RAPID ASSESSMENT OF HEALTH SERVICES IN EASTERN AND SOUTH-EASTERN ANATOLIA REGIONS IN THE PERIOD OF CONFLICT STARTING FROM 20 JULY 2015

TURKISH MEDICAL ASSOCIATION PUBLICATIONS - 2015

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Rapid Assessment of Health Services In Eastern
And South-Eastern Anatolia Regions In
The Period Of Conflict Starting From 20 July 2015

2015, October, Ankara
Turkish Medical Association Puplications

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FOREWORD

Professional independence is one of the most fundamental guarantees in medical practice. It is vitally important to take medical decisions free from the influence of any power and to perform our profession by matching the needs of patients with opportunities that the science of medicine offers.

In periods of armed conflict, parties involved may target health workers, services and facilities. During the period of conflict following 20 July 2015, a doctor, a nurse and an ambulance driver were killed, and a nurse and a health technician were injured. Unfortunately, the conflict environment created in recent months and security policies followed make it impossible to deliver quality health services. Working conditions of health workers as well as access of people to health services are both adversely affected by these circumstances.

The Turkish Medical Association conducted the present survey in order to expose and document the state of doctors and other health workers, health services and facilities and problems faced in this context. On behalf of Turkish Medical Association my sincere thanks are due to health workers who committedly keep extending services in conflict environments, the survey team that planned and conducted the present study, and to our colleagues who collected relevant data with extraordinary efforts.

With our hope for days when we will be able to perform our profession in circumstances that it deserves…

Dr. Bayazıt İlhan
President
Central Council of Turkish Medical Association

INTRODUCTION

Turkey experienced three elections within the last one and a half year: Local government elections in March 2014, election of the President of the Republic on 20 August 2014 and finally general elections on 7 June 2015.

In all these elections, the party that was in power for longer than 10 years with significant electoral support and its leader had an expectation: Laying the ground for what they call "the New Turkey" and transition to "Presidential Regime".

One of the most important headings determining the course of this process was the environment of conflict that was going on for 30 years. This conflict was prevalent in the eastern and south-eastern regions predominantly populated by the Kurdish people. Following the declaration of "tranquillity" during a mass rally in Diyarbakır on 21 March 2013 participated by about a million people and aired live in Turkey and other parts of the world the process turned to another route. From the beginning of 2013 to mid-2015 there was significant decrease in the number of people losing their lives in armed clashes. Naturally and in terms of humanistic considerations, this interruption in clashes ensuing a period of 30 years with casualties over 50,000 as well many injuries and cases of mutilation was of great significance for all including, in the first place, the people of the regions concerned.

Unfortunately, however, the state of social unrest did not disappear due to various reasons including the failure in sustaining tranquillity, non-transparent nature of processes within the last two and a half years, mutual mistrust and claims by respective parties about not having taken some necessary steps. The electorate stepped in 2015 that suggested possibilities of a new conflict period and the process of general elections. The importance of elections was further galvanized due to the fact that the positions taken by political actors and social focal points would shape the future of Turkey for at least 15-20 years. Tensions climbed up particularly around the ruling party starting from March when the possible outcomes of general elections became more "perceivable." Indications that the 10% electoral threshold which is so rare in democratic countries could be surpassed by the Peoples' Democratic Party (HDP) which would undermine the single party government of the Party for Justice and Development (AKP) as well as transition to presidential system brought along a change of discourse, approach and manner on the part of ruling political circles. Then, provocative acts in Kurdish dominated provinces in the eastern and south-eastern parts of the country and attacks to HDP party buildings reached a peak with bombs blasting during a HDP rally in Diyarbakır on June 5th. The HDP turned as the 4th political party in terms of its percentage share in popular votes. Surpassing the threshold, the HDP sent to the parliament the same number of deputies as the Nationalist Movement Party (MHP) despite being behind that party by 1.5 million votes, which was the outcome of the undemocratic nature of the electoral system.

Election results ruled out the possibility of any single party government. Under the Constitution, it is the responsibility of the "impartial office of Presidency" to give effect to procedures in line with election results. However, messages by the President pointing out to the end of tranquillity which had started before elections and continued with stronger tones after actually "ripened" the conflict environment. Unfortunately, this environment became tangible on June 20th with en event that led the country to a deep mourning. Young people from various parts of Turkey had gathered in Suruç, a border town of Şanlıurfa Province to cross the border to visit Kobane, an autonomous Kurdish territory in Syria for purposes of solidarity with people there. As a result of bombing by a suicide-bomber sneaking into the group 34 young peo-

ple were killed and too many others were injured. After two days, two policemen were shot to death while in their beds. Following these events Turkey entered into an environment of intense violence. For a period of close to three months there have been bombings almost every day accompanied by deaths and injuries in settlements located in the eastern and south-eastern parts of the country populated by Kurdish citizens.

"Ordinary" people hopefully expecting normalization and peaceful processes in spite of all signs to the contrary are morally shacked by these events. Fingers on triggers started firing and killing mutually and Turkey is driven to an environment or rather a vortex where unlawful acts of the central government which cannot be seen in any democratic country have become routine. This rapid start of violence and conflict environment after 2.5 years of tranquillity reminded people what they wanted to forget all about and as of the beginning of October 2015 settlements where the HDP gained overwhelming majority of votes turned into "unliveable" places whose inhabitants are forced to move out. For instance Cizre, an administrative r-district with population of 120,000 had to live under curfew for 8 days during which civilians were even unable to bury their dead. Unfortunately, this state of anti-democratic and unlawful practices that cannot be observed in democratic countries have now become a party of daily life in settlements in the eastern and south-eastern parts of the country populated largely by Kurdish people.

As can be easily inferred, this state of affairs affects the psychological health of all in the country and particularly physical and moral health, health services and health service providers in regions mentioned above. Events such as the killing of nurse Eyüp Ergen, pharmacist Yunus Koca, Dr Abdullah Biroğul and ambulance driver Şeyhmus Dursun by security forces or PKK led to significant public reaction and brought together the need to identify in detail the effects of armed conflict on access to services and health workers. Hence, the objective of the survey is to assess the state of access to health services, experiences of health workers and how health facilities and health workers were affected in the period that followed suicide-bombing in Suruç on 20 July 2015 killing 34 persons during which armed conflict climbed with the use of heavy weapons in eastern and south-eastern regions, with curfews in many province and district centres, and when many urban neighbourhoods remained under siege.

The outcomes of the study will be shared with the public, relevant ministries and international community. It is expected that as concrete and reliable evidence, the findings of the study will have significant social and political implications for processes of investigation concerning possible violations of human rights and the right to health.

METHODOLOGY

Working group

The universe of the study covers public health facilities and health workers in the provinces of Ağrı, Batman, Bingöl, Bitlis, Diyarbakır, Hakkâri, Mardin, Muş, Siirt, Şanlıurfa, Şırnak, Tunceli and Van as well as their administrative districts where conflicts took place following July 20th.

Purposive sampling was preferred in sample selection and the method of maximum likelihood was used. Attention was paid to interview all relevant parties in order to assess adequately how public access to health services was affected by conflict and what health workers experienced during clashes. Hence, interviews were planned with the following as key informants: Managers of pre-hospital, first and second step health facilities (i.e. hospitals, maternal health centres, public health centres and 112 emergency units), health workers with different duties and responsibilities in these facilities and governing body members of professional organizations in the field of health. It was decided to reach at least one-third of all health facilities existing in each province and district and to interview at least one health worker from each unit in a given health facility.

