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. 6.1 million are internally displaced, and 5.6 million are registered as refugees. 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 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.

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.who.int/sy/syria-newsattacks-on-health-care-on-the-rise-throughout-syria-in-first-half-of-2018-says-who.html [Accessed 4/2/19]

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.