

November 2015

Population Profile: Syrian Refugees



Citizenship and Immigration Canada



Executive Summary

The conflict in Syria, which began in 2011, has caused widespread displacement with more than 4 million Syrian refugees fleeing, mainly to neighbouring countries such as Lebanon, Turkey, Jordan and Iraq.

Conditions in asylum countries vary but overall are quite poor. Iraq, Jordan and Turkey are the only three countries that have formal refugee camps; however, the majority of Syrian refugees (85 percent) live in non-camp environments such as urban centers or makeshift dwellings. Syrian refugees resettled to Canada will come primarily from asylum countries such as Jordan and Lebanon where local integration is not possible due to the overwhelming number of refugees residing in those countries.

In order to prepare for the arrival of refugees, CIC compiled available information on demographics and health characteristics of Syrian refugees. Some of the most common medical conditions found include: hypertension, diabetes and visual or hearing impairment. In addition, mental illness and trauma are common given the experiences in Syria, in transit and in asylum countries. Symptoms may not appear right away and therefore, follow-up is crucial. In terms of languages, of the Syrian refugees resettled to Canada in 2014, 46 percent reported knowing at least one of Canada's official languages, making language skills training an important factor in integration.

It is essential that cultural considerations are given to Syrian refugees when providing services as there are a number of important aspects to consider such as providing culturally appropriate health care, understanding family dynamics, religious beliefs and food and dietary restrictions.

Current information on how Canada is helping Syrian refugees is available on the CIC website: <http://www.cic.gc.ca/english/refugees/crisis/canada-response.asp>.

Table of Contents

Background.....	3
Introduction.....	3
Situational Overview	3
Syrian Communities in Canada	3
Demographic Characteristics	4
Age.....	4
Languages	4
Literacy	5
Ethnic Groups	5
Urbanization.....	5
Religion.....	5
Access to Education.....	6
Countries of Asylum.....	6
Size and Demographics of the Refugee Population.....	6
Conditions in Asylum Countries.....	7
Health Characteristics	8
General Health Conditions among Syrian Refugees	9
Health Conditions Identified During the Immigration Medical Exam (IME) among Syrian Refugees Resettled to Canada.....	10
Cultural Considerations	12
Food and Dietary Restrictions	12
Families.....	12
Religion.....	13
Health Care	13
Employment.....	13
Sources.....	14
Annex.....	16



Background

Introduction

Since early 2011, armed conflict in the Syrian Arab Republic has led more than 4 million Syrians to seek refuge in the neighbouring countries of Jordan, Lebanon, Iraq, Turkey and Egypt, resulting in significant humanitarian needs. According to the United Nations Refugee Agency (UNHCR), as of July 2015, an additional 7.6 million Syrians are internally displaced, with numbers increasing as the crisis continues unabated.

Situational Overview

Syrian President Bashar al-Assad and the ruling Ba'ath Party have been in power since 2000. Protests began after many years of political repression and government corruption. Protestors called for democratic reforms, the release of political prisoners, multi-party elections and, in many cases, the end of the regime. The Syrian government responded to anti-regime activity with widespread arrests, beatings, interrogations, torture, and the use of live ammunition and snipers on protestors as well as barrel bombs and chlorine gas on areas viewed as anti-regime strongholds.

Since 2011, an estimated 1,500 armed rebel groups, with ever-changing alliances and factions—some secular and some Islamist—have become active in Syria.

Two notable Islamist groups also vying for territorial control in Syria are Jabhat al-Nusra, an arm of Al Qaeda, and the Islamic State of Iraq and the Levant (ISIL).



Figure 1: Map of Syria. Source: Central Intelligence Agency (CIA), 2014.

Syrian Communities in Canada

According to the 2011 National Household Survey, there were 40,840 people in Canada reporting Syrian ethnic origin. The largest percentage of people of Syrian origin live in Quebec (44 percent), followed by Ontario (39 percent). The cities with the highest percentages of people of Syrian origin are Montréal (40 percent), Toronto (20 percent), Ottawa-Gatineau (7 percent), and London (3 percent). Similarly, the majority of Syrian refugees resettled to Canada reside in

Quebec and Ontario, particularly in Montreal and Toronto. These communities could be important sources of emotional support for newly arrived refugees.