Data collection method

Data collection work took place from 29 September to 4 October 2015. Data was collected by 10 pollsters in provinces of Ağrı, Batman, Diyarbakır, Hakkâri, Mardin, Muş, Şanlıurfa, Şırnak and Tunceli. Though originally targeted in the context of data collection, Bingöl, Bitlis, Siirt and Van was excluded from the study as the pollsters informed that there were no such events in these provinces during the period of conflict. Table 1 shows the provinces and the districts included in the study and the professions and positions of the participants

Tablo 1: Provinces, districts and health institutions included in the study and the professions and positions of the participants

PROVINCES WHERE DATA IS COLLECTED	DISTRICTS WHERE DATA IS COLLECTED	INSTITUTIONS WHERE DATA IS COLLECTED	PROFESSION AND POSITION OF PARTICIPANTS INTERVIEWED
AĞRI	Ağrı Centre, Doğubayazıt, Patnos	Ağrı 112 Command and Control Center (KKM), Public Health Directorate, state hospital, chamber of medicine	112 workers, workers in public health directorate, doctor, Emergency Medicine Technician (EMT), other health workers, board member from the chamber of medicine
DİYARBAKIR	Diyarbakır Centre, Bağlar, Bismil, Çermik, Hani, Kocaköy, Sur içi	Bağlar, Kocaköy: Community Health Center (CHC), CHC/ integrated hospital Çermik, Bismil, Sur, Hani: CHC, Family Health Center (FHC), 112 KKM, state hospital	Doctor, nurse, health personnel
HAKKARİ	Şemdinli, Yüksekova	CHC, FHC	Doctor, nurse
MARDİN	Nusaybin, Dargeçit	State hospital, FHC, chamber of medicine, chamber of pharmacy, Trade-Union of Health and Social Workers (SES)	Doctor, health workers, board member from the Chamber of Pharmacists, board member from the Chamber of Medicine, board member from SES
MUŞ	Muş Centre, Varto	112 KKM, 112 Emergency Health Services Branch, State Hospital, FHC	Doctor, nurse, EMT
ŞIRNAK	Şırnak, Cizre, Silopi, Beytüşşebap	State Hospital, Şırnak- Mardin Chamber of Pharmacists Cizre Branch	Doctor, pharmacist
TUNCELİ	Centre	Public Health Directorate, 112 KKM, State Hospital	Doctor

ŞANLIURFA	Centre	FHC	Doctor

Forms were conveyed in electronic environment and collected data was transferred through electronic environment. For each province, assessment focused on the state of primary level health facilities, hospitals and emergency services. Data collection was made by volunteer doctors in respective provinces. Their names are kept confidential for safety reasons

By using a semi-structured form, individual, and when possible, group interviews were conducted with participants. Since participants with worries about their personal safety as well as professional constraints might prefer not to have any sound recording during interviews in a period when clashes intensified pollsters took detailed notes during interviews.

Two forms each with a different set of questions were designed to collect data. (See, Annexes 1 and 2). These forms were for (1) doctors and governing body members of chambers of medicine and pharmacists, and (2) public health managers. Each participant interviewed was asked to give exact figures and specific cases to the extent possible.

Before starting to collect data, two doctors from the region went over forms to assess their validity, the importance and intelligibility of questions, and necessary adjustments were made in the light of their feedback.

Headings in final forms are as follows:

Doctors, management board members of chambers of medicine and pharmacists

1. Problems related to security and violence
2. Administrative pressures and related problems
3. Working conditions
4. Situations preventing the delivery of health services
5. Problems related to essential needs of health workers

Public health managers

1. State of health services and health workers
2. Problems related to security and violence
3. Working conditions
4. Problems related to essential needs of health workers

In order to ensure internal validity, semi-structured questionnaires were used and a data collection guide was developed to have a standardized extraction of information from participants. To ensure uniform understanding of questions by all participants, special terms were explained where necessary and additional drilling questions were formulated. Specific examples were supplied to be used when needed to facilitate understanding.

Analysis

A database created in Microsoft Excel 2010 programme was used in processing interview texts. Interviewees were listed in the order of their interviewing. Interview texts totalling to 160 pages were entered into excel database by two researchers. While digital data was presented in tables, specific cases and narratives were included in the text without any alteration or comment. Quotes from interviewees were selected for inclusion in the text on the basis of such criteria as frequency, state of being the single view concerning a specific code, consistency or inconsistency and striking nature of expression made.

The findings of this survey were further enriched with data from reports prepared in the same period by several professional organizations including the (Union of Chambers of Architects and Engineers (TMMOB), Human Rights Foundation (THIV), Turkish Medical Association (TTB) and Turkish Psychiatry Association (TPD) as well as trade unions.

The fact that interviewers and those conducting analyses are not the same persons is considered as a measure that reduces possible biases. Also for the purpose of reducing bias, the context relating to the period when clashes were experienced was defined in detail, characteristics of participants were given with due respect to confidentiality as to their identities, and the process of analysis was described with its details. Data is presented in descriptive form, figures are summarized in tables, quotations and specific cases are given without any comment and finally overall conclusions are drawn within the framework of international law concerning the organization and protection of health services in conflict environments.

FINDINGS

ASSESSMENTS CONCERNING THE STATE OF HEALTH SERVICES AND HEALTH WORKERS DURING CONFLICTS

1. STATE OF HEALTH WORKERS AND HEALTH SERVICES

Table 2. Assessments by Public Health Managers on the State of Health Workers and Health Services Before and After July 20

Provinces	General Practitioners		Specialists		Specialiss in Side Branches		Health Workers other than doctors		Administrative and support services workers		Equipment	Service Delivery **
	before	after	before	after	before	after	before	After	before	after		
AĞRI (112 KKM / Public Health Directorate)		-		-		-		-		-	No change	No change, 12 doctors left Doğubayazıt state hospital, operating with newly coming 16 doctors; Diyadin state hospital has only one family medicine doctor, one surgeon and one paediatrician
DİYARBAKIR		Bismil-1, Çermik -1, Hani -1, Sur -2 reduced		Not clear, there are many in Bismil on leave		None		No change		No change	No change	More irregular/interrupted
HAKKARİ (Yüksekova, Şemdinli FHC and CHC)	**7**	Reduced (6)		Reduced		Reduced		Reduced		Reduced	Reduced	More irregular/interrupted
MARDİN (Nusaybin State Hospital)		Reduced		Reduced		Reduced		Reduced		Reduced	Reduced	More irregular/interrupted
MUŞ		Reduced		Reduced		Reduced		Reduced			No change	No change
TUNCELİ (Tunceli State Hospital)	56	64	55	52			931	935			No change	More irregular/interrupted

- *** reduced / no change / increased, **** More irregular/interrupted /no change /improved

According to statements by public health managers, there were decreases in the number of general practitioners, specialist and side branch specialists as well as other health workers and administrative personnel in the provinces of Hakkari, Mardin and Muş after 20 July 2015. Hakkari and Mardin reported shortage of endowment following the same date when clashes started. It is stated that health service delivery became more interrupted and irregular in Diyarbakır, Hakkari, Mardin and Tunceli. The provinces of Şırnak and Şanlıurfa are not included in the table since no interview could be made with any public health manager. Nevertheless, it is known that particularly in Cizre district of Şırnak province health service delivery stopped throughout the period of siege. Şanlıurfa stands out as the single province in the conflict region where almost no problem was reported concerning health services.

2. PROBLEMS RELATED TO SECURITY AND VIOLENCE

2.1. Are people allowed to enter facilities with their guns on?

It is reported that security forces entered the yards of health facilities and spaces where care is given with armoured vehicles and weapons in Ağrı, Diyarbakır, Mardin, Şırnak, Tunceli and Şanlıurfa while PKK militants entered the FHC in Hani with their weapons.

2.2. Cases where health workers are wounded/killed by firearms deliberately?

There are reports from Diyarbakır, Tunceli and Şırnak about cases of deliberate killings and injuries. In Diyarbakır, Dr Abdullah Biroğul was killed by PKK militants during their road control, and Pharmacist Yunus Koca was killed in an armed assult in Diyarbakır. In Şırnak, nurse Eyüp Ergen and ambulance driver Şeyhmus Dursun were killed and nurse Sabri Enük was wounded. An EMT was injured on neck by broken glass when an ambulance in Tunceli was targeted by security forces.

2.3. Cases where health workers are wounded/killed accidentally while they are trapped in conflict environments

It is reported that a paramedic in Tunceli was accidentally shot on his neck.

2.4. Is there any health facility completely closed down due to events either for absence of safety/security or for being unusable?

Majority of FHCs and CHCs in Diyarbakır, Hakkari, Mardin, Muş and Şırnak, State Hospital in Muş and pharmacies in Cizre remained closed. Cizre State Hospital, though not closed, could not deliver services due to curfew.

