INTERNATIONAL SELECT COMMITTEE INQUIRY
UK’s Development Work in the Middle East

Handicap International is an independent aid organisation working in situations of poverty and exclusion, conflict and disaster. We work alongside disabled and vulnerable people in over 60 countries worldwide. We have been responding to the Syrian crisis since 2012, with current operations in Jordan, Lebanon and Syria. We also sit on the steering committee of the Syrian INGO Regional Forum (SIRF).

The Syrian Crisis response

A. Overview

1. The conflict in Syria, triggered by protests in mid-March 2011 has now, after nearly 3 years, evolved into a complex protracted situation. In the meantime, the humanitarian situation continues to deteriorate as violence continues to intensify in Syria. The situation in Damascus, Aleppo, Hassakeh, Hama and Homs is particularly dire. An estimated 9.3 million people are affected by the on-going violence and require humanitarian assistance. In addition, the United Nations (UN) estimates that 6.5 million people have also been displaced within Syria. The resulting waves of displacement are of major, unprecedented scale in the Middle East region. By the end of September 2013, the number of Syrian refugees who had fled the country to neighbouring Jordan, Lebanon, Turkey, Iraq and Iraqi Kurdistan, to escape the violence has reached 2 million.

2. Heavy bombing and shelling have daily occurred in multiple places across Syria since the start of the crisis, killing and maiming tens of thousands of people, including civilians. Governmental forces have been using indiscriminately, and on multiple occasions, heavy weapons in populated areas, including internationally banned weapons such as cluster munitions, in Aleppo, Idlib, Latakia, Homs... Opposition side have also been using different unlawful methods of warfare, including the use of landmines, and deployed forces near or within populated areas, putting civilians at risk.

3. The collapse of key health infrastructures in Syria has dramatically increased levels of vulnerability, particularly for people with disabilities and the newly injured, who are facing harsher conditions every day in terms of access to appropriate medical services, including: a lack of medical supplies and/or equipment for quality care, a lack of qualified health care workforce, the overburdening of the remaining care institutions, an absence of prevention measures to reduce complications and risks of impairments, increased psychological insecurity among populations etc..

4. While the situation is continuing to worsen each day in Syria, it is particularly disturbing to note the increased number of victims within Syria. Based on HI interviews in Syria among displaced people needing rehabilitation, 49.5% of interviewed beneficiaries displayed new injuries related to the crisis. 60% of interviewees with conflict-related injuries had been injured by explosive weapons, while 31% had been injured by gunshot. As an example, those harmed by explosive weapons are suffering from severe physical injuries: 60% had fractures or complex fractures, 25% had undergone an amputation, 21% were suffering from peripheral nerve injury, and 7% had irreversible spinal cord injuries. Children account for almost 20% of the crisis related victims interviewed by HI.¹

5. Furthermore, the intensity of the bombing and shelling will leave immense numbers of unexploded ordnance in or near civilian areas. Although it is not possible at this time to clearly assess the extent of the contamination, given the density of the shelling, large-scale emergency risk education measures must be provided to IDPs and refugees to avoid numerous further casualties, and, as soon as security allows it, clearance activities undertaken.

6. Based on the initial key findings of a forthcoming study by Handicap International with HelpAge, 22.4% of the refugee caseload is presenting with an impairment; 6.0% presented with severe impairment. The situation of older persons is particularly critical: among them, 58% are presenting with impairment. In Jordan and Lebanon, up to 8 refugees out of a hundred are injured, 77% of them as a direct consequence of war. Three out of four newly injured refugees are developing a disability.

7. The scale of this crisis and its measured impact on regional economies thus far is massive. Protracted conflict will continue to take its toll on economic growth through the general disrupting of economies, lost country incomes and foreign direct investments, infrastructure deterioration, and education gaps, all of which will require a long-term approach well beyond the life of this conflict.

8. More specifically, persons with disabilities will need lifelong medical, social and economic support in order to have a decent chance of participating in society. The number of people needing support requires a significant level of resources now and that will surely continue to rise as the conflict continues to expand.

B. Aid-effectiveness in the Syrian crisis response (in Syria and in neighbouring countries)

1. Humanitarian efforts on behalf of the international community towards the Syrian Crisis have gone beyond expectations and show an extraordinary commitment. Of the $6.5 billion UN appeal for 2014, $2.2 billion was already promised earlier this month at the second Kuwait Pledging Conference by 69 countries. We particularly salute the commitment of the UK government, with a cumulative pledge overreaching 600 million pounds – 3 times larger than its greatest contribution to a single crisis.