Demographic Characteristics

This section provides an overview of general characteristics and demographics of Syrians in their country of origin. In addition, Citizenship and Immigration Canada (CIC) has provided demographic information on Syrian refugees who have resettled to Canada.

Age

As shown in Figure 2, 33 percent of people in Syria are under 15 years old, 20 percent are between 15 and 24 and 43 percent are between 25 and 64 years old. See Figure 2 for the age proportions in Syria. Comparatively, refugees who have resettled to Canada had similar numbers. Of the Syrian refugees resettled to Canada in 2014, 34 percent were under 15 years old, 15 percent were between 15 and 24 years old, and 48 percent were between 25 and 64 years old. See Figure 3 for the ages of resettled Syrian refugees.

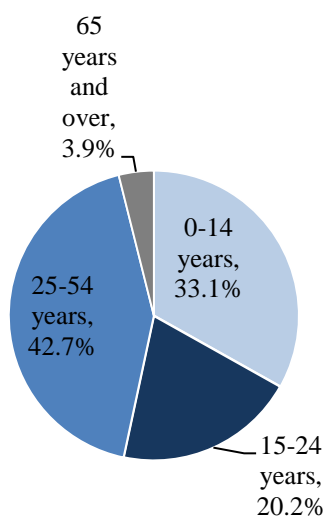


Figure 2: Age distribution in Syria. Source: CIA, 2014.

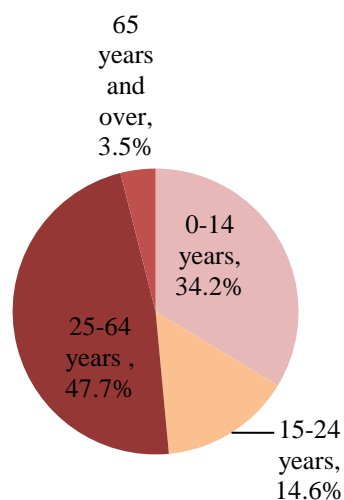


Figure 3: Age distribution of Syrian refugees resettled to Canada in 2014.

Languages

Languages spoken in Syria include Arabic (official language), Kurdish, Armenian, Aramaic, and Circassian (widely understood). French and English are somewhat understood. According to the Cultural Orientation Resource Center, an organization that has provided cultural backgrounders to the U.S. government, Arabic is the native language of 90 percent of the population.

Of the Syrian refugees resettled to Canada in 2014, approximately 46 percent spoke at least one of Canada's official languages.

Literacy

Universal literacy was a major goal of the Syrian government before the conflict. As a result, 84 percent of the population is literate (90 percent of men and 77 percent of women).

Ethnic Groups

Prior to the conflict, Syria's ethnic groups consisted of Arabs (90 percent) and Kurds, Armenians and others (10 percent).

Urbanization

Approximately 56 percent of Syria's population resided in urban areas prior to the conflict, particularly in Damascus, Aleppo, Hama, and Homs, which are the country's four largest cities. Drought and demographic shifts resulting from a rural exodus have been identified as key reasons behind the start of protests and the onset of the crisis.

Religion

The majority religion in Syria is Islam, which makes up 87 percent of the population, including 74 percent who are Sunni Muslim, and 13 percent who are Alawi, Ismaili and Shia Muslim. Approximately 10 percent practice Christianity, with individuals identifying as Orthodox, Uniate and Nestorian Christians. The remaining 3 percent are Druze. The conflict has taken on sectarian dimensions as political opinion has become ascribed based on religious affiliation. For example, individuals who are Alawi are assumed to be pro-Assad, which further exacerbates tensions between opposing groups.