2.5. Cases where health facilities, vehicles (ambulances, official vehicles etc.) and health workers are targeted and damaged

According to reports from Mardin, Şırnak and Tunceli: An ambulance was hit by Molotov cocktail in Nusaybin; State Hospital, 3 FHCs and 1 ambulance were damaged in Cizre-Şırnak; 1 ambulance and 1 hospital were damaged in Beytüşebap; an FHC building in Tunceli has bullet holes on its walls and the same is true for residences occupied by health workers in Nazımiye district of Tunceli.

2.6. Cases where health facilities and vehicles (ambulances, official vehicles etc.) are accidentally/by mistake damaged as a result of conflict and where health workers are injured

In Ağrı, Mardin and Tunceli vehicles and health facilities were accidentally damaged. Ambulances in Midyat and Dargeçit in Mardin were hit by random bullets while 112 ambulances in Doğubayazıt-Ağrı and Tunceli were shot at accidentally.

2.7. Absence of any security measure during armed clashes to protect/remove health facilities and health workers

There are reports from all provinces responding to this question. These include, for example, an ambulance trapped in clashes in Diyarbakır Şehitlik and absence of any security measure in FHC no. 1 in Hani and FHC no.3 in Bismil. In Şemdinli-Hakkari health workers had no other alternative but trying to find some protection measures individually, FHC and 112 had to remain in the hospital, an ambulance in Beştüşşebap-Şırnak was sent to the conflict area without any safety measure and health workers in Silopi-Şırnak and Tunceli were pressured to move to conflict areas again without any precaution. Security forces in Tunceli were reported to resort to violence towards health workers while health care managers were present. In

Ağrı and Tunceli health workers had no other choice but resorting to their own protection methods without any outside help.

In Tunceli again, 3 specialist doctors who were invited to the hospital were trapped in armed clashes without any protection.

2.8. Use of means of transportation for purposes other than delivery of health services

There was no reporting indicating the use of health facilities or vehicles for purposes other than health service delivery.

2.9. Use of health facilities for storing weapons, as military observation points etc.

There are reports from two provinces concerning this question. In Cizre and Silopi districts of Şırnak emergency service units were used for this purpose and in Hani-Diyarbakır, masked PKK militants raiding in FHC no.3 opened fire to a military establishment after telling those inside to lie down.

2.10. Detention, arrest, kidnapping and taking hostage of health workers

Ağrı, Şırnak and Tunceli are provinces facing problems in this regard. In Ağrı, a 112 team was held for 3 hours by PKK while on its way from Horasan to Eleştirt. In Cizre-Şırnak, private security guards working in the state hospital were locked up in a room by special police forces and the doctor in the emergency unit was taken to a police car. It is reported that in Tunceli health workers in district hospitals faced physical violence, detention arrest and dismissal.

2.11. Increase in cases of deliberate physical violence against health workers, preventing health workers from doing their work

In Ağrı, Security forces prevented emergency services and funerals. In Mardin, military and police resorted to deliberate physical violence to and prevented the work of personnel in health facilities. In Cizre-Şırnak, health workers and hospital security guards were beaten and threatened by special police forces. In Tunceli, a 112 doctor was beaten by special police forces for being from Diyarbakır while a doctor was threatened while examining his patient; a paramedic was beaten with rifle butt. In Diyadin-Ağrı, persons losing their lives were sent to Erzurum for autopsy bypassing local forensic medicine and their autopsy was made by police and prosecutor's office instead of forensic medicine experts.

Also, health workers with their uniforms on in a hospital in Şırnak were disturbed by repeatedly asking for their identity cards.

2.12. Increase in psychological violence (verbal violence, threatening acts, etc.) relative to pre-conflict period

Responses from five provinces (Ağrı, Diyarbakır, Mardin, Şırnak and Tunceli) suggest that there were increase in cases of both verbal violence and threatening acts. All reports confirm that emergency unit and 112 ambulance workers were most badly affected by these acts. It was reported that there were frequent interventions to the work of emergency unit health workers by the police in Ağrı and an ambulance driver was threatened in Tunceli. It is stated that health workers in Tunceli suffered trauma after being threatened by their hospital managers on the ground that that they did not give enough care to patients from the security.

3. PROBLEMS RELATED TO WORKING ENVIRONMENTS AND DELIVERY OF HEALTH SERVICES

Table 3. Problems related to working environment during the conflict period

	AĞRI	DİYARBAKIR	HAKKARİ	MARDİN	MUŞ	ŞIRNAK	TUNCELİ
Is there increase in the number of health workers who have left the region temporarily? If yes, how many?	12 doctors from Doğubayazıt State Hospital, many others from family medicine	Yes. Kocaköy 1, Bismil 1, Hani 1, Çermik 1, Sur içi 2. Doctors in Bağlar apply for change in location. Spouses of soldiers and policemen face problems in commuting. They are disturbed and do not show up when there are events	Yüksekova 8 nurse, 2 doctors Şemdinli 4 doctors, 5 family medicine workers 4 doctors in FHC are on leave	Nusaybin State Hospital 15 doctors, there is increase in Mardin in general	Yes	Yes	One worker quit after having trauma. 1 family doctor and 1 specialist resigned.
Increase in the number of applications for annual leave?	Yes	Yes	Yes	Yes	Yes	Yes, 1 in Silopi is on unpaid leave	Yes, but the management cancelled
Increase in the number of doctors on leave on the basis of medical report? /how many?	Yes	Yes 1 FHC, 1 CHC doctors	Yes, 7	Yes	Yes, 3	Yes Cizre 1, Silopi 1	Yes
Increase in the number of doctors who have resigned? How many?	12 doctors from Doğubayazıt State Hospital, Doctors from family medicine in Tutak, Taşlıçay and Diyadin districts	Yes, 2 CHC doctors	Yes, at least 5 (1 doctor from Yüksekova CHC)	Yes	Yes, 1	Yes, 4	Yes, 2 doctors at present. One resigned first but withdrew his petition 10 days after
Health workers who have been posted but not started working?	A psychiatrist was posted to Ağrı State Hospital, but did not start working	Yes, 4 CHC doctors	Yes	Yes	Yes,3 doctors appointed to 112, but not started work	No information	Yes, 4-5 family doctors appointed to districts did not start working. There are also some paramedics not starting their work.
Changes in the institution *(i.e. placement/increase in the number of security guards, change in managers, curbing the authority of managers, pressures from without on decision making, etc.)*	During conflicts outside security people show up in the emergency unit with their guns and disturb personnel	Yes, CHC manager changed	Yes	None	None	During armed conflict, the authority to take decisions completely rests with the security. Volunteer doctors arriving after siege were not allowed to work in Cizre	None
How frequent is there need to work at places of events outside hospital?		Any time when something breaks out and with ambulance	Frequently	Unknown		None	To the conflict area on 3 occasions

In all provinces with the exception of Şanlıurfa there were problems emanating from conflict environments. Due to problems of personal safety, it was observed that health workers tried to move out to safer areas or leave the region as clashes continued. This included workers in first-step health facilities in more peripheral locations, then hospitals and other health facilities in district and province centres. In fact, 12 doctors in Doğubayazıt-Ağrı State Hospital resigned. It is stated that 15 doctors in Nusaybin-Mardin State Hospital quit. Although their number are not definite yet, it is reported that there is increase in all provinces in the number of doctors resigning, applying for annual leave or leaving on the basis of medical report. Also, it is stated that there are many family medicine doctors leaving their jobs or not starting to work at places they were assigned to. Similarly, absenteeism is observed in public health centres, 112 services and state hospitals.

During armed conflict, security forces in Ağrı were present in the emergency unit with their guns and in Şırnak decisions related to hospital affairs were scrutinized by security forces. There were attempts in Diyarbakır, Hakkari and Tunceli by security forces to take doctors and other health workers out of hospital to conflict areas.

