

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

Since 2012, Humanity & Inclusion has been working alongside the victims of the Syrian crisis, in particular victims of explosive weapons. The organization 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 orthopaedic fitting services, offers psychological support, ensures that the most vulnerable have access to humanitarian aid and raises awareness on explosive remnants of war.

The Issue Briefs in this folder provide an overview of the most urgent considerations when it comes to humanitarian access and the protection of humanitarian aid workers, contamination with explosive weapons, (mental) health needs, inclusion of persons with disabilities, early recovery, and mechanisms of funding.

This cover note offers an overview of the topics and the main recommendations for each topic:

1. Continuity of Services, Humanitarian Access and Protection of Humanitarian Workers
2. Explosive Weapons in Populated Areas (EWIPA), Contamination and Mine Action
3. Health Care and Health Needs – Physical Rehabilitation, Psychosocial Support and Mental Health
4. Inclusion of Persons with disabilities in the Syrian Humanitarian Response
5. Inclusive Livelihoods Programs for Early Recovery
6. Durable Solutions, Refugees and Internally Displaced Persons (IDPs)

Recommendations

1. Continuity of Services, Humanitarian Access and Protection of Humanitarian Workers

To parties to the conflict:

- Support **full and unfettered humanitarian access** for all international and Syrian NGOs, regardless of their current modalities and areas of operation;
- Ensure that **mitigation and containment measures** related to COVID-19 allow critical humanitarian activities to continue and that **NGO permissions** and **staff movement** are facilitated in an expedited fashion;
- Facilitate **passage of humanitarian staff to and from neighbouring countries** for training and monitoring of humanitarian activities;

- Ensure, through **political and practical commitment**, 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;
- Ensure that adequate support is given to **facilitate the interventions of humanitarian actors who are operational and have the capacity to reach those in need** in areas where control has changed;
- Support the **renewal of Resolution 2504 for 12 months** and support the **reauthorization of UN cross-border assistance to north-east Syria**, as the only viable way to ensure that vital medical and other supplies are available to humanitarian actors, particularly in light of a likely COVID-19 outbreak.

To donors:

- Support the creation of a **monitoring mechanism** to track incidents related to the protection of Syrian humanitarian workers;
- Actively promote the adoption of **duty of care policies** for all workers in the humanitarian sector, **and 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;
- Emphasise that **funds linked to continuity of services** are connected to the preservation and protection of humanitarian workers;
- Recognize all NGOs' common commitment to mitigate the risk of aid diversion and **refrain from imposing unnecessary restrictions on the delivery of humanitarian aid**;
- Review **sanctions and counter-terrorism measures** to ensure that they are not impeding the delivery of humanitarian aid, in particular those affecting financial transfers to Syria and those affecting the supply of **drugs and medical equipment**.

To the United Nations Security Council:

- **Renew Resolution 2504 for 12 months** and **reauthorize UN cross-border assistance** to northeast Syria as the only viable way to ensure that vital medical and other supplies are available to humanitarian actors, particularly in light of a likely COVID-19 outbreak.

To UN OCHA:

- **Maintain the Whole of Syria coordination architecture** to facilitate all access modalities to the maximum extent possible, including by maintaining coordination roles at the highest regional level.
- **Maintain support to access modalities to North East and North West** regardless of the cross-border resolution renewal.

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

To parties to the conflict:

- **Stop the use of explosive weapons** with wide area effects in populated areas;
- Encourage local authorities to create an **enabling environment** for organisations that **conduct mine clearance activities, risk education sessions and victim assistance programs**, including by ensuring rapid **registration**;
- Support **full and unfettered humanitarian access** for all international and Syrian mine action NGOs, regardless of their current modalities and areas of operation;
- Ensure that **mitigation and containment measures** related to COVID-19 allow critical humanitarian activities to continue and that **NGO permissions and staff movement** are facilitated in an expedited fashion.