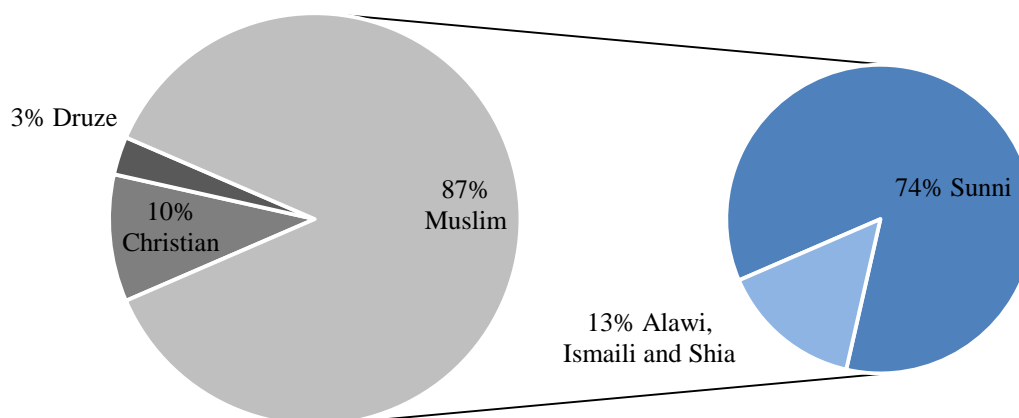


Figure 4: Religions in Syria. Source: CIA, 2014.

Access to Education

In pre-conflict Syria, high rates of primary school attendance were achieved due to free public education. However, rates of primary school attendance in rural areas were significantly lower than the national average, and there were high dropout rates at the secondary school level, especially among girls. Furthermore, the Ba'ath party used Syria's education system as a tool to indoctrinate children with party ideologies, and teachers were generally not permitted to express ideas that opposed government policy.

According to the Cultural Orientation Resource Center, 72 percent of Syrians of secondary school age were enrolled in school before the uprising. The current conflict situation has taken a severe toll on the education system, with school attendance rates down to 6 percent in some areas due to general insecurity, damaged buildings and a lack of teachers.

Prior to the conflict, a combination of public and private universities existed to provide higher education access to men and women in Syria. However, as with primary and secondary school, restrictions on academic and political freedom were largely present. According to the World Bank, post-secondary school enrollment steadily increased over the years prior to the conflict and in 2010, 26 percent of the population in the five-year age group following secondary school had enrolled in post-secondary education. It is highly likely that enrollment has dropped by a large percentage since then.

Countries of Asylum

Size and Demographics of the Refugee Population

In 2015, the number of registered Syrian refugees reached 4 million. The majority of refugees reside in the neighbouring countries of Iraq, Turkey, Lebanon, Jordan and Egypt. The number of refugees in neighbouring asylum countries is illustrated in Figure 5. These countries are most affected by the influx of Syrian refugees across their borders and are struggling to meet the needs of refugees in addition to those of their own populations.

Figure 6 shows the percentage breakdown by age and gender of



Figure 5: Size of refugee population as of August 2015

Syrian refugees based on data from the United Nations Refugee Agency (UNHCR). This chart shows that 52 percent of Syrian refugees are under the age of 18 and are therefore especially vulnerable.

