

Responding to the humanitarian needs of today, Preparing for the Syrian response tomorrow

After eight years of crisis, an estimated total number of **13.1 million people in Syria are in acute or major need of humanitarian assistance⁽¹⁾, 6.1 million are internally displaced⁽²⁾, and 5.6 million are registered as refugees⁽³⁾**. The only sustainable way to prevent additional forced displacement and further escalation of the need for humanitarian assistance is the **immediate cessation of hostilities** and, barring that, **respect for International Humanitarian Law**.

Civilians bear the brunt of the intense use of **Explosive Weapons in Populated Areas (EWIPA), the collapse of key infrastructure and socio-economic deprivation**. The availability of health care services has been dramatically affected by eight years of crisis. Incessant **attacks on medical facilities⁽⁴⁾** have eroded and overburdened the system, while the number of people in need of health services, for example due to **conflict-related injuries or non-conflict related recent impairments**, has gone up. Since **gaps in non-emergency care can also lead to disability later on**, it is important to integrate rehabilitation services into the health service.

The **most urgent matter is to guarantee people's access to basic services**: hygiene kits; food aid; shelter, water and sanitation services; health care, education and protection services; not to forget, tailored case management for persons with acute vulnerabilities and difficulties. **Continuity of services requires humanitarian access** to all areas in need, and a tailored response to each area's specific needs. Moreover, it depends on the ability of **humanitarian workers to perform their duties without fear of being harassed, arrested, or targeted**, which requires protection.

In 2018, the Syria crisis saw **unprecedented levels of violence**, yet discussions among humanitarian actors became more and more focused on **durable solutions, early recovery** and mid- to long-term interventions. There is a **critical need to fully fund a comprehensive and principled humanitarian response that is evenly distributed** across, and tailored to the needs of, different geographic areas.

Activities such as **humanitarian mine action**, which includes victim assistance services such as physical rehabilitation, prosthetics and orthotics, and psychosocial support, as well as mine clearance and risk education, are **crucial to mitigate the immediate and long-term effects of current emergencies**.

1. Humanitarian Needs Overview [HNO] (2018), Syrian Arab Republic.

Available at: <https://hno-syria.org/>

2. UN OCHA, August 2018, '2018 Humanitarian Response Plan Syrian Arab Republic', available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/2018_2018_hrp_syria.pdf [Accessed 21/2/2019]

3. UNHCR Operations portal, available online at: <http://data.unhcr.org/syrianrefugees/regional.php> [Accessed 29/1/2019]

4. In 2018, 70% of all WHO-recorded attacks on health care facilities, ambulances, services and personnel have occurred in Syria, making it the most dangerous place in the world for **health care workers**. World Health Organization [WHO], 29 August 2018, available online at: <http://www.emro.who.int/syr/syria-news/attacks-on-health-care-on-the-rise-throughout-syria-in-first-half-of-2018-says-who.html> [Accessed 4/2/2019]

Not safe for return

■ Conditions in Syria are currently **not conducive for voluntary return in safety and dignity**. As of **August 2018**, there were still **6.1 million IDPs in Syria, with an average of 6,550 people being displaced every day⁽¹⁾**. For instance, while 119,698 IDPs returned to their areas of origin in December 2018⁽²⁾, there were also 58,549 new IDP displacements during that month⁽³⁾.

■ It is not safe for refugees or Internally Displaced Persons (IDPs) to return to areas with **high levels of explosive contamination**, and the level of contamination in communities of origin needs to be taken into account to evaluate whether the conditions for voluntary, informed, safe and dignified return are in place. Yet, **humanitarian mine action actors do not have access to many contaminated areas**.

■ Return should always be voluntary; **people should not be encouraged, induced or coerced to return or relocate** under any circumstance.

1. UN OCHA, August 2018, '2018 Humanitarian Response Plan Syrian Arab Republic', available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/2018_2018_hrp_syria.pdf [Accessed 5/2/19]

2. UN OCHA, 15 January 2019, 'Syrian Arab Republic: IDP Spontaneous Returns', available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/idpspontreturns_201812_final.pdf [Accessed 5/2/19]

3. UN OCHA, 21 January 2019, 'Syrian Arab Republic: IDP Movements December 2018', available online at: https://reliefweb.int/sites/reliefweb.int/files/resources/idpmovements_201812_final.pdf [Accessed 19/2/19]

For donors this means that, beyond contingency planning, there is a need to **increase multi-year and multi-sectoral funding, including for early recovery activities**: funding cycles of most multi-year donors end in late 2019/early 2020. **In the course of 2019, donors should start planning and provisioning for 2020, 2021 and beyond.**

Recommendations

Explosive Weapons in Populated Areas (EWIPA), Explosive Contamination and Mine Action

All stakeholders: donors, international actors (including UN agencies) and involved parties should:

■ Recognize that **humanitarian mine action is a prerequisite to any immediate or long-term recovery**;

■ Encourage local authorities to **rapidly register, and generally create an enabling environment for, organizations engaged in humanitarian mine action**;

■ Commit humanitarian funding to **significantly scale up mine action activities**, i.e. risk education, victim assistance, technical and non-technical surveys and clearance of mines and explosive remnants of war;

- Require that recipients of mine action funding (including any sub-grantees/sub-contractors) conduct their activities in line with the **International Mine Action Standards and humanitarian principles**;
- **Include resources in calls for proposals** that focus on the **effects of the use of explosive weapons** and better **data collection, monitoring and reporting** measures on vulnerable people, including persons with disabilities.