Table 4. Situations Impeding Health Service Delivery

	AĞRI	DİYARBAKIR	HAKKÂRİ	MARDİN	MUŞ	ŞIRNAK	TUNCELİ
Implications on polyclinic and intensive care services	Decrease for a short period of time	Decrease in polyclinic applications	No specialist, polyclinics are closed	Reduction in intensive care services	Reduction in polyclinic services but no effect on intensive care	Reduced after the start of clashes	Applications reduced but intensive care was not affected during clashes
Dialysis/cancer treatment/, monitoring and treatment of chronic illnesses, home-based care	Home-based care is OK	No home-based care Referrals are problematic	Services interrupted	Problematic in Kısıtlı, Nusaybin and Dargeçit	Services interrupted	69 dialysis patients could not receive services in Cizre state hospital during the first 4 days of siege.	Since dialysis/canter patients are at the centre there is no problem in access But referrals are problematic
Implications of emergency services	No application during armed conflict	Disrupted when there are events	No 112 and emergency service delivery during curfews	Decrease in applications during curfews	No 112 and emergency services during curfews	Significant reduction in patient entries during 9 days-long siege	Ambulance routes are blocked due to security zone practices
Implications on mobile FHC and CHC services and home-based care	No mobile services to villages during clashes and 112 ambulances could not pick up patients after 16:00 hours	No home-based care in villages and neighbourhoods and no immunization and mobile services	Troubles in mobile services and home-based care for security reasons	No home-based care in villages and neighbourhoods and no immunization and mobile services	No service delivery temporarily during curfews	8 FHC in Cizre were closed for 9 days.	There was official declaration banning home-based care services
Maternal and child health services/ immunizations/pregnancy monitoring/deliveries	No problem reported	Disruptions exist	Interruptions	Problems faced	No service delivery due to security reasons	All deliveries took place at homes throughout the siege	There were problems in medical-materials supply in 2 districts due

						Vaccines were spoiled and no infant immunization could be made for 20 days	to security reasons
Increase in need for hospital beds	No	Increase in need for urgent observation beds	No	No	No	No	No
Increase in problems related to cleanliness and hygiene in facilities	No	Absence of personnel during curfews	Yes	Partly	No	No	No
Planning by and intervention of health directorates depending on needs Problem of communication Responding to requests	There was already shortage of personnel and materials even before clashes started	No communication problem; but requests cannot be responded to. Personnel on temporary duty leave on medical reports and nobody wants to come.	Yüksekova cannot respond to requests No communication problem in Şemdinli	Not sufficient		No	No problem
Problems in finding medicine (Chamber of Pharmacists)	No	No one can reach pharmacies in Bismil during curfews	Pharmacies are closed at night	No	No	Pharmacies were closed for 9 days	No
Pharmacies closed down (Chamber of Pharmacists)	No	No	Yes	No	No	All pharmacies were closed throughout the siege	No
Shortage of medicine in pharmacies (Chamber of Pharmacists)	No	No	Yes	No	No	No medicine could be dispatched to Silopi, Şırnak, Uludere and Betüşşebap from Cizre for 9 days	No
Problems related to patient referrals	The Governorate prohibited patient referrals out of province and service to villages after 16:00 hours with the exception of cases of myocardial infarction	Referrals are not allowed for security reasons in Bismil and Suriçi	Due to curfew and security reasons	Problematic due to security reasons	No referral could be made for a period on routes Muş-Varto and Muş-Diyarbakır	No patient referral during the siege	Patients were kept waiting for 5-6 hours in Ovacık and Pülümür
Access to services in general	112 services tangibly reduced	No access to services during days of armed conflict	Affected negatively	Badly affected with bans on ambulance departures	Problems in all services	Patients had to be carried with wheelbarrows	No access to services during days of armed conflict

3.1. Implications on polyclinic and intensive care services:

It is stated that hospital applications declined for a short period of time after the killing of children in Diyadin-Ağrı, live shield initiatives and clashes at the centre of Ağrı. Applications and service delivery went down also in Diyarbakır, Muş, Şırnak (Silopi) and Tunceli as armed clashes continued. It is stated that intensive care services were not affected by this situation in Tunceli and Muş. Since there is no specialist doctor in Hakkari polyclinics are closed and FHCs are the only health facility delivering services in this province.

3.2. Dialysis/cancer treatment/, monitoring and treatment of chronic illnesses, home-based care:

The transfer of dialysis and cancer patients from Bismil to Diyarbakır could be made only with delays of 1-2 days and no facility could extend services in Hakkari and Muş while there was curfew. For the first 4 days of the siege, none of 68 dialysis patients could receive any service in Cizre state hospital. On the 5th day 12 and on the 6th day 13 of these patients could be taken to dialysis. It is reported that many patients remained in their homes. In Tunceli, since cancer and dialysis patients are at the centre of the town there is no problem in access to services; however, because of blocked roads and refusal of busses to travel, it is quite difficult for people with COPD and DM from districts and other settlements to reach the central hospital for polyclinic and inpatient services.

3.3. Emergency Services

In Ağrı, exit from and entry to hospitals was blocked by security forces in times of armed clash and application of patients to emergency units was impossible. In Hakkâri, Mardin and Muş, there are shortages of personnel in emergency units and 112 services, so it was necessary to ask for the support of FHCs. There was decrease in applications during curfews and 112 and emergency services could not be delivered. 7 emergency unit workers in Varto-Muş were trapped in the hospital for 48 hours because of armed clashes continuing outside. In Cizre-Şırnak, the emergency unit of the state hospital which daily receives 700-800 patients a day could receive only 224 patients during the siege that lasted 9 days. In Tunceli ambulance traffic was blocked as a result of the practice of "security zones". It is stated that excessive crowd gathered during the treatment of a wounded security personnel prevented others from receiving services.

3.4. Implications on mobile FHC and CHC services and home-based care

With the start of armed clashes, mobile services could not be delivered to villages of Diyadin, Doğubayazıt, and Patnos and others close to the mount Tendürek in Ağrı and 112 ambulances could extend services only interruptedly after 16:00 hours. In Diyarbakır to no mobile service could be extended to villages and some central neighbourhoods for 2 months, no field immunization could be carried out and neither mobile services nor home-based care could be delivered in Dolanağzı and Hasırlı neighbourhoods of Sur and some rural parts of Bismil district. In Muş FHCs and CHCs remained closed for 2 days. 8 FHCs in Cizre-Şırnak were closed for 9 days, all vaccines went bad because of long electricity cuts and some unidentified persons broke into 3 FHCs and took away medical materials. In Tunceli, FHC and CHC services were disrupted and since declared as security zones home-based care services were officially prohibited in many settlements around Ovacık, Hozat and Nazimiye.

3.5. Maternal and child health services/ immunizations/pregnancy monitoring/deliveries

It is stated that the situation is worsening in maternal and child services in Diyarbakır and there was almost no application during events while there is no bottleneck in terms of neces-

sary materials. In Hakkari, immunization work is conducted at FHCs; mobile services cannot be given because of personnel shortage; services are interrupted; local people have problem of access to facilities due to security reasons/curfew and there are problems in procuring materials, vaccines and medicine. In Cizre-Şırnak, there are normally 13 births a day and all new births took place at home during the siege and no infant could be immunized for 20 days since vaccines went bad.

3.6. Access to medicines, pharmacies closed down and shortage of medicine

Two pharmacies in Cizre are reported as have been damaged.

3.7. Patient referral

In Ağrı the Governorate prohibited the dispatch of ambulances out of province and service delivery to villages after 16:00 hours with the exception of cases of myocardial infarction. During the siege security forces did not allow ambulances to pick patients, some ambulances were shot by unidentified persons and ambulance personnel were threatened. In Ovacık and Pülümür districts of Tunceli patients had to wait for 5-6 hours to be transported.

3.8. Access to services in general

In Ağrı there is tangible shortfall of 112 services and rural people can reach central settlements only by their own means. It is stated that in Diyarbakır 112 ambulances could neither transport patients to other places nor pick up patients from places out of the centre in the period June-August 2015. Patients could travel only with their own means.

In neighbourhoods of Şırnak where clashes were not so intensive patients were taken to main roads with wheelbarrows and then transported by ambulances. Pregnant women had to give births at home under unfavourable circumstances which led to serious cases of vaginal injury.

People in Hakkari expressed their wishes of immediate ceasefire and return to the process of solution.

4. ADMINISTRATIVE PRESSURES AND PROBLEMS IN SERVICE DELIVERY

4.1. Being forced to work outside the facility although not assigned to

In responding to this question, while other provinces stated no problem in this regard, it is reported that in Tunceli specialists were kept on duty for 7x24 hours.

4.2. Temporary removal from duty under the pretext of "investigation"

The Governorate of Ağrı temporarily removed from duty 8 health workers including the president of Ağrı Chamber of Medicine for 15 days and an investigation was started about these persons. There were 2 more health workers removed from duty in Pertek and Ovacık districts of Tunceli. In Şırnak, investigation was started against Dr Serdar Acar whose twitter messages were found "problematic" and an official request was made for his removal from duty.