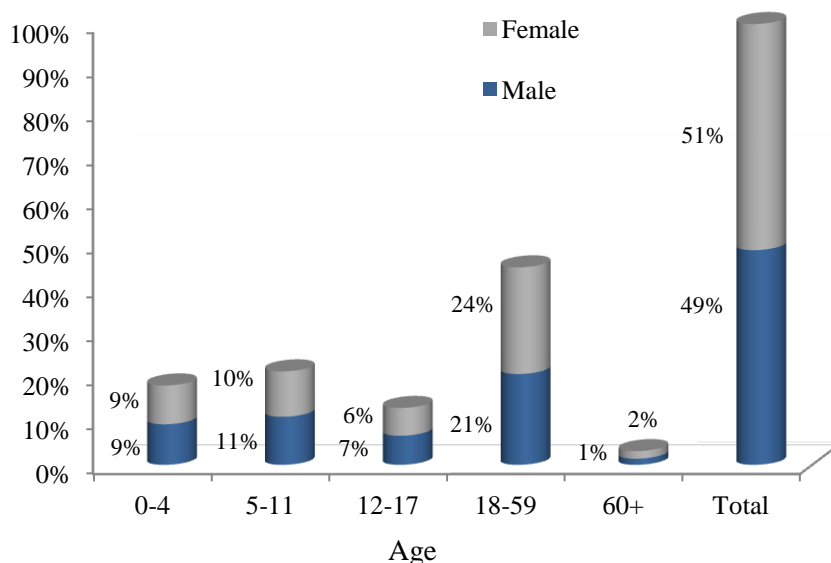


Figure 6: Age and gender breakdown of Syrian refugees, Source: UNHCR

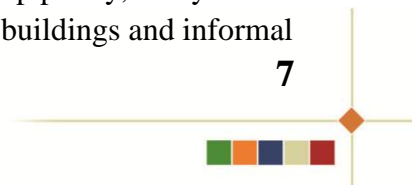
Conditions in Asylum Countries

Living conditions in asylum countries vary greatly but overall are poor, particularly in Lebanon. For example, inadequate shelter during the winter of 2015 resulted in some refugees and their children freezing to death in camps. Iraq, Jordan and Turkey are the only three countries that have formal refugee camps; however, the majority of Syrian refugees (85 percent) live in non-camp environments such as urban centers or makeshift dwellings.

Syrian refugees often lack access to adequate shelter, clean water, health care, schools and income-generating activities. As the conflict continues and refugees deplete their own financial resources, their situation becomes increasingly precarious and tensions with refugee-hosting communities are rising. Access to education is a major challenge and the majority of Syrian children living outside of Syria continue to miss critical educational milestones. About 89 percent of children living in refugee camps are attending school; however, given that the majority of Syrian refugees do not live in camps, overall 68 percent of children living outside of Syria are not attending school.

Lebanon

With a population of almost 6 million people and over 1 million Syrian refugees, Lebanon has the most refugees per capita in the world. Lebanon maintains a no-camp policy, so Syrians are dispersed among 1,700 localities in apartments or houses, abandoned buildings and informal



tented settlements. Adequate shelter, access to health care, and water and sanitation are the greatest challenges in the humanitarian response.

Jordan

Jordan is a country of 8 million people and is host to 628,000 Syrian refugees. Jordan has three official Syrian refugee camps in the northern areas (near the border with Syria): Za'atari Refugee Camp, Azraq Camp and Emirates Jordanian Camp. Within Jordan, 16 percent of refugees live in camps and 84 percent live outside of camps. Health care is available in clinics and hospitals in the largest camps. Outside of camps, it is reported that 38 percent of refugees live in sub-standard shelter. Adequate water, sanitation and hygiene facilities have been particularly challenging in Jordan especially in the congested Za'atari camp.

Turkey

Turkey is a country of 82 million people and is host to 1.9 million Syrians, in addition to other asylum populations such as Iraqis and Afghans (as of August 2015). There are 23 camps across the south of Turkey that are home to approximately 260,000 refugees, while the remaining refugees live outside of camps in housing units such as rented houses or apartments. About 56 percent of the refugees in the camps often live four to six people per housing unit (e.g., a tent or container). Close to 30 percent of refugees in the Turkish camps live with seven people or more in a housing unit. Many refugees are living in insecure dwellings, and 75 percent of families are struggling to meet their basic food needs.

Iraq

Iraq has a population of over 32 million people and is also host to 247,000 Syrian refugees. The majority of refugees live outside of camps (62 percent), mostly in urban centres with little access to assistance, while 38 percent live in camps. Refugees in Iraq receive free medical and educational services, but the country's infrastructure is overwhelmed by the needs of Syrians and Iraqis alike. Much like the other asylum countries, there is low school attendance for Syrian refugee children in Iraq.

Egypt

There are 132,000 Syrian refugees residing in Egypt, while the population is close to 87 million people. Like Lebanon, Egypt does not have refugee camps. Syrians live in urban neighborhoods, renting and sharing accommodation. In general, refugees have access to Egyptian public health and education but face discrimination in accessing these services.

Health Characteristics

The following section includes information from open-source reports on the prevalence of diseases, as well as other health issues impacting resettlement and integration (e.g. immunizations, mental health issues, injuries and disabilities, and sexual violence) among Syrian refugees mostly those living in Lebanon and Jordan. Following this general health section,



aggregate data on health conditions amongst Syrian refugees resettled to Canada is provided. This information is taken from the Department's immigration medical exam (IME).

