

Health Care and Health Needs – Physical Rehabilitation, Psychosocial Support and Mental Health

Healthcare remains underfunded in the Syrian response. HI calls for an **urgent review of funding for health activities** in Syria and the neighbouring countries and greater inclusion of all vulnerable groups in the health emergency response. Considering the prevalence of war-related and other injuries and disabilities, the **provision of Physical Rehabilitation** services for persons with injuries and disabilities is insufficient in Syria.

The mental health consequences of war-related violence and trauma-related psychological processes requires an urgent step-up of services and a **long term strategy for Mental Health and Psychosocial Support (MHPSS)** within the Syrian crisis response, including the necessary funding.

Urgent Concerns

Health care and health needs

- Inside Syria, the **destruction of hospitals and health care facilities has deprived millions of people of access to basic health care** (an estimated 42% of the population).⁽¹⁾ Across the country access to healthcare is severely limited: less than half of health facilities are operational. Conflict-affected populations struggle to gain access to humanitarian assistance and essential services in an inclusive and equal manner.
- **Vulnerabilities associated with gender, age, disability, identity, ethnicity, or religion** have been heightened by the conflict and are generally exacerbated by proximity to conflict areas.
- Children under five, adolescent girls and women of reproductive age, persons living with disabilities and people at **high risk of complications from chronic diseases**, particularly the elderly, remain the most vulnerable population groups in need of health services.
- Many pregnant women and neonates who have no access to life-saving obstetric care or essential reproductive health care and patients with untreated chronic diseases are at risk of death or permanent impairment.

1. Humanitarian Needs Overview (2017), Syrian Arab Republic. Available at: <https://hno-syria.org/>

Facts & Figures

Health and Healthcare

- More than 12.8 million people (60% of the population) require life-saving health assistance in Syria.⁽¹⁾
- More than 5 million people are living in hard-to-reach and besieged areas, requiring urgent life-saving medical treatment.⁽²⁾
- The protracted conflict has further eroded and overburdened the health system and large gaps remain in the provision of post-operative rehabilitation care required by those injured in the conflict.

Physical Rehabilitation

- Estimates are that 2.9 million people inside Syria are living with a disability and 30,000 new conflict-related trauma cases per month are leading to further impairments that will require long-term physical rehabilitation care.⁽³⁾
- Despite these estimates, reliable data on injuries and disabilities at the Whole of Syria level is still unavailable.
- Starting in April 2018, the Whole of Syria (WOS) Physical Rehabilitation and Disability Working Group (PRD WG), co-chaired by HI, an assessment across all areas of control will determine the profile and number of persons living in Syria with injuries and disabilities. This assessment is planned in order to contribute to the Humanitarian Needs Overview for 2019 with accurate data currently missing.

Mental health

- A HI study conducted in 2016 among Syrians in Jordan found that 80% of people injured by explosive weapons expressed signs of high psychological distress, 66% of them were unable to carry out essential daily activities because of their feelings of fear, anger, fatigue, disinterest and hopelessness, 65% were so upset that they tried to avoid places, people, conversations or activities that reminded them of the traumatic event; 75% of children under 5 assessed felt so afraid that nothing could calm them down.⁽⁴⁾
- The International Medical Corps (IMC) states that more than 50% of Syrian population suffer from severe emotional disorders. Depression and anxiety were the most common, followed by epilepsy (17%) and psychotic disorders (11%). Some actors observed that in Syria more women (60%) seek mental health services than men.⁽⁵⁾

1. Humanitarian Needs Overview (2017), Syrian Arab Republic. Available at: <https://hno-syria.org/>

2. Ibid.

3. Humanitarian Needs Overview (2018), Syrian Arab Republic. Available at: <https://hno-syria.org/>

4. Handicap International (2016), Syria, A Mutilated Future.

5. International Medical Corps [IMC] (2017), Syria crisis - Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis.

- Children who are not vaccinated also face high risks of contracting infectious diseases.
- Access to primary, secondary and tertiary health care in host communities in neighbouring countries is increasingly out of reach and national budget and international aid are far from meeting the needs among both host and refugee communities.

Physical Rehabilitation⁽²⁾

- The protracted conflict has further eroded and overburdened an already inadequate **health system to address injury and disability-related needs, and where prosthetics and orthotics (P&O) services** for civilians were lagging behind.
- The health needs for war-wounded, including amputations are massive, compounding **the effects of insufficiencies in trauma and non-emergency care**, which result in a growing number of long-term disabilities.

2. See also HI (2018), Issue Brief Syria, Physical Rehabilitation Needs and Services for Persons with Injuries and Disabilities.

- Although humanitarian actors have stepped in to respond, **the health needs outstrip the funding of the Syrian humanitarian response, the capacity of the sector and the ability** of humanitarian actors to access vulnerable populations.

Mental Health

- In Syria and host countries, qualitative and quantitative assessment on Mental Health and Psychosocial Support (MHPSS) needs is lacking, there is also a lack of assessment of coping strategies as well as of prevalence of mental health diseases.
- Trained and qualified psychologists, psychiatric personal are scarce in Syria, and specialised services are lacking in host countries.
- Non-specialised local staff working in psychosocial support are in need of capacity building, through a validated curricula and special tools for online training.
- The emergency approach should also be extended beyond the Psychological First Aid activities to adapt the MHPSS interventions to a protracted conflict.

Immediate recommendations

Donors and international agencies should:

- Prioritise funding for the health sector as improved access to and continuity of health care is a priority in Syria and neighbouring countries. There is currently no Compact for supporting health systems and delivery in neighbouring host countries.
- Prepare and implement a comprehensive revision of the Jordan and Lebanon Compacts in order to develop synergies between health, education and livelihoods and leverage the necessary support to health services and systems.

With regard to physical rehabilitation needs, Donors should:

- Support the capacity and resources needed to conduct a Whole of Syria assessment on the profiles of injuries and disabilities in order to have a more accurate understanding of disability-related needs in Syria.
- Prioritise the protection of civilians, including humanitarian actors and the continuity of the services they are delivering, such as physical rehabilitation services, as an essential component of humanitarian access and health care.⁽¹⁾

1. See also HI (2018), Issue brief Syria, Humanitarian Access, Continuity of Services and Protection of Humanitarian Workers.

With regard to mental health and psychosocial needs, Donors should:

- Step-up funding of mental health and psychosocial support in the humanitarian response in Syria and neighbouring countries.
- Ensure a long term strategy, including funding, is in place to address mental health consequences and reactions to war-related violence and trauma-related psychological processes.
- Take into consideration the protection and resilience elements around mental health and the impact of violence on people, as it exacerbates profound and persistent existential concerns of safety, trust, identity, social cohesion and community resilience.
- Focus specifically on children affected by the exposure to violence and strengthening parenting and care giving skills.