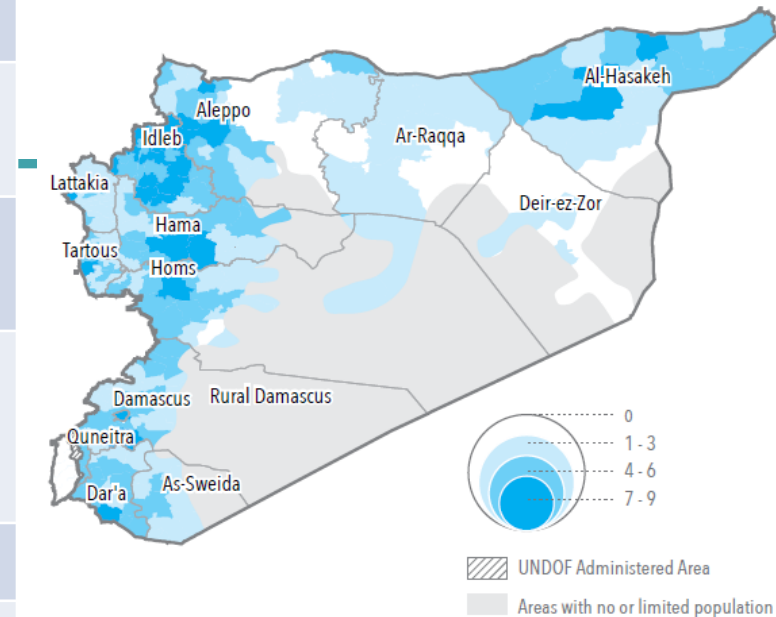

MHPSS in northern Syria

Manuel Torres de Lara, MD,MPH

1	Since March 2011, more than 400,000 Syrians have lost their lives and over one million have been injured.
2	Close to 5 million Syrians have been forced to leave the country
3	6.3 million are internally displaced, making Syria the largest displacement crisis globally.
4	In 2017, an estimated 13.5 million people, including 6 million children, are in need of humanitarian assistance.
5	12.8 million Syrians require health care,
6	13.5 million need protection support
7	6.1 million children need education support
8	644,000 people living in UN declared besieged areas
9	By end of the 3rd Quarter 2017 and out of 275 assessed public health centers, 45% (123) were reported partially functioning, and 55% (152) were non-functioning (completely out of service)
10	1.0 million IDPs in camps /shelters

OPERATIONAL PRESENCE: AVERAGE NO. OF SECTORS' REACH



The Government of Syria does not recognize the boundaries of the maps included in the 2017 Humanitarian Response Plan (HRP).

Achievements in 2016

Feb2016	Established the MHPSS TWG- Feb 2016
April 2016	ToT on mhGAP(15 future trainers)
Apr-Jun 2016	MHPSS Integration into the PHC (EHSP) : MHPSS service in the EHSP thru mhGAP-trained doctor and a Psychosocial Workers (PSW).
Jul-Aug 2016	Roll-out Training on mhGAP inside nSyria (Idleb and Azzaz) for 63 doctors
Aug2016-Apr 2017	9 months of clinical supervision/support thru online (WhatsApp, Viber, Skype, WebEx, and field visits if feasible) -> from 63-17 active mhGAP doctors
Aug 2016 and onwards	Provision of Essential Psychotropic Drugs
Sep-Oct2016	PFA Training for 172 CHWs in besieged areas of Barza (14), Talbisa (24) Alhoula (20), Daraa(24), Yalda 1 (15) & Yalda 2(15), Almarja (17) Bustanlkaser, (15) Burg Albikai (26)



Delivery of MHPSS services (prevention and curative):

On-going	Full support and leadership with the MHPSS TWG
(May-August 2017)	Supported 1 Mental Health Mobile Clinic created to support the Khan Sheikhoun in north-western Syria where a chemical weapon attack happen last April 2017.
September 2017	Help in upgrading of Sarmada Mental Health Center to a Referral mental health center with Acute Inpatient Care
Sep 2017	Provision of 2 Mental Health Mobile Clinic for Idleb and neighboring areas (September) to support Idleb (per MC : 1 mhGAP-trained doctor, 2 PSWs , 2CHWs and driver)
Feb and in Oct 2017	Provision of Psychotropic Drugs to 30 key health facilities in northern Syria (28 fixed health facilities and 2 mental health mobile facilities; 10 in Azzaz-Jerablus and 20 in Idleb and its neighboring areas
Nov 2017	Production of some IEC materials on MHPSS

يعهن الحاساق عن الصرع

تقريبا 1 من كل 100 شخص سوف يعاني من الصرع في مرحلة ما من حياته. هناك تقريبا 65 مليون شخص حول العالم يعاني من الصرع.

الصرع نور عصبي لا يمكن التنبه من شخص لآخر. الصرع قد يحدث في أي مرحلة عمرية.

الأشخاص الذين يعانون من الصرع ليس مسؤولو الحوادث وذلك الأشخاص الذين يعانون من الصرع هم المسؤولون.

حادث ولا يعالجهم العمل و معهمهم ناهج وسلط في معده.

في حالة عدم علاجهم ، يمكن أن يؤدي الصرع إلى حالة خطيرة أو تشنجات في الأوقات.

الأسباب الأولية في حالات الصرع

تتعد الحوادث الهوائية والتشنج والجزء الدماغية حماية الشخص من الإصابة بالمشكلة من أنه في مكان آمن بعيدا عن النار أو أي شيء آخر يمكن أن يسبب له الأذى.