General Health Conditions among Syrian Refugees

Communicable and Non-communicable Diseases

In 2013, the UNHCR conducted health care consultations in Lebanon, Jordan and Iraq and produced a report outlining some of the most prevalent diseases among Syrian refugees. While the majority of diseases in this report are consistent with CIC's data on resettled refugees, some of the conditions mentioned are not identified in CIC's data but are worth noting. Medical conditions mentioned in the UNHCR research include respiratory tract infections, chronic respiratory diseases, diarrhea, skin infections, urinary tract infections and eye or ear infections.

Vaccine-Preventable Diseases

Vaccine-preventable diseases are particularly difficult to assess, as the majority of refugees will not have their personal documents, such as immunization and medical records. Mass vaccination campaigns for polio and measles were undertaken in Lebanon, Turkey, Iraq and Jordan in 2013; however, an exact estimate of how many Syrian refugees received these vaccines is not available. Therefore, health-care providers should be prepared to provide vaccinations to some refugees.

Trauma and Mental Illness

Mental health and psychosocial support services will be essential for many Syrians after arriving in Canada. Mental health is one of the most prevalent health concerns, as much of the Syrian refugee population has experienced some form of trauma, including losing family members, being subject to or witnessing violent acts, or suffering from conflict-induced physical disabilities due to the use of barrel bombs and torture. According to the UNHCR, 43 percent of Syrian refugees referred for resettlement were submitted under the Survivor of Violence and/or Torture category in 2013 and 2014.

The UNHCR reports a high prevalence of mental health conditions particularly among children and adolescents. The UNHCR (2013) found that mental health is the most prevalent health concern for people ages 5 to 17 in both Lebanon and Jordan. Mercy Corps conducted focus group discussions with adolescents in Jordan and Lebanon and found that trauma is causing high physical and social isolation of refugees, particularly amongst adolescent girls. As a result, 20 percent of the children and adolescents interviewed left their home once a week or less. Boys mentioned broken social networks and a growing sense of hopelessness. They also described their humiliation due to tension between Syrian refugees and the host community.

Syrian attitudes toward mental health have shifted a great deal according to the Cultural Orientation Resource Center. Prior to the crisis, receiving treatment for mental illness had a negative stigma, making people more reluctant to seek treatment or discuss issues. However, as



large numbers of Syrian men, women and children are in psychological distress, they are more open to receiving mental health support. The need for treatment is difficult to predict, as symptoms can arise several months after arrival in the country of resettlement. Therefore, follow-up on mental health issues is crucial.

Injuries and Disabilities

UNHCR research also shows a large number of Syrian refugees with injuries. In 2013, 5 percent of health care consultations in Jordan and 1 percent in Lebanon were for injuries. In Jordan, 11 percent of those injuries were war-related. Some injuries may have caused a physical disability, which will need increased attention upon arrival in a resettlement country. With regard to disabilities, the UNHCR noted that one in 10 refugee households in Jordan have at least one family member who has a disability and that 41 percent of those with a disability are children.

Sexual Violence

Sexual violence and the threat of sexual violence was a concern for many women and girls in Syria before fleeing, if not one of the reasons for fleeing. Rape and other forms of violence affect women and girls as well as men and boys. It is often committed in detention facilities, in the context of household searches or military raids and checkpoints. Sexual violence is also a concern in asylum countries. According to the Cultural Orientation Resource Center, the fear of sexual violence in asylum countries from other refugees or host country nationals causes refugee women and girls to stay home, venturing outside only when accompanied by other family members. Delayed reporting and underreporting are common and, therefore, the magnitude and severity of the situation is unknown. While support, such as counselling, may be required, talking about the subject is often socially unacceptable, and women are unlikely to discuss the matter in front of male family members.

Health Conditions Identified During the Immigration Medical Exam (IME) among Syrian Refugees Resettled to Canada

The IME is conducted prior to resettlement to Canada to screen and detect a limited set of medical conditions applicable to medical requirements. The purpose of the IME is to determine admissibility on the basis of public health/safety and demand on social/health services. It is a single health assessment at a specific point in time, and the data cannot be used to draw conclusions on the health status of a group of individuals nor be generalized to other refugees. Most conditions are not systematically assessed and data relies heavily on self-report. Many individuals may not have received treatment for – or even be aware of – a health condition. In addition, CIC might not be aware of conditions a refugee may have developed between the time of their medical assessment and their arrival in Canada. As well, certain conditions like mental health issues can arise several months after arrival in Canada.