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

All stakeholders: donors, international actors (including UN agencies) and involved parties should:

- **Prioritise funding for the health sector** as improved access to and continuity of healthcare is a priority in Syria and neighbouring countries, especially since there is no Compact for supporting health systems and delivery in neighbouring host countries;
- **Prioritise the inclusion of mental health and psychosocial support** in the humanitarian response in Syria and neighbouring countries;
- Provide **funding for long-term projects that address the mental health consequences of war-related violence**, loss, grief and other trauma-related psychological processes;
- Provide **multi-year project funding to prevent gaps or breaks in services for people injured and persons with disabilities**, including funding to develop the technical capacity of non-specialised actors to and maintain standards of quality in relation to physical rehabilitation;
- **Fund more data collection which covers all geographical areas of Syria** and analyses barriers and solutions to accessing services, beyond only health care, for persons with injuries and disabilities;
- **Encourage links between all actors in charge of the health sector** on one side, and international bodies, including INGOs, on the other side, to support the integration of physical rehabilitation as part of a key package of primary health care services.

Inclusion of Persons with disabilities in the Syrian Humanitarian Response

All stakeholders: donors, international actors (including UN agencies) and involved parties should:

- Ensure that all people affected by crisis, including elderly people and persons with disabilities:
 - **Are identified and consulted with early on and at every stage of the project cycle** so that their needs and concerns are articulated and addressed in the response;
 - **Are included throughout the Humanitarian Planning Cycle (HPC)** in each sector response plan;
 - **Can be identified by sector data is disaggregated** by sex, age and disability.
- Work towards the full implementation of human rights frameworks including the **Convention on the Rights of Persons with Disabilities** and reaffirm the implementation of the **commitments of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action** in the Syrian response;
- Make clear that an **inclusive humanitarian response requires further resources**, and explicit **long term commitments**, alliances with specialized actors, and indicators to measure achievements;

- Encourage all actors to use the **UN approved Washington Group questions** when collecting data on persons with disabilities. The analysis of this data will facilitate the inclusive actions toward identified persons with specific difficulties in functioning;
- Ensure that project review and prioritisation considerations related to age and disability are taken into account, through the **application of non-discrimination, participation, inclusion policies, inclusive response and services, cooperation and coordination**. There should be an increased targeting of activities to reach the most vulnerable groups across all sectors, including equal access for older people and persons with disabilities.

Continuity of Services, Humanitarian Access and Protection of Humanitarian Workers

All stakeholders: donors, international actors (including UN agencies) and involved parties should:

- Support **full and unfettered humanitarian access** for all INGOs and SNGOs, regardless of their current modalities of operation;
- Prioritise and reaffirm, as an essential component of humanitarian access, the **protection of civilians, including humanitarian actors, to ensure the continuity of the services** they are delivering;
- **Support the creation of a monitoring mechanism** to track incidents related to the protection of humanitarian workers;
- **Show strong political commitment to ensuring that humanitarian workers are not subject to arrest or detention for performing humanitarian services** in accordance with International Humanitarian Law (IHL), with related guarantees and appropriate monitoring;
- Emphasise that **funds linked to continuity of services** are connected to the preservation and protection of humanitarian workers;
- **Require and fully fund staff and partner duty of care policies** in all humanitarian grants to ensure adequate and consistent policies exist across all humanitarian actors;
- Recognize NGO's common commitment to mitigate the risk of aid diversion and **refrain from imposing unnecessary restrictions on the delivery of humanitarian aid**.

Durable Solutions / Refugees and Internally Displaced Persons (IDPs)

All stakeholders: donors, international actors (including UNHCR and other UN agencies) and involved parties should:

- Should **not prematurely encourage return** of refugees or of internally displaced persons (IDPs) inside Syria;
- Ensure that the **UNHCR protection thresholds and parameters** for refugee return to Syria is gradually implemented;
- Not encourage returns to **areas that are contaminated by explosive hazards** and not safe, **until humanitarian mine actors are allowed access**;
- Recognise that **many refugees cannot or will not be able to return** to Syria, due to well-founded fears of persecution or other reasons;
- Commit to a specific, **measurable target for an increase in resettlement** or other forms of humanitarian admission of refugees;
- Offer **complementary pathways to assure safe and dignified pathways to safety** for Syrian refugees to access the EU, UK, USA, Canada or Australia.

Since 2012, Humanity & Inclusion has been working alongside the victims of the Syrian crisis, in particular victims of explosive weapons. The organisation currently has 500 professionals working in the region to assist the most vulnerable Syrians, including persons with injuries and disabilities, and the elderly. Humanity & Inclusion provides rehabilitation and orthopedic fitting services, offers psychological support, ensures that the most vulnerable have access to humanitarian aid and raises awareness on explosive remnants of war.