



أطباء العالم

# ANNUAL REPORT

Syrian/ Iraqi Crises - 2018



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Cover Photo: Syrian refugees in Lebanon © Guillaume Pinon

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## Regional Response

Médecins du Monde's (Mdm) strategy in the region aims at responding to the important health needs of displaced, refugee and host communities in Syria, Iraq 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 access to healthcare services and mental health.

## 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 in 41 countries worldwide.

### 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.

### Acronyms

**IDP:** Internally Displaced Person

**ITS:** Informal Tented Settlement

**MHPSS:** Mental Health and Psychosocial Support

**PHC:** Primary Healthcare

**PHCC:** Primary Healthcare Center

**SRH:** Sexual and Reproductive Health

# Syria

## Context

**Population:** 18.4 million

**Syrians who fled the war:** 5.6 million

**Internally Displaced Persons:** 6.2 million, including 2.5 million children

**People in need of humanitarian**

**assistance:** 13.2 million (Human Needs Assessment)

The magnitude, duration and complexity of the conflict have had far-reaching effects on the health situation in Syria. More than 13.2 million people are in need of health assistance across the country, according to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA).

Eight years into the conflict and medical facilities, health staff and patients remain to be victims of targeted attacks.

The country's health system has been severely disrupted since the beginning of the conflict, where 46% of health facilities were either non-functional or partially functional (HNO, 2019), resulting in thousands of avoidable deaths from injuries or illnesses.

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

**In 2018, Syria was said to be the most dangerous country in the world for a health worker.**

## 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 2018, MdM supported the provision of more than 624,483 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 2019, 17 health centres (12 in Idlib, 3 in South Syria, 1 in Eastern Aleppo, and rehabilitating 1 in Northern Yarmouk) and mobile teams have been supported directly and indirectly.

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:

► **Primary Healthcare**

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.

► **Sexual and Reproductive Health**

An integral component of the healthcare package ensured by MdM, and includes antenatal care, postnatal care and family planning services.

► **Mental Health and Psychosocial Support**

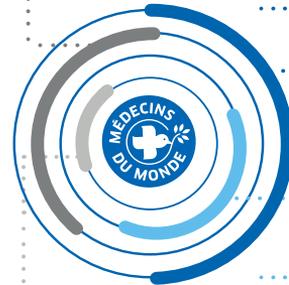
MdM recognizes the necessity to improve the availability of psychosocial support and mental health services in all areas of intervention. In Idlib and Hasakeh governorates, psychosocial services are provided in the health facilities. Mental health is considered an integral part of primary healthcare.

107,641

sexual and reproductive health consultations

512,198

general consultations in MdM supported healthcare centres



1,526

mental health and psychosocial support consultations (in Idlib governorate and Al-Hasakeh)

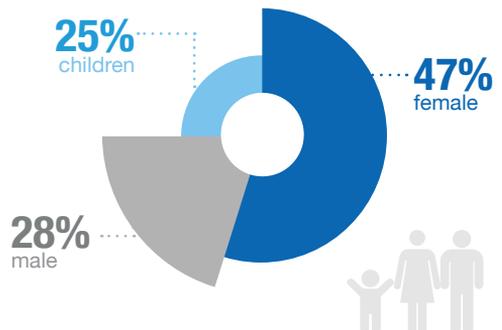
111,000

total PHC consultations (new and follow-up)

17

health centres and mobile teams supported (directly and indirectly)

breakdown of consultations



# Lebanon

## Context

**Population:** 6.1 million

**Syrian refugees in Lebanon:** 1.5 million  
(997,905 UNHCR registered)

With an estimated population of 6.1 million inhabitants, of which 1.5 million are refugees (mostly from Syria and Palestine), Lebanon is hosting the highest number of refugees per capita and per square kilometer globally.

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

In 2018, 73% of 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 heavily on costly private sector services. In addition, Lebanon's already frail mental health infrastructure has been further weakened by the mass of Syrian refugees who have been fleeing the conflict over the past eight years.

As such, Mental Health and Psychosocial Support (MHPSS) 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.

## Our response

Since 2012, MdM in Lebanon has been actively engaged in reducing the impact of the Syrian Crisis by: responding to the urgent health needs of Syrian refugees by providing or supporting access to quality comprehensive healthcare services, and strengthening the national healthcare system to help the sector cope with such crisis. User empowerment is a third component of the strategy. This implies improving community participation in the implementation and monitoring of the activities and encouraging the users' representation at local and national levels.

## Primary Healthcare

At the primary healthcare level, MdM supports five primary healthcare centers run by its Lebanese partners (including Amel Association) in their efforts to join the Ministry of Public Health's 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 – Kamed El Loz, El Ain, El Qaa, Qab Elias – and in the Aley district in Mount Lebanon.

## Mental Health and Psychosocial Support

MdM is supporting the Ministry of Public Health’s (MoPH) national mental health program by providing partners with a comprehensive model of MHPSS care. The initiative was piloted at Rafik Hariri University Hospital (RHUH) in Beirut, where the first community mental health center has been based in a public hospital. MdM and partners, under patronage of the MoPH, will replicate this model in two areas in need - North Bekaa and North Lebanon.