Syrian refugees receive the same medical assessment as all other immigrant categories, which consists of a medical history, physical examination, age-specific laboratory tests and age-specific chest x-ray. Mandatory age-specific laboratory and radiologic tests include:

1. Urinalysis for clients over five years of age
2. Chest x-ray (posterior-anterior view) for clients over 11 years of age
3. Syphilis test for clients over 15 years of age
4. HIV test for clients over 15 years of age

The tables provided below describe aggregate health-related data on a specific group of Syrian refugees who underwent the IME prior to being resettled in Canada. CIC makes every effort to safeguard personal information while also complying with privacy legislation.

Of the Syrian refugees assessed overseas (total=1,439), a little over 16 percent had at least one health condition detected during the IME (see Table 1). Among them, 55 percent were male. The highest proportion of health conditions is found in those 65 years and older – 80 percent of people in that age group had at least one health condition.

Table 1: Syrian refugees with at least one health condition at the time of IME

Age Group (years)	Had at least one condition listed*			Total Individuals		
	Male	Female	All	Male	Female	All
Less than 15	12	12	24 (5%)	255	193	448
15 to under 25	8	3	11 (5%)	126	112	238
25 to under 45	31	24	55 (12%)	227	219	446
45 to under 65	65	41	106 (41%)	151	109	260
65 and older	14	24	38 (80%)	17	30	47
Total	130	104	234 (16%)	776	663	1439

* Although someone may have no condition identified at the time of the IME, it is not a guarantee that the individual does not have some type of health condition, or will not by the time of their arrival in Canada.

The most prevalent health conditions detected during the IME were hypertension, diabetes, visual or hearing impairments and cardiovascular disease (see Table 2). Hypertension had the highest frequency and mostly affected Syrians between 25 and 65 years of age. In addition, the majority of those with a cardiovascular disease were aged 65 years and over. Other chronic health conditions detected among Syrians 45 years and over included diabetes, osteoarthritis and cancer.

Three main communicable diseases are screened during the IME: tuberculosis (TB), syphilis and HIV, with lower proportions of communicable diseases reported than non communicable diseases (or chronic health conditions) (see Table 2).

Although information on the severity of a disease is not systematically collected at the time of the IME, each of the health conditions presented here requires various levels of clinical management and follow-up care. However, certain health issues are worth noting due to their



impact on integration and settlement, either because they require access to specialized care or because they can affect daily living if not managed in a timely manner. These include those with mental health illnesses/mood disorders, vision and hearing impairments, dental conditions and intellectual deficiencies categories. Ten percent of the overall group were represented in this category.

Table 2: Proportion of health conditions among resettled Syrian refugees

Health Condition*	Proportion of Syrian refugee group (%) (n=1,439)
Hypertension	7.6%
Non-specific abnormal findings**	5.0%
Diabetes	2.2%
Visual or hearing impairment	1.5%
Cardiovascular disease	0.9%
Cognitive/behaviour/nervous system disorder	0.8%
Mental illness/mood disorder	0.8%
Cancer	0.6%
Other	0.5%
Communicable disease	0.4%
Osteoarthritis	0.3%
Renal disorder	0.3%

* A more detailed table providing frequencies of health conditions as well as a table describing the specific conditions have been included in the Annex.

** Non-specific abnormal findings relate to medical findings during the medical assessment that were inconclusive or not related to any specific health condition.

Cultural Considerations

Food and Dietary Restrictions

Syrian food consists of a wide range of grains, meat and fruits and vegetables. Common dishes include pita and hummus (chickpea dip), baba ganoush (eggplant spread), mahshe (stuffed grape leaves, zucchini and bell peppers), shawarma (gyro), and salads such as tabouleh and fattoush. Lunch is usually the largest meal of the day, often eaten at 2:00 pm. Syrian Muslims have dietary restrictions that do not allow them to eat pork; additionally, some will not consume alcohol or eat shellfish.