2. Keeping in mind the global humanitarian situation, emergence of other acute crises throughout the globe, limited humanitarian resources available, and given the extraordinary and unprecedented commitments already made by the UK government, the focus must remain on assuring that DFID funds are used as effectively as possible in light of significant constraints. Handicap International is therefore calling on DFID’s leadership to influence better prioritization of allocated funds.

3. A lack of leadership by UN coordinating agencies, along with the absence of a regional comprehensive humanitarian dashboard - including comparable indicators and datasets – dramatically hinders any geographical prioritization of humanitarian resources – between and within impacted countries.

4. Furthermore, a lack of clarity in the global coordination model leaves 2 managerial lines (UNHCR and OCHA) facing difficulties to harmonize objectives and strategies of action.

5. The prioritization by and between sectors of relief is almost impossible due to the reasons noted above, as well as the absence of in-depth inter-sectorial assessment at country level. As a result, and despite the recent improvement in the Sixth Refugee Response Plan (UNHCR), needs-based analysis is still lacking in the two existing response plans for this crisis. Handicap International is especially concerned by the situation of the health and protection response in both Syria and neighbouring countries (cf subchapter d.)

6. Amongst the identified shortfalls to prioritize, the absence – almost 3 years after the beginning of the crisis – of a relevant vulnerability targeting system (VTS) must be seen as alarming. Given the number of uncoordinated and unsuccessful attempts in the last year, DFID could use its leverage as a major donor to this crisis to help facilitate the development of one unified approach at regional level across crisis-affected areas. Handicap International recommends that DFID – as a key donor agency including to the UN agencies – uses its influence to prioritise implementation of a vulnerability targeting system that should:

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2 Data from a study on the impact of the Syrian crisis on older and disabled people, Handicap International and HelpAge, The Situation of Refugee Vulnerable Persons in their Syrian Crisis, forthcoming February 2014

3 http://www.bbc.co.uk/news/uk-25743571
- identify priority needs of target populations within and across humanitarian sectors including specific needs of persons with disabilities, older people, children and other vulnerable groups;
- outline significant differences in the needs of registered and unregistered Syrian refugees, minorities, long-terms migrants and host communities;
- identify geographic variations between needs and access to assistance;
- allow comparisons between areas;
- be mainly quantitative and compatible with existing reference databases, and/or include the adjustment of existing databases (i.e: UNHCR proGres database)
- be updated at regular intervals to enable comparison and trend analysis over time;
- be of use – operationally - to the wider humanitarian community (I/NGOs, UN agencies, donors, and governments), which will also influence regional-level decision-making;
- be realistic and feasible within time, funding, and resource constraints.

7. Handicap International also calls on DFID to facilitate the creation of a regional monitoring cell, composed of donors, UN agencies and INGO representatives (SIRF) in order to ensure the proper implementation - in the shortest delays and with a regional vision - of such a targeting system.

8. Furthermore, Handicap International calls on DFID to promote within the UN coordinating agencies the implementation of a set of country-wide surveys of implemented humanitarian interventions in order to provide an evidence base for remaining gaps which need to be filled.

C. Funding related issues

1. We understand the administrative convenience of pooled funding mechanisms and the reasons for funding in this way; however, in order to ensure aid efficiency and effectiveness, we ask that DFIDs funding remain diversified and, as much as possible, be directly channelled to local civil society and INGO as the humanitarian coverage is essentially ensured by NGOs and civil society groups.

2. Considering the protracted nature of this crisis and the longer-term impacts on the region, longer-term funding is particularly important. We are grateful that DFID has recently confirmed long-term funding to Handicap International and encourage DFID to continue to do this with all implementing partners and use their influence to encourage other donors to do the same.

3. We would also encourage DFID to increase the flexibility of its funding both in terms of regional funding allocations, and with the possibility for implementing partners to shift funding between countries to respond to sudden/increased needs.

4. We call on DFID to push for the Central Emergency Relief Fund to cover relief activities across borders. The current situation sets a dangerous precedent, and goes against an impartial approach to humanitarian assistance and funding.