4.3. Mobbing

During the examination of a wounded policeman by emergency unit doctors, the head doctor of the hospital pointed out to health workers as a target for security forces by saying "You are not so keen about security people while you do everything for PKK militants". There are also reports on cases of mobbing against 112 workers in Tunceli.

4.4. Ban on leaving the province

During the curfew in Şırnak from 4 to 12 September 2015 no citizen was allowed to leave the city.

4.5. Arbitrary appointments to other institutions/cities/regions

Responses to this question suggest that there were problems in Ağrı, Diyarbakır and Tunceli. It is stated that temporary appointments are rather frequent in Ağrı. There is increase in such practices in Diyarbakır as well; there are arbitrary acts contrary to regulations on appointment, transfer and assignment. It is stated that temporary postings are to the prison and hospitals in Kocaköy. In Tunceli, it is said that the practice is to assign health workers to 112 in particular as a punishment since working conditions are harder there.

4.6. Denial of rights and benefits (annual leave, shift leave, shift pay etc.) arbitrarily without justification

In Ağrı, health workers under investigation were penalized by salary cuts. In Muş, the request of a specialist doctor for unpaid leave was rejected and the doctor resigned. In Tunceli, drivers in 112 and health workers in ATTs were arbitrarily denied extra payments they were entitled to for overtime work.

EVENTS IN AĞRI

The disciplinary action in Ağrı resulted in denouncement and warning decisions for 3 health workers. Files of investigation covering 8 health workers including Ağrı Medical Chamber President Dr Ulaş Yılmaz was sent to the Ministry of Health Higher Disciplinary Board by the Disciplinary Board of the Governorate asking for their dismissal from public service. These 8 workers are soon expected to be invited to Ankara to make their defence in front of the disciplinary board.

5. PROBLEMS RELATED TO PROFESSIONAL MORALITY

Table 5. Problems faced by health workers in fulfilling their obligations under professional morality

	AĞRI	DİYARBAKIR	HAKKARİ	MARDİN	MUŞ	ŞIRNAK
Prevention of the responsibilities related to service provision and non-discrimination	Military-police prevents medical intervention to wounded civilians	Military-police prevents medical intervention to wounded civilians and PKK militants	Not reported	Not reported	Not reported	Special guards prevent medical intervention to wounded civilians and PKK militants
Difficulty in maintaining professional confidentiality	Not reported	Records cannot kept confidential when security forces intervene	Request for information about calls to 112	Records cannot kept confidential when security forces intervene	Not reported	Not reported
Respect to confidentiality	Presence of security people particularly in emergency units	Records cannot be kept confidential when security forces intervene	Not reported	There are more security people in emergency units	No problem	Military-police forcibly get on ambulances and threaten health personnel
Intervention to clinic independence and professional decisions	Delaying 112 teams to pick up injured people from conflict areas Interventions by local authorities to investigation-autopsy operations by forensic medicine personnel	Pressures on Bismil State Hospital to discharge some patients	Not reported	Prevention of ambulances going out to collect wounded people, arbitrary delaying	A doctor from emergency unit was forced to examine a wounded PKK militant in security building	Physical attacks to 112 workers, preventing transportation of wounded civilians and PKK militants, arbitrary delays.

Intervention to wounded civilians and PKK militants was prevented by security forces in Ağrı, Diyarbakır and Şırnak. It is reported that patient records and files in Diyarbakır, Hakkari and Mardin could not be kept confidential to security forces. The presence of security forces in emergency units is frequently observed as exemplified by the case in Bisimil state hospital when a wounded civilian was brought to the hospital as surrounded tens of policemen. In Diyarbakır, security forces asked some FHCs the list of patients applying for dressing and stitching and doctors declined on the ground that they could not do it without any official writing.

It is reported that in Ağrı and Şırnak 112 workers were attacked while picking up wounded people, transportation of wounded civilians and PKK militants were blocked and ambulances were kept waiting without any reason.

In Muş, a doctor was forced to examine a wounded PKK militant in the security building. There were pressures in Bismil State Hospital for the discharge of some patients and in Ağrı examination-autopsy work of forensic medicine staff was was interfered by authorities including the local government, prosecutor and security.

On the other hand, there are statements indicating serious problems in workplace peace. For example, it was reported that in Şırnak, health workers married to soldiers or police have been precluding the health workers that provide care to PKK militants.

6. PROBLEMS RELATED TO BASIC LIFE NEEDS OF HEALTH WORKERS

Table 6. Problems Related to Basic Life Needs of Health Workers

	AĞRI	DİYARBAKIR	HAKKARİ	MARDİN	MUŞ	TUNCELİ	ŞIRNAK
Sheltering, self and family safety while at home	Health workers sent their family members to safer western provinces	Anxiety in general	Security problems	Anxiety in general	Damage to the house off general surgeon in Varto during clashes	Social life is restricted, some doctors sent their families to other provinces	Security problems
State of access to basic food and water given restricted freedom to travel, cuts, etc.	Problems in transportation due to PKK's road controls and preventive acts of security forces	Stocks of water and basic foodstuffs in private homes	Food shortage	None	Access to food is problematic but no cut in water supply	None	No infant formula and good since pharmacies were closed; cases of enteritis stemming from the necessity to use well water during the siege
Electricity cuts	None	There are electricity cuts in general	Yes	There are electricity cuts in general	48 hours	None	There are electricity cuts when clashes break out. It far for 9 days in Nur neighbourhood
Communication problems due to the existence of Jammers, electricity cuts, etc.	None						

In Ağrı, because of PKK's road controls and preventive acts of security forces there is no traffic on routes Ağrı-Erzurum, Ağrı-Diyadin, Ağrı-Doğubayazıt and Doğubayazıt-Iğdır after 16:00 hours. Because of curfew in Bismil there is the problem of transportation to Diyarbakır centre. Local people store food and water in their homes.

It is reported that there are more frequent electricity cuts in Mardin Nusaybin, Dargeçit and villages.

It is reported that patients from Diyadin district of Ağrı which was directly affected by clashes face serious psychological problems (particularly those who have lost their relatives). For Diyarbakır, it is stated there are many cases of anxiety, climbing further along with clashes, but not reflected in polyclinic admissions to the extent expected. In Tunceli, particularly doctors engaged in interventions for wounded people in conflict are psychologically affected and there are some among them presently receiving psychiatric support. It is further stated that some doctors experience post-trauma stress disorders while local people too have the same problem plus anxiety disorders. Armed clashes in Şırnak had their deep effects on children in particular and they could not go to toilet alone. Local people now have serious mistrust in governmental agencies and continuing rumours of curfew lead to unrest and even panic.

CONCLUSION

The fundamental duty of health workers is to protect and improve human health and to cope up with any factor threatening human life and health. As one of the two leading phenomena threatening human life throughout the history, war is the priority public health problem that must be fought against and eliminated. The "rules applicable in times of armed conflict/violence" were developed in the light of hundreds of years of pain suffered in order to mitigate and prevent to a certain extent the adversities of armed conflict/violence that undermine health at all levels.

In cases of armed conflict taking place within a country without any international character, Article 3 common in all four Geneva Conventions and Protocol I are applicable.

Unfortunately, in spite of all these arrangements health facilities and health workers are not protected during armed conflicts; they are forced by warring parties to act out of their professional independence; equity in access to health is violated and civilians and wounded are targeted.

In the period of clashes and chaos in south-eastern provinces in Turkey breaking out after 20 July 2015, security forces of the state launched open attacks against health workers, health facilities and vehicles. On the other hand, there were also cases in some areas where PKK militants seized and kept ambulances and their personnel and took position in a hospital yard to open fire to a military unit.

These attacks to health workers and facilities unfortunately caused the lives of three health workers. The case given below where an ambulance driver was killed summarizes one of those horrific days experienced.