Families

As mentioned, the majority of resettled Syrian refugees who have arrived in Canada are family units consisting of a couple with three or more children. Families are quite extended in Syria; they include not only parents and children but also grandparents, aunts, uncles and cousins. It is



not uncommon for extended and immediate family members to live together in a single dwelling. In general, Syrian society is patriarchal, with the family under the authority of the oldest man.

Religion

In Syria, devout Muslims pray five times a day, in private and at scheduled times. Syrian Muslims may fast during the lunar month of Ramadan, during which eating, drinking and smoking is prohibited from sunrise to sunset. At the end of Ramadan, Muslims celebrate Eid by feasting with family. Devout Christians wear crosses around their necks and attend church regularly. All Muslim and Christian holidays are official holidays in Syria.

Health Care

Health care providers should consider religious and cultural beliefs when providing services. This includes practices such as providing long hospital gowns that cover the lower legs and same-sex health-care providers. This is especially important for women's reproductive health, as it would be more culturally appropriate for female gynecologists and nurses to provide care for Syrian refugee women.

Employment

The Agency for Technical Cooperation and Development (ACTED) recently conducted a labour market analysis on Syrian refugees in Lebanon. ACTED's research provides other resettlement countries with a general idea of job opportunities and challenges for Syrian refugees.

This ACTED study determined that the majority of Syrians worked in the construction and agriculture sectors in Syria. The study found that 70 percent of the Syrian refugees interviewed were working in construction before leaving Syria and were able to find construction jobs in Lebanon. Research conducted by the International Labour Organization (ILO) in 2013 found that the occupational distribution among Syrian refugees residing in Lebanon included domestic/personal services such as driving or housekeeping (27 percent), agricultural activities (24 percent), and construction (12 percent). In addition, Syrians with previous jobs that require higher qualifications such as engineering, finance or education were either not employed or had found jobs in other sectors while living in Lebanon.

ACTED asked interviewees why they could not find employment. The responses varied but included a disability/injury or the reluctance of employers to hire Syrians. When asked which skills would help them find a job, or a better job, improved communication skills (including language, communication and computer skills) were mentioned the most.



Sources

Agency for Technical Cooperation and Development. (2014). *Labor Market Assessment in Beirut and Mount Lebanon*. <http://reliefweb.int/report/lebanon/labour-market-assessment-beirut-and-mount-lebanon>.

Central Intelligence Agency. (2014). *World Factbook*. Accessed March 15, 2015, at <https://www.cia.gov/library/publications/the-world-factbook/geos/sy.html>.

Citizenship & Immigration Canada, RDM as of July 2015.

Cultural Orientation Resource Center. (2013). *Refugees from Syria*. <http://www.culturalorientation.net/learning/backgrounders>.

International Labour Organization. (2013). *Assessment of the Impact of Syrian Refugees in Lebanon and their Employment Profile*.

International Medical Corps & UNICEF. (2013). *Mental Health/Psychosocial and Child Protection Assessment for Syrian Refugee Adolescents in Za'atari Refugee Camp, Jordan*. <http://mhps.net/?get=78/1380700142-201307IMCMHPSSandCPAssessmentZaatariJuly2013.pdf>.

Mercy Corps. (2014). *Advancing Adolescence: Getting Syrian Refugees and Host Community Adolescents Back on Track*. http://www.mercycorps.org/sites/default/files/MercyCorpsSyrianAdolescenceAssessment_0614.pdf.

Republic of Turkey Prime Ministry. (2013). *Disaster and Emergency Management Presidency: Syrian Refugees in Turkey, 2013 Field Survey Results*. <http://data.unhcr.org/syrianrefugees/download.php?id=4085>.

Statistics Canada. (2011). *National Household Survey: Data tables*.

United Nations High Commissioner for Refugees. (2014). *Addressing Challenges in the Resettlement of Refugees with Serious Medical Conditions and Disabilities*.

United Nations High Commissioner for Refugees. (2013). *At a Glance: Health Data for Syrian Refugees; Iraq, Jordan and Lebanon*. Accessed March 15, 2015, at <http://data.unhcr.org/syrianrefugees/download.php?id=5635>.

United Nations High Commissioner for Refugees. (2015). *Information Kit: Syrian Refugees – Iraq: Towards Stabilization*, no. 10.

