



SYRIA / IRAQ CRISES 2017



## Regional response

Médecins du Monde's (MdM) strategy in the region aims at responding to the important health needs of **displaced, refugee and host community** populations in Syria, Iraq, Jordan and Lebanon.

The strategy is articulated around three main components:

- 1 Response to the Syrian crisis
- 2 Response to the Iraqi crisis
- 3 Response to the refugee crisis in the neighbouring countries

The three components share the same benchmarks:

- Alignments to **national and humanitarian response plans**.
- Provision of a **primary healthcare package** including **Sexual and Reproductive Health (SRH)** as well as **Mental Health and Psychosocial Support (MHPSS)** services.
- A **balanced approach** which integrates **life-saving activities** and **resilience-building support** in environments characterized by **protracted crises**.
- **Multiple partnerships in highly polarized settings**.
- **Capacity building** of local partners and **support to national healthcare systems**.
- Contribution to the strengthening of the countries' **health information system**.
- Link with **academia and research institutes** in order to produce evidence-based publications.
- **Advocacy** on violations of International Humanitarian Law and barriers in accessing healthcare services.

## About Médecins du Monde

Originally established in France in 1980, MdM is an international humanitarian organisation providing medical care to vulnerable populations affected by war, natural disasters, disease, famine, poverty or exclusion.

### BEYOND MEDICAL CARE

Although MdM's primary aim is to provide medical care, its work goes further to ensure long-lasting effectiveness. MdM draws on its experience on the ground to bear witness to barriers to healthcare and to advocate for change.

### AT HOME AND ABROAD

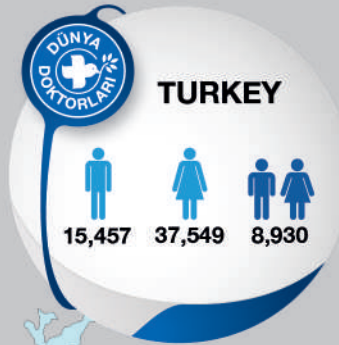
MdM projects take place in both developing and developed countries. Across the countries where the MdM network is present, its medical teams provide healthcare to the most vulnerable groups in their society.

### Glossary

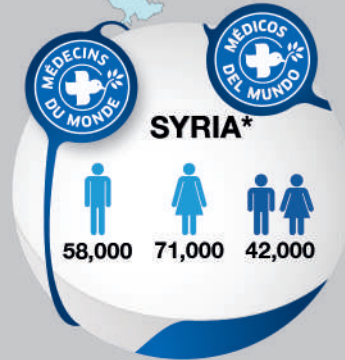
- IDP: Internally Displaced Persons
- NCD: Non-Communicable Disease
- MHPSS: Mental Health and Psychosocial Services
- PHC: Primary Healthcare
- PHCC: Primary Healthcare Centre
- SRH: Sexual and Reproductive Health



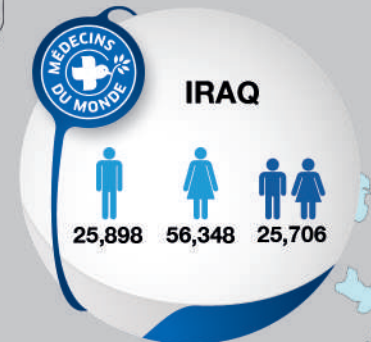
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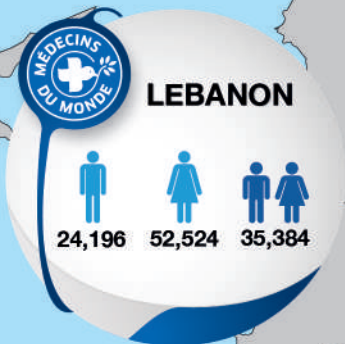
SYRIA



IRAQ



LEBANON



LEBANON

LEGEND | Number of consultations provided to:

- Male (above 5)
- Female (above 5)
- Children under 5 years old

\*Only includes consultations in MdM-run health facilities inside Syria.



## Context

The magnitude, duration and complexity of the conflict have had far-reaching effects on the health situation in Syria. More than 11.3 million people are in need of immediate medical assistance across the country, according to the United Nations Office for the Coordination of Humanitarian Affairs.