SHORT REPORT OF INVESTIGATION ON EVENTS TAKING PLACE İN BEYTÜŞŞEBAP ON 25 SEPTEMBER 2015 BY ŞIRNAK BRANCHES OF Human Rights Association (IHD) AND SES

I am working in a state hospital. I am here on duty temporarily. At 5:50 am on 25 September 2015 we woke up upon gunfire outside. 112 called us at 6:05 telling us to be ready. In their next call they wanted us to go to the security building. We told them we could not go out because of intensive fire. After a while they told us it was the strict order of the District Governor and we should go to the security building for wounded security people there. So we went out when gunfire ceased. The siren of the ambulance was on for security purposes. While we were about 15 meters to the police spot shootings started again and we stopped. We were under fire and our ambulance driver Şeyhmus Dursun was badly wounded receiving bullets on several parts of his body. His blood was on my hair and face and on lower parts. With another friend also in the car, we went out and ran to the opposite direction after taking off our duty vests which were too bright. We knocked the door of one house randomly and went in. We were under fire there for 4-5 hours with bullet holes on walls. 4-5 hours after our driver was shot, people from the neighbourhood could manage to find a car and take him to hospital still under fire.

Inspite of all the regulations, unfortunately in conflict situations, health care institutions and workers are not protected. The conflicting parties force health workers to breach their medical neutrality, the access to health care is affected and civilians and wounded people are targeted.

Besides ambulance driver Şeyhmus Dursun, Dr Abdullah Biroğul was killed in Diyarbakır by PKK militants engaged in road control, pharmacist Yunus Koca was killed in an armed assault and nurse Eyüp Ergen was killed in Şırnak by, according to witness statements, members of special operation team. Another nurse, Sabri Enük was wounded. After targeting of an ambulance in Tunceli by security forces an Emergency Medicine Technician (EMT) worker was injured from neck by broken glasses.

In many cities health facilities were damaged either as a result of deliberate attacks or accidentally. An ambulance in Nusaybin-Mardin was attacked with Molotov cocktails while State Hospital, 3 Family Health Centres (FHC) and 1 ambulance in Cizre-Şırnak and one ambulance and one hospital building in Beytüşşebap were damaged. Bullet holes are observable on an FHC building in Tunceli and on residences of health workers in Nazimiye district.

Meanwhile it is observed that no measure is taken in health facilities for protection from ongoing clashes. This situation proved to be harmful particularly for 112 urgency services that have to work out of fixed locations. As a matter of fact it is stated that an ambulance was trapped in an environment of clashes in Şehitlik-Diyarbakır and no formal measure was taken in FHCs in Hani and Bismil. Health workers were asked to go to areas where armed clashes were going on without any protective measure at all in Mardin, Beytüşşebap and Silopi-Şırnak and in Tunceli. In Tunceli again, 3 specialists remained in the middle of clashes, after having been called by the hospital, without any protection.

Statements that emergency units in Cizre and Silopi districts of Şırnak were used for storing weapons point to a grave violation, which must be absolutely investigated. In Hani-Diyarbakır, masked PKK militants raiding in FHC no.3 opened fire to a military establishment.

In the report of Turkish Medical Assciation (TTB), Human Rights Foundation (THIV), Psychiatry Association fo Turkey (TPD)and Health Workers Union (SES) on Investigation and Evaluation of Nusaybin, 11-12 August 2015, it was reported that PKK militants attacked the Tatvan Military Hospital on 3rd of Ağustos, which was not resulted in any casualties or deaths, and sentry box and surveillance camera of the hospital was damaged.

There were also cases where health workers, mostly from 112 services were kept away from their duty by use of force. For example in Ağrı a 112 team was held for 3 hours by PKK while on its way from Horasan to Eleşkirt. In another case, security forces surrounding Lice state hospital exerted physical force to health workers.

REPORT OF VISIT TO LICE STATE HOSPITAL BY TTB (Turkish Medical Association), KESK (Federation of Public Workers Unions), SES (Health Workers Union) AND IHD (Human Rights Association), 17 August 2015

-On 14 August 2015 after shootings at the centre of Lice a young man aged 20-22 working in a pharmacy applied to the emergency unit of the hospital with a person accompanying him around 10-10:30 pm. The young man was wounded on his left arm by a bullet. The first intervention at Lice State Hospital was made by health workers in the emergency unit of the hospital. Given that the Computer, X-ray and Laboratory systems of the hospital was not working due to electricity cuts the request for referring the patient for advanced examination was made to 112. The 112 service refused on the ground that there was no possibility of safe and secure transport

-Then the security called the hospital asking whether there is any armed person in the State Hospital. Immediately after two police vehicles called "scorpion", one white and the other black stopped in front of the hospital with their lights on the hospital yard. Meanwhile there was intensive use of tear gas that was felt at the yard and entrance of emergency unit. Security people in military vehicles at the yard of the hospital called for the hygiene officer of the facility and forced him to get in the vehicle.

-A special operation team of 6-7 persons entered the hospital pulling out their guns and started insulting health workers there. One of them entered the first room on the right, which is the intervention room thrust his gun to the mouth of the wounded patient and threatened to kill.

- Security people in the hospital tried to open all hospital rooms by kicking or using rifle butts while threatening health workers with their guns. Doors of the tea service room, resuscitation room, resting room for x-ray personnel and camera recording room were all broken. All patients were asked for their identity cards while guns were pointed at. Also the room of the security camera was broken and the device was completely dismantled and taken out. After all these one higher level police officer tried to calm down the situation.

-The wounded patient was eventually taken to Diyarbakır Training hospital by an air ambulance.

In this environment of violence, health workers suffered intensive psychological violence as well. It is reported that in Ağrı, Diyarbakır, Mardin, Şırnak and Tunceli there was increase in cases of both verbal violence and threatening acts which badly affected emergency unit and 112 ambulance workers in particular. Besides security forces, violence may also come from facility managers in the form of mobbing. It is stated that health workers in Tunceli suffered trauma after being threatened by their hospital managers on the ground that that they did not give enough care to patients from the security. Or as was the case in Ağrı, many health workers were temporarily removed from and subjected to arbitrary penalties and salary cuts.

While the region has its long time problems in relation to the distribution of health workers, there were decreases in the number of general practitioners, specialists, side branch specialists as well as other health workers and administrative personnel in Hakkâri, Mardin and Muş after 20 July 2015 when clashes started. Further health services in Diyarbakır, Hakkâri, Mardin and Tunceli can now be delivered only in an irregular and frequently interrupted manner. Indeed, no health service delivery could be made in Şırnak province, especially in Cizre during 9 days long siege from 9 to 12 September 2015.

In Cizre-Şırnak, the emergency unit of the state hospital which receives 700-800 patients a day could receive only 224 patients during the siege that lasted 9 days. For the first 4 days of the siege, none of 68 dialysis patients could receive any service in Cizre state hospital. On the 5th day 12 and on the 6th day 13 of these patients could be taken to dialysis. In Cizre-Şırnak, there are normally 13 births a day and all new births took place at home during the siege while no infant could be immunized for 20 days since vaccines had gone spoilt.

In addition to overall disruption in access to services, it was found that health workers were forced to violate the regulations on care of the sick and wounded particularly in times of conflict and other situations of violence set by the World Medical Association.

For example, problems were identified in the context of such principles as non-discrimination, professional confidentiality, respect to privacy and non-intervention to clinical independence and professionally taken decisions. Reports confirming the existence of these problems refer to such cases, for example: Prevention by the police/military medical intervention to wounded civilians and PKK militants; not being able to keep medical records confidential; requests by security forces of records of calls to 112; insistence of the military/police and use of force to get on the examination section of ambulances while wounded persons are transported; presence of security people in emergency units of hospitals; delaying of 112 teams in picking up wounded persons from conflict areas; pressures for the hospital discharge of patients and forcing doctors to give care to PKK militants only in security buildings.

Under these circumstances, health workers also faced difficulties in meeting their daily needs given disturbed access to food and water, frequent cuts in electricity, curfews restricting their freedom to travel and facing life threatening risks even during routine commuting. Consequently, there are many health workers who want to move out of the region through, appointments, leave or resignation. Psychological effects of the trauma created by clashes manifest themselves as anxiety, depression and acute stress reactions.

Solution to these adversities is of course to ensure SUSTAINED PEACE, RIGHT NOW.

Still, all parties including security forces must protect health workers and health facilities and pay due respect to their professional independence.

All government Ministries including Ministry of Health in the first place must engage in efforts to stop these attacks to health environments.