To donors and UN agencies:

- Recognize that **humanitarian mine action is a prerequisite to any immediate or long-term recovery**;
- Commit humanitarian funding to **significantly scale up mine action activities**, i.e. risk education, victim assistance, technical and non-technical surveys, clearance of mines and explosive remnants of war and advocacy;
- **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 affected populations, in a gender, age and disability inclusive manner;
- Encourage the use of a **comprehensive mine action approach** that includes:
 - **risk education** about the dangers of explosive weapons and risk mitigation measures;
 - **victim assistance that offers** multi-disciplinary health services, i.e. **physical & functional rehabilitation**, prosthesis and orthotics (P&O) services, provision of assistive devices, **psychosocial support** (PSS), and **socio-economic support** through emergency distributions and livelihood activities;
 - **clearance**;
- 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**.

To the UN Security Council:

- Ensure that **paragraph 11 of United Security Council Resolution 2401** (2018) which 'calls for humanitarian mine action to be accelerated as a matter of urgency throughout Syria', reiterated in paragraph 25 of S/RES/2449 (2018), is **implemented immediately**.

To UN member states:

- Actively participate in the **process towards a political declaration** that aims to commit States to developing operational policies and procedures to **stop the use of explosive weapons with wide area effects** in populated areas and to providing assistance to victims and affected communities and recognizing their rights.

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

To parties to the conflict:

- Encourage local authorities to rapidly **register**, and generally **create an enabling environment for, humanitarian organizations** engaged in **providing health services**, including mental health care, rehabilitation, and prosthetics and orthotics services.

To donors and UN agencies:

- **Prioritise funding for the health sector** as improved access to and continuity of health care is a priority in Syria;
- Scale up **funding for the COVID-19 response** and show **flexibility** when it comes to **program extensions** and supporting **essential staffing costs** when organizations need to suspend non-essential activities;
- Review **sanctions and counter-terrorism measures** to ensure that they are not impeding the delivery of humanitarian aid, in particular those affecting financial transfers to Syria and those affecting the supply of **drugs and medical equipment**;
- **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 **funding for programs that focus on the specific needs of children** that were exposed to war-related violence, loss, grief and other trauma-related psychological processes, and on strengthening parenting and caregiving skills in that regard;
- Provide **multi-year project funding to prevent gaps or breaks in services for persons with injuries and disabilities**, including funding to develop the technical capacity of non-specialised actors to maintain standards of quality in relation to physical rehabilitation;
- **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;
- **Encourage links between all actors in charge of the education sector** and international bodies, including INGOs, that are specialised in rehabilitation to update curricula and training packages for physiotherapists in order to meet population needs and facilitate bringing paraprofessionals into a more formalised structure to ensure patient safety.
- **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;
- Add a **weighing for disability inclusion when screening project proposals** and set expectations for project proposals to demonstrate disability-inclusive design, including participatory needs assessments, disability-disaggregated data and indicators to measure specific inclusion-related achievements;
- **Promote the integration of the needs of persons with disabilities** to the response across all sectors, to avoid segregation or patchy access to services.

4. Inclusion of Persons with disabilities in the Syrian Humanitarian Response

To donors and UN agencies:

- 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;
- Encourage all humanitarian actors to use the **UN-approved Washington Group questions** when collecting data on persons with disabilities, **disaggregate data** by sex, age and disability, and ensure that persons with disabilities:
 - are **identified and consulted** with at the early stages of a crisis so that their needs and concerns are articulated and can be addressed in the response;
 - are **included throughout the Humanitarian Planning Cycle (HPC)** in each sector response plan;
- Show long-term commitment to an **inclusive humanitarian response by providing the necessary resources**, forging alliances with specialized actors, and using **inclusion-specific indicators** to measure the impact of programmes;
- Ensure that considerations related to age and disability are taken into account in **project review** and **prioritisation**, through the **application of principles of non-discrimination and participation, and the drafting of policies on inclusion, cooperation and coordination.**

To humanitarian actors:

- Ensure **case management** of persons with disabilities by accompanying them to overcome barriers to accessing services;
- **Adapt project design** to make services more inclusive: this can be done by decentralising service sites, doing home-based distributions, giving flexible options for participation in various activities (e.g. adapted livelihoods activities) ;
- Ensure that persons with disabilities receive **information** about COVID-19 infection mitigating tips, public restriction plans, and the services offered **in a diversity of accessible formats**, including: easy-read format; high contrast print and, where possible, braille; and use of available technologies such as subtitles in verbal messaging ;
- Ensure that persons with disabilities have **equal access to essential services and protection for the duration of the COVID-19 pandemic** by considering specific needs such as:
 - Diverse communication methods;
 - Personal assistance/care provided by another person;
 - Need for physical personal contact to support daily activities and independence and therefore additional hygiene considerations and supplies;
 - Physical accessibility to structures, particularly sanitation and health structures;
 - Equal access to distributions through diversity and relevance of items and adapted distribution techniques;
 - Equal access to financial support and adapted and safe methods of delivery.

To the UN Security Council:

- Monitor the implementation of **Resolution 2475 (2019)** in Syria.

5. Inclusive Livelihoods Programs for Early Recovery

Donors should:

- Continue to provide funding for the **ongoing humanitarian response while scaling up the COVID-19 response**, and show flexibility when it comes to **program extensions** and supporting **essential staffing costs** when organizations need to suspend non-essential activities;
- Make available **recovery-focused, longer-term funding** in order to enable livelihoods actors to implement more sustainable solutions to poverty alleviation and economic growth for Syria;
- Prioritise funding for programs that focus on **restoring economic and social networks**, therewith increasing incentives to engage in productive economic activity with the potential to re-establish critical economic systems;
- Prioritise funding for programs that strengthen the **nexus approach** in Syria by: identifying and supporting opportunities for introducing development principles into livelihoods programming; **advocating people-centered action**; and **promoting local capacity** development and ownership while respecting humanitarian principles;
- Be **more adaptive** in the way they manage grants, taking into account the still **dynamic and evolving context** in Syria, and giving humanitarian actors **sufficient scope to adapt** locations, types of livelihoods activities implemented and partners supported;
- Encourage all actors to **use the UN-approved Washington Group questions** when collecting data on persons with disabilities, to facilitate inclusive action toward identified persons with specific difficulties in functioning;
- Ensure **considerations related to disability are taken into account** in project review and prioritization and prioritise funding for **inclusive humanitarian programs** by: **reserving a set percentage** of livelihoods funding for inclusive livelihoods activities; making **explicit long-term commitments**; supporting the formation of alliances with specialised actors in programs; including indicators to measure the inclusiveness of programs they fund.

Humanitarian actors should:

- **Adopt participatory, integrated approaches** across different sectors of intervention such as health, livelihoods and civil society strengthening to **improve socio-economic impacts on households and communities**;
- Assess contextual risks regarding potential land contamination by explosive remnants of war, and make **mine risk education an integral part of livelihoods programming** in areas of possible contamination;
- **Address both supply and demand dynamics** within labour markets, balancing an expansion of employment opportunities and household purchasing power with approaches scaling up skills strengthening and business creation;
- **Increase the application of the graduation model**, i.e. strengthening capacities of vulnerable households to progress from dependence on humanitarian assistance towards developing skills and assets, which eventually enable them to become self-reliant in meeting their basic needs;
- Generate and **share greater evidence and learning** on approaches such as market-based interventions that have the potential to amplify socio-economic impact for households and communities, specifically within the complex and protracted Syrian crisis context;
- **Improve coordination** with other specialised actors within target areas to **increase the scale and impact** of programming for beneficiary households. For instance, seek specialist support to improve the **integration of**

persons with disabilities into existing livelihoods programmes, increase **referrals across sectors** to address specific needs such as prosthetics and orthotics, physical rehabilitation and protection;

