

Inclusive Livelihoods Programs for Early Recovery

The conflict in Syria has led to **economic devastation**, an **alarming prevalence of injuries and disabilities**, and **poor psycho-social well-being** for the majority of the Syrian population. The current economic crisis has been described as the worst in living memory and millions of people are struggling to cope.⁽¹⁾

Households in Syria generally need **all family members to work**, but suffer from the fact that **persons with disabilities, women and young people** are precluded from developing the necessary skills and required support to be able to effectively participate in the workforce. Moreover, **movement restrictions** related to the **COVID-19** pandemic further restrict people's access to livelihood opportunities.

Urgent Concerns

According to the latest available UN figures, which do not fully take into account the impact of the COVID-19 pandemic:

- **9.3 million people are food insecure** - the highest number ever recorded⁽²⁾ - and 2.2 million are at risk of food insecurity;⁽³⁾ **4 out of 5 people live in poverty**,⁽⁴⁾ and **nearly 10 million people** are in need of **Early Recovery and Livelihoods support**;⁽⁵⁾
- **6.1 million people in Syria are neither in employment nor in any kind of education or training, and the latest recorded unemployment rate amongst young people is 78%**.⁽⁶⁾ This has severe consequences for human capital, a mere **51% of the pre-crisis workforce** is now available,⁽⁷⁾ and will lead to a shortage of critical skills well into the future;⁽⁸⁾
- **A shortage of electricity, the high price of fuel, prohibitively high costs of transportation, the continuing devaluation of the Syrian pound** and limited connectedness across internal and external markets further diminish economic production and exchange.

Moreover:

- Some economic activity, like **agricultural work**, is impeded by **contamination with explosive ordnance**: between November 2018 and February 2020 **a third of explosive hazard accidents occurred in agricultural fields**.⁽⁹⁾ Overall, **11.5 million people are at risk of exposure to explosive hazards**;⁽¹⁰⁾
- Public sector salaries would need to grow by a **staggering 420%** to keep workers' purchasing power on a par with 2010 levels.⁽¹¹⁾
- **Approximately 6.7 million people** - a third of the population - **is internally displaced**⁽¹²⁾ and much more economically vulnerable due to loss of social and economic networks. The worsening economic situation on Syrian households and communities could lead to **increased community tensions** unless both IDPs and host communities are equally supported for livelihood interventions.

Livelihoods programming promotes **dignity and independence** for households by enabling them to again become self-reliant, instead of having to rely on humanitarian assistance to meet their basic needs.

Livelihoods programming can also have a wider impact on **revitalising communities and markets** by restoring key economic infrastructure such as marketplaces, **improving the supply and reducing prices** of essential items, increasing purchasing power within communities, and, thereby, reviving stagnant economic flows within local markets.

Further, supporting livelihoods is a critical element of **enhancing social cohesion** within communities, as conflict dynamics are often linked with reducing standards of living and competition over scarce meaningful economic opportunities.

Livelihoods programs remain underfunded in the Syrian response. Therefore, HI calls for an urgent review of funding for livelihoods activities in Syria.

1. COAR, 'The Syrian Economy at War Labor Pains Amid the Blurring of the Public and Private Sectors', 19 November 2020, <https://coar-global.org/2020/11/20/the-syrian-economy-at-war-labor-pains-amid-the-blurring-of-the-public-and-private-sectors/>

2. WFP, 'Syrian Arab Republic', <https://www.wfp.org/countries/syrian-arab-republic>.

3. WFP, 'Emergency Dashboard December 2020', <https://docs.wfp.org/api/documents/3597b35d83cb40c3942d817d882b3c9c/download/?ga=2.114230660.202617555.1612792541-1548312139.1612436202>.

4. OCHA, 'Syrian Arab Republic: Covid-19 Humanitarian Update No. 23', 1 February 2021, https://reliefweb.int/sites/reliefweb.int/files/resources/Syria_COVID-19_Humanitarian%20Update_No%2023_1Feb2021.pdf.

5. UN OCHA, '2020 Humanitarian Response Plan Syrian Arab Republic', <https://reliefweb.int/sites/reliefweb.int/files/resources/Syrian%20Arab%20Republic%20-%20Humanitarian%20Response%20Plan%20%28December%202020%29.pdf>.

6. UN OCHA, '2019 Humanitarian Needs Overview Syrian Arab Republic'.

7 and 8. Syria Economic Sciences Society, UNDP, 'Employment and Livelihood Support in Syria', December 2018: http://www.sy.undp.org/content/syria/en/home/library/Employment_and_Livelihood_Support_in_Syria.html.

9. UNMAS, 'Facts & Figures Victims of Explosive Ordnance Accidents in Syria', May 2020, https://unmas.org/sites/default/files/unmas_syria_facts_figures_may_20.pdf.

