in Canada were assisted by CRC. Challenges included coordination, providing basic-health and PSS during migration, and system-navigation and referral upon arrival to Canada. Engaging at various points along the migration journey provided unique opportunities for RFL. Recommendations arising from both successes and challenges included: ensuring human-resource systems are prepared; increasing focus on managing health, including child PSS; and using international experience to improve reintegration services.
Conclusion: Knowledge generated from this response models challenges and solutions in supporting service-delivery and coordination with populations affected by crisis throughout the migration journey.

ANA Light Field Hospital: A New Model of Civilian Cooperation and Response during Disasters, Emergencies in Austere Environments, Italy

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Study/Objective: The authors describe an Italian Model of Mobile Light Field Hospital of ANA (The Italian Association of Alpini) as a flexible, mobile hospital structure, self contained and self sufficient health care design for rapid deployment, expansion or contraction. This structure is designed to work, and to be deployed in disasters/emergencies. The Field Light Hospital is a new conceptual hospital, designed in a new architectural structure, lighter and easy to use to support of the local emergency services. Civilian personnel are trained as volunteers to work together, improving training programs in emergency preparedness and response.
Background: During disasters/emergencies local health services can be overwhelmed, and damage to clinics and hospitals can render them extremely unsecure or useless. Lessons from past complex disasters such as civil conflicts, wars, and humanitarian emergencies show that Field Hospitals(FHs) as temporary hospitals, civilian or military, plays a significant response role in disasters.
Methods: The Hospital on the Field of Alpini actually operates in Italy in support to the activities of civil protection, but also works in different national and international context, based on the activity of volunteers, experts in maxi-emergency, critical medicine and with military tactical backgrounds.
Results: The Alpini Light Field hospital shows a new model of civilian cooperation, and is able to be rapidly deployed in national and international (long) missions. The authors would like to underline how, during complex disasters the need of a rapid public health response, is crucial to prevent the occurrence of new cases, coupled with treatment of victims and maintenance of a viable healthcare delivery system.
Conclusion: During disasters it is useful to utilize FH as support to population affected countries, suggesting a new form of civilian cooperation in support of civil protection activity; and also implementing a new form of research program in training, preparedness and response.

A Multi-Level and Multi-Sectoral Coordination for an Effective Response to the Cholera Outbreak in Central African Republic

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Study/Objective: This paper aims at sharing a lesson from a specific coordination mechanism to control a cholera outbreak that could have been a major one, due to all the risk factors and the weak response capacity.
Background: A cholera outbreak that started on July 27, 2016 (vibrio Cholerae, serotype O1 Inaba), was declared on August 10, 2016, in the southern part of Central African Republic