يجب عدم ترك الشخص وحده ويجب طلب المساعدة إذا أمكن.

يجب شينا نبدأ تحت الراس و قد أو شيء مرطوب حول الرقبة.

وضع الشخص على جانبه.

يجب عدم وضع أي شيء في فم الشخص أو تقييده.

نحن معا يبدأ في إيجاد الحل مرضى الصرع

أولئك على التفكير الإيجابي فقط من الصرع وهذه الأشخاص في توتوم صراما في موازاتها. لهم روح فدان الصرع في وقتهم الصعبة في الحياة.

مساعدتهم على فهم الصرع و مساعدتهم على فهم الصرع و مساعدتهم على فهم الصرع.

بمساعدة الصرع في حياتهم.

مفك فم برزانه لو كان ذلك ممتعا و أمنا. يرجى مع الشخص وكم يعاملته على بهاميا بشكل كامل.

أسباب العدوانية:

- هناك أسباب كثيرة للعدوانية ولكن أبرزها:
- التسوية الزائدة من التواضع أو التمسك حيث يطلق عليه العدوانية عند الصغار.
- كبرياء الأطفال وعدم السماح لهم بالتحرك.
- تقليد الأقران والوسم المجتمعية التي تعطي معاداة.
- التنافس.
- الغضب المتزايد بين التواضع.

هناك بعض الأسباب التي تؤديه أن هناك بعض من الأسباب العميقة:

- الضيق العائلي.
- كثرة المشاكل وغياب الوفاء.
- زواج البطال أو بعض المسؤوليات العميقة والتمارين والانتعاش وغيرها.
- الإهمال والاعتماد.
- الخلق والعمالة والتخالفية.

Health Education on Depression during **World Health Day** celebration on **MHPSS** inside northern Syria in partnership with:

- SBF:**

	Location	Number of Beneficiaries
1	Kherbet Eljoz	138
2	Orm Eljoz	182
3	Azmarin	164
4	Sarja	172
5	Zamalka	180

- AID:**

Location	Number of Beneficiaries
Yalda-Besieged	50 children and 200 adults
Jerablus	40 children and 250 adults

- SEMA:**

Location	Beneficiaries
Kansafra	493
Sarmada	248
Qah	100
Ein Abeida	100



Building Capacity on MHPSS

2 days of Refresher Training 23 active mhGAP doctors (August 5-6) in Idleb and Azzaz (May 5-6) and who passed 9 months of good clinical supervision (Sep 2016-May 2017).

Provide 6 months of field and online clinical supervision and support by 2 field supervisors and 1 overall supervisor using new innovative type of supervision using specific Apps. (Sep- on going)

3 days training on mhGAP for 23 doctors and midwives in Azzaz (May 20-22); 23 trainees in Idleb in Sep.9-12; 21 trainees in Sep.27-29 ; 16 trainees in Sep. 27-29; and 18 trainees in Oct 21-23, 2017

For besieged areas, providing mhGAP training for 52 doctors and midwives in Duma- Eastern Ghouta: Oct 28-10 for 16 doctors and midwives; Nov.-11-13 for 19 trainees; ad Nov.4-6 for 17 trainees

MHPSS Needs Assessment done in November 2017

PSW Standard Training Manual finalized this Dec 2017 and 60 PSWs will be trained



MHPSS Gaps inside Syria and Prioritization:

- 1 No referral System between NGOs who implement MHPSS activities in Syria and there is no enough community mental health centers to receive referrals of complicated cases
- 2 People with movement disabilities and Children with Developmental , intellectual and behavioral Disorders receive inadequate support.
- 3 Monitoring of MHPSS activities and MHPSS capacity building in Syria is not well established and many MHPSS workers practice the service without having enough qualification or training
- 4 MHPSS staff capacity to do mhGAP consultations , PSS services , brief psychological interventions (such as PM Plus and Group IPT) and specialized therapeutic interventions like CBT needs to be built .
- 5 Inadequate outreach MHPSS activities which lead to continued lack of awareness and stigma in addition to decreased reach to service providers in the community

CHALLENGES:

Many of partner NGOs are not yet “buying-in” the importance and priorities of MHPSS to their health facilities and focused communities (“we’re tough”).

Physical access to cross border for trainers. Becoming complicated as time goes.

To support CHWs in building their capacity on basic MHPSS, and for them to refer patients with MH problems from community to the health facility

Provision of Self Care / Staff Care to aid workers inside northern Syria.

Only 2 psychiatrists and around 40 psychologist remain inside northern Syria

Availability of essentially essential psychotropic drugs for besieged areas

The future of northern Syria in connection with UN Resolution for Jan 10, 2018

Good Practices

Shifting to a more comprehensive mhGAP Clinical Supervision and Support that involves online and field supervision in spite of on-going conflicts, and using Kobo Tool Box Apps , and hiring an MEAL person for supervision.

Psychotropic Drugs Distribution only to active mhGAP-trained doctors in health facilities (31: 28 fixed and 3MCs)

In spite of no MOH, creation of the MHPSS TWG who serves as the technical people for MHPSS Implementation for nSyria; MHPSS TWG Logo

Cross-cutting: Self Care/ Staff Care Policy, Self Care manual; Self Care Survey using KoboT ool Box

Creation of the Psychosocial Workers (PSWs) Standard Training manual for northern Syria and the planned 6 months of structures training and supervision.

Creating tailored-fit IEC materials on MHPSS Health Educ.

Improvement of Referral Mental Health Center with Acute Inpatient Beds in Idleb, close to border



MHPSS
Technical Working Group