- **Identify persons with disabilities in the communities** in which they work in order to include them in activities, and ensure **activities are accessible** for all persons with disabilities which includes physical access and diverse communication methods as well as integrated case management of the most vulnerable persons;
- **Include persons with disabilities** in every stage of the project cycle by ensuring that they are identified and consulted with **throughout the Humanitarian Planning Cycle (HPC)** in each sector response plan;
- Adapt project design to **make livelihoods services more inclusive**: this can be done by decentralising service sites, doing home-based beneficiary registration, providing individualised support to enhance participation and engagement through case management, and giving flexible options for participation in various activities;
- **Disaggregate data** by sex, age and disability;
- Work towards the **full implementation of human rights frameworks** and reaffirm the implementation of the **commitments of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action** by **mainstreaming disability inclusion** through all processes and policies.

6. Durable Solutions, Refugees and Internally Displaced Persons (IDPs)

To donors and the international community:

- **Do not** prematurely **encourage the return** of refugees or of IDPs;
- **Do not fund** projects that may create **‘push’ and ‘pull’ factors around return**, such as those that link humanitarian assistance in Syria’s neighbouring countries to return;
- **Do not fund** projects that go against the **UNHCR protection thresholds and parameters** for refugee return;
- **Ensure that repatriations** within Syria **remain an individual/family decision**, as opposed to a collective evacuation. With regard to **Rukban** this should include exploring solutions for those who are unable or unwilling to depart the encampment, through e.g. sending additional **aid convoys**;
- Commit to **repatriating your citizens and your citizen’s children** from e.g. Al Hol camp;
- Continue using **diplomatic pressure** to ensure that there will not be large-scale forced returns to the ‘safe zone’ in north-east Syria;
- **Adequately fund** the humanitarian response by:
 - **fully funding** the aid appeal for the Syria crisis, such as the **Humanitarian Response Plan** and the **Regional Refugee and Resilience Plan**, but also government response plans such as the **Jordan Response Plan** and **Lebanon Crisis Response Plan**;

- committing structural and timely **funding to mitigating the effects of harsh weather; conditions** in- and outside of Syria and to improving the living conditions in IDP camps inside Syria;
 - **increasing pledges of bilateral and multilateral development support for refugees and vulnerable host communities** in Syria’s neighbouring countries;
 - continuing to provide funding for the **ongoing humanitarian response while scaling up the COVID-19 response**, and showing flexibility when it comes to **program extensions** and supporting **essential staffing costs** when organizations need to suspend non-essential activities;
- **Recognise the increased needs in IDP camps inside Syria** and help facilitate access for the humanitarian community to provide basic services.

To humanitarian actors:

- Ensure that the **UNHCR protection thresholds and parameters** for refugee return to Syria are gradually implemented;
- Ensure that programs do not create **‘push’ and ‘pull’ factors around return**, and do not link humanitarian assistance in Syria’s neighbouring countries to return.

To UNHCR:

- Invite **refugees and IDPs** to **meaningfully participate in humanitarian planning** and the implementation of any **returns policy**;
- Do active outreach about **services**, including those that provide **reliable information on e.g. documentation, for prospective returnees** and ensure that the **level of protection that UNHCR can offer on the way to and in Syria** is clearly communicated;
- Ensure that spontaneous returnees with **specific needs related to age, gender and disability receive the necessary protection**, information and services.

To countries that can facilitate refugee resettlement:

- If currently accepting resettlement through UNCHR: commit to **increasing resettlement numbers**;
- If currently not accepting resettlement through UNHCR: **commit to resettling refugees**;
- Honour all commitments made under the **Global Compact on Refugees**;
- Commit to **other forms of humanitarian admission** of refugees, for example by offering **complementary pathways**, to assure safe and dignified access to third countries;
- Support refugees through the **provision of funds and assistance before and after departure from countries of first asylum** including for fees, transportation and subsistence;
- Recognise that **many refugees cannot return** to Syria, due to e.g. well-founded fears of persecution, and **commit to opening specific pathways** to countries where they can live in dignity.