The penalty “removal from public service” imposed on eight health workers including Dr Ulaş Yılmaz, president of Ağrı Chamber of Medicine must be immediately lifted. Dr Serdar Acar who was temporarily removed from duty in Şırnak must immediately returned to his duty and his loses must be compensated for.

Whoever may be those deliberately opening fire against hospitals, ambulances and health workers it is the responsibility of the State to launch necessary investigations, identify and penalize these persons.

Health services and workers is a bridge to peace; health workers keep equal distance to all combatants when they need healthcare whoever they may be. Hence, health workers and their professional organizations have their indispensable contributions to the restoration and sustenance of peace.

At this point, the duty of professional organizations in health is to defend the principles of international humanitarian law and peace, ensure that these principles are reached to all including health workers whether military or civilian, struggle for peace, check whether these prin-

ciples are uncompromisingly observed in times of conflict and to develop new instruments in this context.

Ensuring that doctors are able to perform their profession under all circumstances is only possible with the existence of their professional organizations committed to the implementation of these documents.

For these reasons, we call all parties ;

- not to prevent health care workers to work and provide health care
- to respect professional autonomy of health workers
- to obey liabilities originating from international legislation
- to investigate the violations urgently, without any delay and to identify the blameworthy
- to take the necessary preacutions in order to prevent the re-orcurrence of the violation

ANNEXES

ANNEX-1. RAPID ASSESSMENT INTERVIEW FORM FOR DOCTORS AND BOARD MEMBERS OF PROFESSIONAL SOCIETIES

TURKISH MEDICAL ASSOCIATION

THE STATE OF HEALTH SERVICES AND HEALTH WORKERS IN ENVIRONMENTS OF CONFLICT

RAPID ASSESSMENT FORM -1-

(FORM FOR INTERVIEWS WITH DOCTORS AND GOVERNING BODY MEMBERS OF CHAMBERS OF MEDICINE AND PHARMACISTS)

GUIDE FOR USING THE FORM

The present form is designed for TMA teams to conduct a rapid assessment in environments of armed conflict/war so as to identify to what extent health services and workers are affected and what needs to be done for their protection and continuation of health services. BEFORE STARTING TO COLLECT DATA, PLEASE READ THE EXPLANATIONS CAREFULLY,

Rapid assessment will be conducted to collect RELIABLE information to identify damage to health services, the level to which the life, health and working conditions of health workers are affected and their basic needs to give immediate response, and to inform the public accordingly.

- Please try to have the questionnaire filled as complete as possible. BUT WHAT IS MORE IMPORTANT IS TO MAKE SURE THAT INFORMATION YOU COLLECT IS RELIABLE RATHER THAN BEING COMPLETE.
- *In order to identify the extent to which public health institutions and services are affected, VISIT AT LEAST 1/3 OF PUBLIC HEALTH INSTITUTIONS in each province and district if possible. Institutions where visits are required consist of hospitals, maternal health centres (FHC), public health centres (CHC) and 112 centres or stations.*
- *Try to interview the following in HOSPITALS you visit in order to reflect the actual situation as fully as possible: 1. HEAD DOCTOR OR HIS/HER ASSISTANT, 2. AT LEAST ONE DOCTOR/HEALTH WORKER FROM EACH OF THE FOLLOWING: EMERGENCY, 3. POLYCLINIC, 4. CLINIC AND, IF THERE IS, INTENSIVE CARE UNIT.*
- *In each FHC and CHC you visit, interview: 1) A MANAGER (DOCTOR IN CHARGE, GROUP HEAD) and 2. A DOCTOR.*
- *For questions 1, 2, 3 and 4 in this form ask for quantified information and actual cases as far as possible. Sample cases would be sufficient for the 5th question.*
- *Ask all questions in this form to a GOVERNING BODY MEMBER OF THE CHAMBER OF MEDICINE in the province.*
- *Pose questions 4.9, 4.10 and 4.11 to governing body members of the local chamber of pharmacists.*
- *At the end of assessment, please send the information in completed forms (electronically, if possible, or by hand if not) to the TMA Central Council member in charge as a photograph or word file.*

- **Province/district where data is collected: .....**
- **Institution visited: .....**
- **Occupation and institutional position of person interviewed: .....**

1. **PROBLEMS RELATED TO SECURITY AND VIOLENCE *(*giving quantified data and referring to specific cases at province level if possible)**
   1.1. Are people allowed to enter facilities with their guns on?
   1.2. Cases where health workers are wounded/killed by firearms deliberately?
   1.3. Cases where health workers are wounded/killed accidentally while they are trapped in conflict environments
   1.4. Is there any health facility completely closed down due to events either for absence of safety/security or for being unusable?
   1.5. Cases where health facilities and vehicles (ambulances, official vehicles etc.) are damaged as a result of conflict and where health workers are targeted and injured (*i.e. opening fire to, raids, broken windows, bullet halls on walls, fire, etc.)*
   1.6. Cases where health facilities and vehicles (ambulances, official vehicles etc.) are accidentally/by mistake damaged as a result of conflict and where health workers are injured (*i.e. bullet halls on walls and vehicles broken windows, damaged vehicles, etc.)*
   1.7. Absence of any security measure during armed clashes to protect/remove health facilities and health workers.
   1.8. Use of means of transportation for purposes other than delivery of health services *(transportation of soldiers, arms, any other materials than medicine, etc.)*
   1.9. Use of health facilities for storing weapons, as military observation points etc.
   1.10. Detention, arrest, kidnapping and taking hostage of health workers
   1.11. Increase in cases of deliberate physical violence against health workers (any behaviour or act that may cause physical damage/pain, preventing health workers from doing their work) *(the party involved should be specified)*
   1.12. Increase in psychological violence relative to pre-conflict period *(the party involved should be specified)*
      - Verbal violence *(yelling, insulting, threat/intimidation, degrading, defamation, etc.)*
      - Threatening acts: *(raising hand/fist, walking over, etc.)*
   1.13. Other events that you want to tell about/share (please specify): .....

2. **ADMINISTRATIVE PRESSURES AND PROBLEMS (giving quantified data and referring to specific cases at province level if possible)**
   2.1. Penalties and unfair practices (by hospital managers, directorates, district governorates, etc.)
      - Being forced to work outside the facility although not assigned to
      - Disciplinary action (given that it is considered unfair)
      - Temporary removal from under the pretext of "investigation"

- File for disciplinary action/court suit
- Mobbing
- Ban on leaving the province
- Arbitrary appointments to other institutions/cities/regions
- Denial of rights and benefits (annual leave, shift leave, shift pay etc.) arbitrarily without justification
- Other arbitrary practices: .....

3. PROBLEMS RELATED TO WORKING ENVIRONMENTS *(Collecting information about post-conflict period)* (giving quantified data and referring to specific cases at province level if possible)

3.1. As far as known, is there increase in the number of health workers temporarily leaving the region? If yes how many?

3.2. As far as known, is there increase in applications for annual leave?

3.3. As far as known, is there increase in the number of doctors on leave on the basis of medical report? If yes how many?

3.4. As far as known, is there increase in the number of doctors who have resigned? If yes, how many?

3.5. As far as known, are there health workers who have been posted but not started working?

3.6. Changes in the institution *(i.e. placement/increase in the number of security guards, change in managers, curbing the authority of managers, pressures from without on decision making, etc.)*

3.7. How frequent is there need to work at places of events outside hospital?

3.8 Can health workers fulfil their ethical obligations? How was it before conflict started? Is there any worsening in this respect? What are the leading and most frequently emerging problems?