10. UNMAS briefing to the UN Security Council, 24 October 2019.

11. COAR, 'The Syrian Economy at War Labor Pains Amid the Blurring of the Public and Private Sectors', 19 November 2020, <https://coar-global.org/2020/11/20/the-syrian-economy-at-war-labor-pains-amid-the-blurring-of-the-public-and-private-sectors/>.

12. OCHA, 'Syrian Arab Republic', <https://www.unocha.org/syria>.

Urgent Disability-related Concerns

- A recent UN study found that **over a quarter of Syrians (nearly 4 million people) have disabilities** - almost **double the global average** of 15%, and that mobility is the most prevalent functional difficulty. Further **over half of people aged 40, a third of Internally Displaced Persons (IDPs)**⁽¹³⁾ and a **third of heads of households**, have disabilities.⁽¹⁴⁾
- Persons with disabilities are marginalised and **disproportionately affected during disaster and conflict situations**. They are also at increased risk in the **COVID-19** pandemic due to: the need for close contact with personal assistants/care givers; increased risk of infection and complications due to underlying health conditions; and socio-economic inequalities, including poor access to health care.
- Persons with disabilities face **attitudinal** as well as **physical** barriers from accessing skills training and employment. Moreover, there are virtually **no after-care services available** for people that have undergone treatment for an injury and since, for example, **access to prosthetics and orthotics equipment** is extremely limited, persons with injuries and disabilities often have to **depend on their families** for all of their basic needs.
- Households with a family member that has an injury or disability have **fewer family members that can work for an income** and **higher health-related costs**. This significantly increases their risk of poverty. A recent UN survey found that:
 - nearly **two-thirds of persons** with disabilities are **out of the formal labour market**;⁽¹⁵⁾
 - **two-thirds of households** with two or more members with a disability **have to borrow money or buy essential items on credit** and a quarter receive assistance from the local community.⁽¹⁶⁾
- HI's assessments suggest that **economic opportunities and psycho-social well-being are inter-dependent**, as people consulted linked a lack of livelihoods opportunities with increased psychological stress and adoption of negative psycho-social coping strategies.⁽¹⁷⁾
- Whilst the conflict has led to a marked **increase** in the number of **female-headed households** and **persons with disabilities**, 50% of enterprises consulted in HI's assessments felt that job opportunities should go mainly

13. Humanitarian Needs Assessment Programme (HNAP), 'Returnee Report Series 2020 Disability Prevalence and Impact'.

14,15,16. Humanitarian Needs Assessment Programme (HNAP), 'Disability: Prevalence And Impact', 2019, https://www.globalprotectioncluster.org/wp-content/uploads/Disability_Prevalence-and-Impact_FINAL-2.pdf.

17. See also: International Medical Corps, 'Addressing Regional Mental Health Needs and Gaps in the Context of the Syria Crisis', 2014, <https://internationalmedicalcorps.org/wp-content/uploads/2017/07/Syria-Crisis-Addressing-Mental-Health.pdf>.

The IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

The Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action were endorsed by the Inter-Agency Standing Committee (IASC), the primary global mechanism for inter-agency coordination of humanitarian assistance, in October 2019. They provide guiding principles for better inclusion of persons with disabilities in humanitarian action and set out essential actions that all humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities. After the paradigm shift that was introduced by the Convention on the Rights of Persons with Disabilities (2006), which changed policy and policy implementation from a charitable and medical approach to one based on rights, and the Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016), the IASC Guidelines are an important step in mainstreaming and operationalising inclusive practises.

Inter-Agency Standing Committee, 'Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action', October 2019, <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>.

to able-bodied men because of high unemployment rates.

An Inclusive Response

- An inclusive humanitarian response is a **core component of principled and effective humanitarian action**: inclusion of persons with disabilities is a cross-cutting issue that lies at the heart of a non-discriminatory and principled emergency response. It is rooted in the humanitarian principles of **humanity** and **impartiality** and the human rights principles of **equity** and **non-discrimination**.
 - An inclusive humanitarian response recognises that **for every group that is marginalised or vulnerable, there are strategies to address their particular needs**, so as to overcome particular barriers in their accessing services.
 - All people affected by a crisis have **the right to equal and dignified access to humanitarian assistance** based on their needs and without discrimination. They have the right to also be involved in an equitable manner in decisions that concern them.
- Inclusion of persons with disabilities must be strengthened in the Syrian humanitarian response, in terms of both protection and assistance.**

Recommendations

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

organisations 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**, therefore 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-centred 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 **volatile 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 prioritisation 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 Programme 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 IASC Guidelines and the Charter on Inclusion of Persons with Disabilities in Humanitarian Action** by **mainstreaming disability inclusion** through all processes and policies.

And in response to COVID-19:

- Ensure that **persons with disabilities receive information** about infection prevention, public restriction plans, and COVID-19 related services (for example, hygiene kit distribution or vaccination activities) 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 **access** for persons with disabilities to **essential services and protection** on an **equal basis** with others by considering specific needs such as:
 - diverse 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 WASH and health);
 - 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.



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