Seven years into the conflict, medical facilities, health staff and patients continue to be victims of targeted attacks. The country's health system has been severely disrupted since the beginning of the conflict, leaving less than half of the health facilities fully operational in 2017 and resulting in thousands of avoidable deaths from injuries or illnesses. Furthermore, the lack of sustained and predictable access to United Nations-declared besieged and hard-to-reach areas continues to exacerbate health needs in these areas.

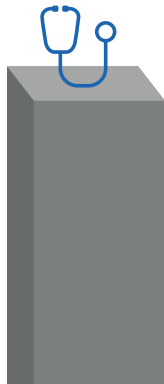
Syria is facing a critical lack of access to quality primary healthcare – including Sexual and Reproductive Health. Additional support is urgently needed to address increasing mental health needs inside the country, where there is a severe shortage of mental health and psychosocial professionals.

In 2017, Syria was said to be the most dangerous country in the world for a health worker.<sup>1</sup> Health professionals are operating in extremely difficult conditions, putting their lives on the line to save others.

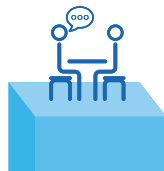
**111,000**  
General consultations in MdM healthcare centres



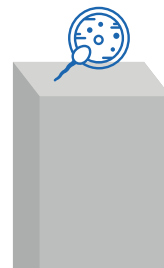
**545,000**  
General consultations in MdM supported healthcare centres



**140**  
Number of MHPSS consultations in MdM healthcare centres (in Idlib governorate only)



**62,000**  
Sexual and Reproductive Health consultations in MdM healthcare centres



## Our response

MdM has been providing health services through partners in Syria since 2008, and scaled up activities following the outbreak of the conflict in 2011.

Alongside the partners, MdM is tackling the critical issue of access to health services and continuity of care by securing financial means to ensure health services are maintained; addressing the shortage of life-saving medicines and essential medical supplies; supporting the rehabilitation of damaged health infrastructures; and by providing incentives and specialized trainings to more than a hundred health professionals inside Syria.

Today, MdM is responding to the immediate health needs of more than 500,000 conflict-affected individuals, while engaging in durable solutions to help strengthen the health system in collaboration with local health actors. In 2017, MdM supported the provision of more than 700,000 consultations.

Comprehensive primary healthcare services were ensured in Idlib, Aleppo, Rural Damascus, Dar'a and Hasakeh governorates, through direct service provision and by supporting local health facilities and partners. As of January 2018, 22 health centres and mobile teams have been supported directly and indirectly.

<sup>1</sup> Humanitarian Needs Overview 2018, November 2017.

A wide range of essential services are available to individuals with specific health needs exacerbated by the long-lasting conflict, including displaced populations and host communities:

- Sexual and Reproductive Health is an integral component of the healthcare package ensured by MdM, and includes antenatal care, postnatal care and family planning services.
- MdM is responding to the specific needs of displaced people with chronic diseases – especially the elderly – by expending its primary healthcare services package to improve access to quality treatment of non-communicable diseases.
- MdM recognizes the necessity to improve the availability of psychosocial support and mental health services in all areas of intervention. In Idlib and Hasakeh governorates, psychosocial services are provided in the health facilities. Mental health is considered an integral part of primary healthcare.



## Context

Mass population displacements throughout Iraq have put the country into an emergency situation. Although combat operations against the Islamic State of Iraq and the Levant (ISIL) has officially ended in December 2017, insurgent groups are still active in certain areas of Iraq. Increased tensions between the Kurdistan region of Iraq (KR-I) and the central government of Iraq regarding the disputed territories have resulted in a new wave of displacements from disputed areas to Kurdistan.

Public services are overwhelmed and under tremendous strain. The health system and access to health facilities are further compromised by insecurity in many areas, putting at risk both host and displaced communities. Access to primary healthcare is reported to be one of the top priorities for Internally Displaced Persons (IDPs) and those who are returning to their areas of origin after the ISIL defeat, as well as for host population in areas where Primary Healthcare Centres are overcrowded or depleted by lack of resources (medical staff, medical supplies...).

## Our response

In Iraq, MdM provides primary healthcare services and mental health support to displaced persons and host communities, particularly the most vulnerable individuals in IDP camps and communities.

MdM is currently working with health authorities to go beyond an intervention strategy based on mobile clinics and provide support to health facilities, in close coordination with Directorates of Health at district and governorate levels.