United Nations High Commissioner for Refugees. (2015). *International Protection Considerations with regard to People Fleeing the Syrian Arab Republic, Update II*. <http://www.refworld.org/docid/5265184f4.html>.

United Nations High Commissioner for Refugees. (2015). *Syria Regional Refugee Response: Inter-agency Information Sharing Portal*. Accessed April 2015 at <http://data.unhcr.org/syrianrefugees/regional.php>.

United Nations High Commissioner for Refugees. (2015). *Syrian Refugees: Inter-Agency Regional Update*. Accessed March 15 2015 at <http://reporting.unhcr.org/sites/default/files/Syrian%20Refugees%20IA%20Regional%20Update%20-%2019MAR15.pdf>.

U.S. Department of State. Bureau of Democracy, Human Rights and Labor. (2011). *Country Reports on Human Rights Practices for 2011*. <http://www.state.gov/documents/organization/186661.pdf>.

Ward, Sasha. (2014). British Council. “What’s Happening to Syria’s Students During the Conflict?”. Accessed May 13, 2015, at <http://www.britishcouncil.org/blog/whats-happening-to-syrias-students-during-the-conflict>.

World Bank. (n.d.). *World Development Indicators data*. Accessed May 14, 2015, at http://data.worldbank.org/country/syrian-arab-republic#cp_wdi.



Annex

Table 3: Frequency and rates of health conditions among refugees

Health condition*	Total frequency	Proportion of individuals with at Least One condition (n=234)	Proportion of entire Syrian Refugee Group (%) (n=1439)
Hypertension	110	47.0%	7.6%
Non-specific abnormal findings	72	30.8%	5.0%
Diabetes	32	13.7%	2.2%
Visual or hearing impairment	21	9.0%	1.5%
Cardiovascular disease	13	5.6%	0.9%
Cognitive/ behavioural/ nervous system disorder	11	4.7%	0.8%
Mental illness or mood disorder	11	4.7%	0.8%
Cancer	9	3.8%	0.6%
Other	7	3%	0.5%
Communicable disease	6	2.6%	0.4%
Osteoarthritis	5	2.1%	0.3%
Renal disorders	5	2.1%	0.3%

*If someone had two diagnoses that went into the same group, they were only counted once in the frequency. Cell counts of less than 5 (including 0) have been suppressed as per data protocol for privacy and confidentiality. Non-specific abnormal findings relate to medical findings during the medical assessment that were inconclusive or not related to any specific health condition.



Table 4: Health groupings and categories

Cancer	Cardiovascular disease	Cognitive, behavioural and nervous system disorders	Communicable diseases
<ul style="list-style-type: none"> • Endocrine Gland - Malignant Neoplasm • Female Breast - Malignant Neoplasm • Genitourinary Organs- Malignant Neoplasm • Lymphoid and Histiocytic Tissue - Malignant Neoplasm • Melanoma - Malignant Neoplasm • Nervous System - Malignant Neoplasm • Neoplasm of Unspecified Nature 	<ul style="list-style-type: none"> • Aortic Valve Disease • Cardiomegaly • Cardiomyopathy • Cerebrovascular Disease • Heart - Congenital Anomaly • Heart Failure • Ischemic Heart Disease 	<ul style="list-style-type: none"> • Behaviour Disorder • Infantile Autism • Mental Retardation • Nervous System Disorder 	<ul style="list-style-type: none"> • Hepatitis B • Pulmonary Tuberculosis Infection • Early Syphilis
Vision and hearing impairments	Mental illness and mood disorders	Non-specific abnormal Findings	Other Health Conditions
<ul style="list-style-type: none"> • Impaired Hearing or Deafness • Impaired Vision or Blindness 	<ul style="list-style-type: none"> • Bipolar Disorder • Depression • Schizophrenia 	<ul style="list-style-type: none"> • Non-specific Abnormal Findings • Non-specific Abnormal Results of Function Studies • Non-specific Abnormal Findings on Radiological and Other Examination of Body Structure 	<ul style="list-style-type: none"> • Developmental Delay • Congenital Anomaly • Connective Tissue Disorder • Blood, and Blood-Forming Organ, Disease