- Pressures related to non-discrimination *(office/party should be mentioned) (i.e. provision or non-provision of care, referral/non-referral, prioritization etc. related to specific patients)*
- Difficulty in maintaining professional confidentiality *(office/party should be mentioned); (i.e. forcing health workers to submit confidential patient records)*
- Respect to confidentiality *(i.e. asking for the non-presence of persons other than health workers and close relatives of the patient during medical examination)*
- Intervention to clinic independence and professional decisions *(office/party should be mentioned); (i.e. pressure to take part in torture or maltreatment, denial of permission to send ambulances to collect wounded persons, undue keeping of ambulances while carrying patients/wounded people, request/pressure to transport parties to the conflict with ambulance while they are not sick or wounded, etc.)*
- Other problems (please specify)

4. SITUATIONS IMPEDING HEALTH SERVICE DELIVERY
(Giving quantified data and referring to specific cases at province level if possible)

Implications of armed conflict with respect to:

4.1. Policlinic and intensive care services

4.2. Are dialysis/cancer and chronic illness monitoring/treatment and home-based care possible? *(i.e.; local people unable to go out of home for security reasons or curfew, increase in applications, difficulties in procuring special equipment-medicine, shortfall of specially trained personnel, etc.)*

4.3. Emergency services *(i.e.; shortfall in personnel, interruption of services, local people unable to go out of home for security reasons or curfew, increase in applications, difficulties in procuring special equipment-medicine, etc.)*

4.4. Mobile FHC and CHC services and home-based care *(i.e. impossibility of outreach due to security reasons, shortfall of personnel, interruption of services, difficulties in procuring equipment-medicine)*

4.5. The state of maternal and child services/immunizations/pregnancy monitoring /deliveries? *(i.e. shortfall of personnel, interruption in services, local people unable to go out of home for security reasons or curfew, increase in applications, difficulties in procuring equipment-medicine, etc.)*

4.6. Is there increase in the need for hospital beds?

4.7. Are there increased problems related to cleanliness, hygiene in facilities? *(i.e. reduced number of personnel due to security reasons, difficulties in procuring necessary materials, etc.)*

4.8. Are directorates of health able to engage in necessary planning and interventions in the face of emerging needs? Are there problems in communication? Are requests responded in general?

4.9. Do citizens have difficulties in reaching medicines? *(data source: Board members of chambers of pharmacists)*

4.10. Are there pharmacies closed down? *(data source: Board members of chambers of pharmacists)*

4.11. Do pharmacies face trouble in procuring medicines? *(data source: Board members of chambers of pharmacists)*

4.12. Are there problems related to the referral of patients? If yes, what are they?

4.13. In your opinion how access to services was affected in general?

4.14. Other problems (please specify)

5. PROBLEMS RELATED TO BASIC LIFE NEEDS OF HEALTH WORKERS
(giving specific cases)

5.1. Sheltering, self and family safety while at home

5.2. State of access to basic food and water given restricted freedom to travel, cuts, etc. *(in particular, access to basic food and infant nutrition in case of families with young children)*

5.3. Electricity cuts

5.4. Communication problems due to the existence of Jammers, electricity cuts, etc.

5.5. Other problems *(Psychological health problems either diagnosed or striking attention though not diagnosed yet, aggravation of existing somatic problems, etc…)*

ANNEX-2. RAPID ASSESSMENT INTERVIEW FORM FOR PUBLIC HEALTH MANAGERS

TURKISH MEDICAL ASSOCIATION

THE STATE OF HEALTH SERVICES AND HEALTH WORKERS IN ENVIRONMENTS OF CONFLICT

RAPID ASSESSMENT FORM -2-

***(*FORM FOR INTERVIEWS WITH MANAGERS IN PUBLIC HEALTH** (public health director/deputy director, health director/deputy director and/or relevant branch directors {MCH-FP, 112 Emergency HS, contagious diseases etc.})

GUIDE FOR USING THE FORM

The present form is designed for TMA teams to conduct a rapid assessment in environments of armed conflict/war so as to identify to what extent health services and workers are affected and what needs to be done for their protection and continuation of health services. BEFORE STARTING TO COLLECT DATA, PLEASE READ THE EXPLANATIONS CAREFULLY,

Rapid assessment will be conducted to collect RELIABLE information to identify damage to health services, the level to which the life, health and working conditions of health workers are affected and their basic needs, and to inform the public accordingly.

- Please try to have the questionnaire filled as complete as possible. BUT WHAT IS MORE IMPORTANT IS TO MAKE SURE THAT INFORMATION YOU COLLECT IS RELIABLE RATHER THAN BEING COMPLETE.
- ***In order to identify the extent to which public health institutions and services are affected, VISIT AT LEAST 1/3 OF PUBLIC HEALTH INSTITUTIONS in each province and district if possible. Institutions where visits are required consist of hospitals, maternal health centres (FHC), public health centres (CHC) and 112 centres or stations.***
- ***Pose the questions 2.4 and 2.5 in the form to 112 branch director or to the Head Doctor.***
- Please record the institution and position of persons who refuse to respond to questions.
- *At the end of assessment, please send the information in completed forms (electronically, if possible, or by hand if not) to the TMA Central Council member in charge as a photograph or word file.*

- **Province/district where data is collected: .....**
- **Institution visited: .....**
- **Occupation and institutional position of person interviewed: .....**

1. STATE OF HEALTH WORKERS AND HEALTH SERVICES

Province (Number of....)	**Before July 20**	**After July 20**
General practitioners		
Specialized doctors		
Doctors specialized in side branches		
Health workers other than doctors *(nurses, midwives, pharmacists, medical secretaries, technicians in radiology, laboratory, anaesthesia, etc. ,ATT (emergency technicians)*		
Administrative and support services personnel		
Endowment *(policlinic, emergency services, intensive care, surgery, inpatient services, administrative services, resting area, etc. equipment)*	- Reduced - No change - Improved	
Service delivery (8 hours , 7 X 24)	- More irregular/interrupted - No change - Improved	

(If no numerical data is available it can be noted at least <u>whether there is any reduction/improvement</u> following the start of armed conflict)

2. PROBLEMS RELATED TO SECURITY AND VIOLENCE

(<u>Collecting information separately for before and after conflict</u>)
(Giving quantified data and referring to specific cases at province level if possible)

2.1. Deliberate wounding/killing of health workers by use of firearms *(the party involved should be mentioned)*

2.2. Wounding and killing of health workers by use of firearms accidentally while they are trapped in armed conflict

2.3. Is there any health facility <u>completely closed down due to events either for absence of safety/security or for being unusable</u>?

2.4. Cases where health facilities and vehicles (ambulances, official vehicles etc.) are damaged as a result of conflict and where health workers are targeted and injured (*i.e. opening fire to, raids, broken windows, bullet halls on walls, fire, etc.) (data source: personnel in charge of 112)*

2.5. Cases where health facilities and vehicles (ambulances, official vehicles etc.) are accidentally/by mistake damaged as a result of conflict and where health workers are injured (*i.e. bullet halls on walls and vehicles broken windows, damaged vehicles, etc.) (data source: personnel in charge of 112)*

2.6. Detention, arrest, kidnapping and taking hostage of health workers *(the party involved should be mentioned)*

2.7. Other events that you want to tell about/share (please specify): .....

3. WORKING CONDITIONS
(giving quantified data and referring to specific cases at province level if possible)

3.1. Is there as ban on health workers to leave the province?

3.2. Is there increase in the number of health workers who have left the region temporarily? If yes, how many?

3.3. Is there increase in the number of applications for annual leave?

3.4. Is there increase in the number of doctors on leave on the basis of medical report?

3.5. Is there increase in the number of doctors who have resigned? How many, if there is?

3.6. In the light of available information, are there any health workers who have been posted but not started working?

4. SITUATIONS IMPEDING HEALTH SERVICE DELIVERY
(Giving quantified data and referring to specific cases at province level if possible)

Implications of armed conflict with respect to:

4.1. Policlinic and intensive care services

4.2. Are dialysis/cancer and chronic illness monitoring/treatment and home-based care possible? *(i.e.; local people unable to go out of home for security reasons or curfew, increase in applications, difficulties in procuring special equipment-medicine, shortfall of specially trained personnel, etc.)*

4.3. Emergency services *(i.e.; shortfall in personnel, interruption of services, local people unable to go out of home for security reasons or curfew, increase in applications, difficulties in procuring special equipment-medicine)*

4.4. Mobile FHC and CHC services and home-based care *(i.e. impossibility of outreach due to security reasons, shortfall of personnel, interruption of services, difficulties in procuring equipment-medicine)*

4.5. The state of maternal and child services/immunizations/pregnancy monitoring /deliveries? *(i.e. shortfall of personnel, interruption in services, local people unable to go out of home for security reasons or curfew, increase in applications, difficulties in procuring equipment-medicine, etc.)*

4.6. Is there increase in hospital beds needed?

4.7. Are there problems related to the referral of patients? If yes, what are they?

4.8. In your opinion how access to services was affected in general?

4.9. Other problems