In Dohuk Governorate, MdM supports the PHCC of the most inhabited IDP camp in the governorate (Chameshku camp – hosting 27,000 individuals). In Ninewa governorate, MdM is transiting from managing two mobile clinics to supporting four PHCCs. In Kirkuk governorate, MdM is running mobile clinics in the camp and PHCCs and is planning to bolster a PHCC in Hawija district with rehabilitation, equipment, drugs and trainings.

Medical consultations and essential medication for both adults and children are available. The PHC package that MdM provides includes comprehensive SRH services that specifically

target women and adolescent girls with antenatal and post-natal care as well as family planning services. MHPSS group and individual sessions are held in each medical mobile unit. Beneficiaries who present symptoms / mental health disorder or who express a need of mental health support are referred by the medical doctors to the mental health teams for individual counselling or group sessions.



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**18,060**

Mental Health and Psychosocial Support consultations



**107,952**

General consultations in MdM healthcare centres



**9,512**

Sexual and Reproductive Health consultations

MdM in Iraq - Infographics 2017



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## Context

The sheer number of refugees places a huge strain on the Lebanese healthcare system. Despite partial subsidisation and relatively low fees, many refugees struggle to access health services.

In 2017, about 70% of the Syrian refugees in Lebanon did not have valid residency. Without it, they are at risk of arrest when crossing checkpoints, which limits their freedom of movement and curtails their access to healthcare assistance.

The public primary healthcare network is not fully in place and relies on an extremely expensive private sector.

In addition, Lebanon's already frail mental health infrastructure has been further weakened by the mass of Syrian refugees who have fleeing the conflict over the past seven years.

As such, Mental Health and Psychosocial Support services are required to address the needs of Syrian refugees and vulnerable Lebanese suffering from pre-existing chronic mental health disorders, as well as mental health disorders brought about by wartime trauma and the precariousness of displacement.

While the Ministry of Public Health is struggling to develop public health regulations, the Syrian Crisis provides a window of opportunity for humanitarian actors to develop regulations and proper practices at the healthcare system.

## Our response

Since 2012, MdM in Lebanon has been actively engaged in reducing the impact of the Syrian Crisis through a twofold approach: responding to the urgent health needs of Syrian refugees by providing access to quality comprehensive healthcare services, and strengthening the national healthcare system to help the sector cope with such crises.

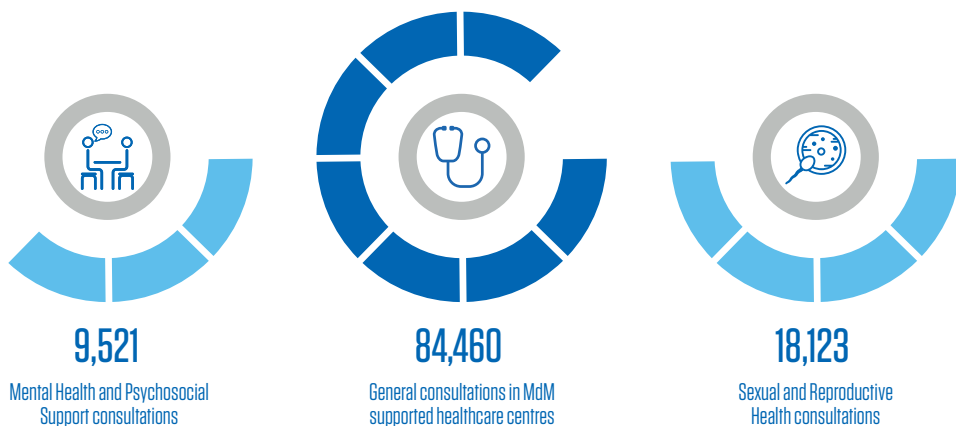
At the primary healthcare level, MdM supports the primary healthcare centres of five of its partners in their efforts to join the Ministry of Public Health national network and obtain accreditation. MdM also builds the capacity of partner staff to improve the quality of services. Services provided at the PHCCs notably include general and specialist consultations, Sexual and Reproductive Health services and treatment for acute health conditions. MdM also provides Syrian refugees and host communities with mental health services and psychosocial support at the PHCCs and through outreach activities, via case-management services and a multidisciplinary team. MdM works in the Bekaa valley – Zahle, Kamed El Loz, El Ain, El Qaa, Qab Elias – and in the Aley district in Mount Lebanon.