## Research Projects

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. The mission is currently implementing two research projects:

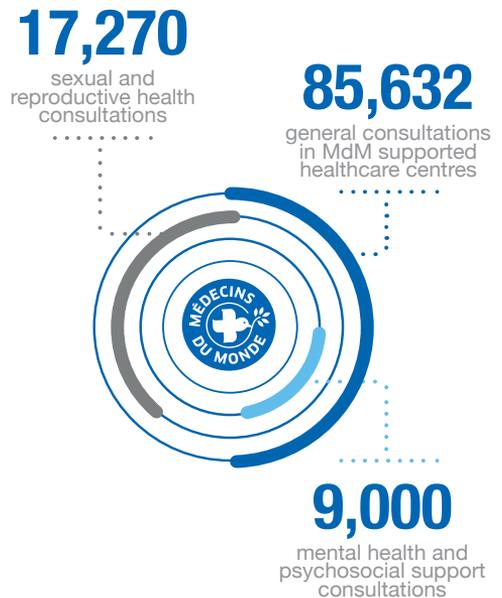
### ► The BIOPATH (Biological Pathways of Risk and Resilience in Syrian Refugee Children) Project

A project 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.

### ► 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.

## MdM Lebanon in 2018



**5**  
primary healthcare centres supported



**4**  
MHPSS facilities



**1**  
PHC Medical Mobile Unit



# Turkey

## Context

**Population:** 82.8 million

**Refugees:** 4 million (3.54m of which are Syrian refugees)

Since the start of the Syrian crisis, Turkey has gradually established a strong asylum framework through the Law on Foreigners and International Protection and the Temporary Protection Regulation, not only attempting to address the immediate humanitarian needs of refugees, but also envisioning to building up the resilience of the displaced population by offering healthcare and education, and with plans for enabling Syrians to gain access to the labour market.

## 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. In 2018, DDD provided PHC services, MHPSS and Physiotherapy and Rehabilitation Care (PTRC).

DDD through its partner; Union of Medical Care and Relief Organization (UOSSM), started to provide physiotherapy services (including radiology and orthopedy consultations) in Gaziantep, Reyhanlı and Kilis province.

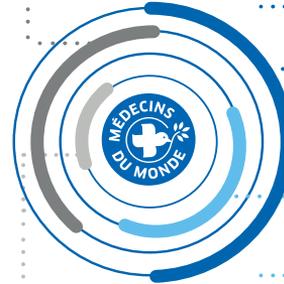
DDD provides migrants and refugees with health and MHPSS services through directly implemented activities as well as through partners like the Union of Medical Care and Relief Organizations (UOSSM) with the aim of strengthening the longer-term resilience of refugees and migrants, focusing on emotional, mental, and physical wellbeing.

**12,630**

physiotherapy sessions

**13,421**

mental health consultations (individual, group, home-based)



**6,911**

sexual and reproductive health consultations

**11,436**

general and post-operative consultations in DDD-supported healthcare centres

**6,114**

radiology consultations



**5,103**

orthopedy consultations

breakdown of consultations



**36%**

male



**49%**

female



**15%**

children

# Iraq

## Context

**Total population:** 38.3 million  
**Internally Displaced Persons:** 6 million, including 4.3 million who returned

After war broke out in Syria in 2011, the Islamic State of Iraq and the Levant (ISIL) spread across Iraq and captured parts of Anbar, Sinjar and Mosul, forcing and estimated 6 million people to flee their homes.

**Around 4.3 million people have returned to their homes, although many have no access to basic services, and over 1.8 million remain displaced and live in harsh conditions in camps or towns.**

The large population displacements throughout Iraq have put the country into an emergency situation. Although combat operations against ISIL has officially ended in December 2018, insurgent groups are still active in certain areas of Iraq.

To a large extent, public services continue to be overwhelmed in areas with high number of IDPs and returnees, while access to quality Primary Healthcare (PHC) services remains limited.

The health system and access to health facilities are further compromised by insecurity in many areas, putting both host and displaced communities at risk.



Access to primary healthcare is reported to be one of the top priorities for Internally Displaced Persons (IDPs) as well as for host population in areas where Primary Healthcare Centers are overcrowded or depleted by lack of resources.

### 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 27,400 Yazedi individuals). In Ninewa governorate, MdM is supporting three PHCCs, as of December 2018. In Kirkuk governorate, MdM is now running a PHCC in a vulnerable neighborhood of Kirkuk city and is bolstering a PHCC in Hawija district with rehabilitation, equipment drugs and trainings.

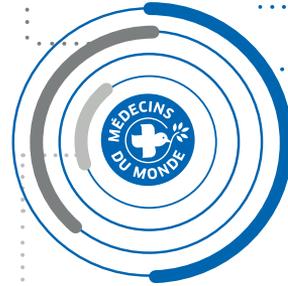
Medical consultations and essential medication for both adults and children are available. The PHC package that MdM provides includes comprehensive SRH services that specifically target women and adolescent girls with antenatal and post-natal care as well as family planning services. MHPSS group and individual sessions are held in each medical mobile unit. Beneficiaries who present symptoms, mental health disorders 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.

10,682

sexual and reproductive health consultations

97,705

general consultations in MdM healthcare centres



5,402

mental health and psychosocial support consultations

breakdown of general health consultations

19,839

children

51,477

female

26,389

male



75,450

population catchment in the area of MdM supported PHCCs





## Donors to our intervention in the region in 2018



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