Moreover, MdM is supporting the national mental health programs at the Ministry of Public Health (MOPH) on the central level, and providing a complete model of MHPSS care at Rafic Hariri University Hospital (RHUH) in Beirut.

MdM works in partnership with several Lebanese organisations and collaborates with universities on specific research projects. It is also collaborating with regional and international academic institutions to further expand mental health research in the Middle East region. The mission is currently implementing two research projects in collaboration with local and international institutions:

**1-** The BIOPATH Project (Biological Pathways of Risk and Resilience in Syrian Refugee Children), which seeks to determine how environmental and biological risks and protective factors interact to predict which children will suffer difficulties and which will be resilient following a war experience and displacement. The project is being carried out in collaboration with Queen Mary University of London and the Institute for Development, Research, Advocacy and Applied Care.

**2-** The t-CETA Project, a pilot project to test the Development, Piloting and Evaluation of a Phone-Delivered Psychological Intervention (t-CETA) for Syrian Refugee Children in Lebanon. The project is being conducted in collaboration with Queen Mary University of London, the American University of Beirut, Johns Hopkins University and the Medical School Hamburg.





## Context

With the influx of refugees, the healthcare system is overburdened by high patient loads and faces a shortage of medicines and vaccinations. The rise in non-communicable diseases (NCD) also puts a strain on the Jordanian healthcare system, where resources are lacking. Besides having to cope with the lack of livelihood opportunities and stretched financial resources, Syrian refugees outside camps have to cover part of their healthcare expenses – an added concern for an already vulnerable population. The availability of Mental Health and Psychosocial Support Services remains limited in Jordan. More specifically, MHPSS services at community level in urban, rural and remote locations do not meet the needs of the population.

## Our response

After a medical assessment of the context and potential partners in Jordan late 2017, a country strategy was developed in line with the Jordan Response Plan to the Syrian Crisis and the National Health Strategy for Jordan. This strategy aims to bring technical support to the national health actors for primary health (public and non-governmental), with a focus on mental health and NCD:

- Support to three Primary Healthcare Centres run by Caritas in Northern Jordan for medical follow-up, organisational management, education on health, identification and referral of mental health patients.
- Support to Primary health / Mental health centres of the Ministry of Health: technical support to be specified through an assessment planned for the 1st half of 2018.

Moreover, two surveys are being conducted with international partners; first, a qualitative study on mental health needs and perceptions among recipients, in partnership with a Jordanian foundation and the University of Amsterdam; and second, a mapping of the Syrian health workers' skills and training needs in Jordan and Lebanon, in partnership with the Jordan University of Science and Technology and the American University of Beirut.

## Context

Since the beginning of the Syrian Crisis, massive population movements have taken place across the Turkish border and inside Turkey. The situation has put the local public health system under strain. Although registered Syrian refugees who hold an identification number benefit from free healthcare in public and private health facilities, refugees often have to cover associated costs (for drugs, transportation, etc.), impacting on their stretched financial resources. Those who do not hold an identification number are entitled to free emergency care only, and have to cover the costs of primary healthcare and other kinds of health services.

## Our response

In Turkey, MdM is supporting its local partner, Dünya Doktorları Derneği (DDD). The response implemented by DDD aims at ensuring that refugees and migrants have access to the health services they need. DDD provides health services in partnership with Turkish organisations.

DDD supports health facilities in Istanbul (Sultangazi), İzmir and Reyhanli (Hatay). Due to the transition of the Primary Healthcare clinics (for example: the Migrant Health Centre by the Ministry of Health), DDD will be expanding its services in 2018 to meet the needs of refugees by setting up Mental Health and Psychosocial Support centres in Istanbul (Bağcılar, Sultangazi) and İzmir, as well as MHPSS centres (Antakya, Reyhanli) and a Physiotherapy and Rehabilitation Centre (PTRC) in Hatay and another in Gaziantep.


**32,190**

General and Post-Operative consultations in DDD supported healthcare centres  
(General Medical Consultations)


**10,937**

Mental Health consultations  
(Individual+ Group+ Home based sessions)


**18,809**

Sexual and Reproductive Health consultations



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Publication: Médecins du Monde - March 2018  
Graphic design: Samer Mbayed



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