5. Concerning Lebanon, we welcome initiatives such as the Multi Donor Trust Fund to support the country stabilisation plan (roadmap). We encourage DFID to support this endeavour, pushing for this mechanism to disperse funding quickly, with minimal bureaucracy and with support for civil society initiatives. DFID should also ensure assistance comes in the form of grants and not loans, and that, whenever possible, assistance supports the basic services and infrastructure developed by the host governments rather than creates parallel systems of longer term service and infrastructure delivery.

D. Inside Syria: Impartiality, access considerations and modalities of intervention

1. Among the largest barriers to providing life-saving aid to vulnerable populations inside Syria are security threats for staff. Such security issues are, in part, a result of diplomatic inaction throughout the duration of the conflict. Parties to the conflict have learned that they are not held accountable for IHL and Human Rights Law violations. The priority must be placed on ensuring safe and unhindered access by international and local humanitarian actors to vulnerable affected populations.
2. With the Presidential Statement (PRST) not being implemented, and lack of progress at Geneva II, Handicap International calls on the UK government to push for the adoption of a binding Resolution by the UN Security Council demanding all parties to the conflict to guarantee a safe and unhindered humanitarian access, along with a commitment from the international community to uphold integrity of said Resolution, as an essential step within the first quarter of 2014.

3. The UK government must openly and vocally acknowledge cross-border and remote intervention activities as a viable and imperative modality of intervention, in complementarity to the current Damascus-based operations. The absence of such explicitness on the topic will leave millions of Syrian lives directly and arbitrarily at risk. The UK government must take the lead on initiating an explicit and external/public conversation on the essential nature of cross-border, using their diplomatic influence to bring other power brokers into the conversation. If influential UN member nations, such as the UK, are to take the lead on explicitly supporting cross-border, it will allow agencies to be more open and vocal in turn without facing risks to the safety of staff and wellbeing of programs. Such openness will facilitate information sharing, increased coordination; eliminate gaps and overlap, and greatly increase funding effectiveness, efficiency and accountability. An option to consider is the development of a cross-border pooled fund, which would allow for impartial humanitarian action.

4. In the absence of a full and comprehensive Syria Integrated Needs Analysis (SINA) and shadow-SHARP, information and data is at an unprecedented low almost three years into this crisis, leaving agencies and donors in the dark as to the real needs and measured impact. DFID must support the immediate development of a “whole of Syria” picture in order to facilitate evidence-based programing across Syria. We urge DFID to facilitate and support an alternative platform of operations coordination for Syria, driven by INGOs and facilitated by OCHA.

5. Given the geopolitical reach and proxy-nature of this crisis, it is easy to be distracted by the plethora of considerations/complexities at play in and around Syria. We call on DFID to assure that humanitarian principles are upheld in full in accordance with the European consensus on delivery aid without allowing political considerations to cloud judgment.

E. Specific consideration for particularly vulnerable groups

1. The links between disability, poverty, and exclusion are clear and incontestable. As outlined in the introduction, disabled, older and injured people make up a large proportion of the population affected by the Syrian crisis (22.4% in the case of refugees in Jordan and Lebanon). As such, inclusion of these individuals and groups must be addressed as a core issue of any aid programme. Inclusive programming has been shown to be achievable through active participation by all vulnerable groups in all aspects of development and through the provision of specific inputs that empower and provide opportunities.

2. Particularly during emergencies and conflict, older women and women and girls with disabilities experience heightened risk of sexual, physical, and domestic violence. In addition, during armed conflict, men can also be at disproportionate risk of injury and disability, as civilians can easily be perceived as fighters and are thus may be targeted.

3. Handicap International calls on DFID to ensure that all of its programming for this crisis takes an inclusive approach in line with international obligations. The exclusion of any affected individual from humanitarian assistance is a fundamental breach of the principle of impartiality and a violation of human rights.

4. Furthermore, Handicap International calls on DFID to influence the UN agencies it funds via the multi-lateral system to ensure they systematically include disability, age, and injury concerns in their programming and coordination efforts.

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F. Syrian Crisis: summary of key recommendations

Handicap International commends DFID and the UK government for the extraordinary resources and efforts it has and continues to put towards the Syrian crisis, showing real leadership in the global sphere. We call on DFID to continue these efforts by improving the prioritisation of UK Aid, and specifically to use influence the multi-lateral system to improve the coordination of humanitarian aid and to ensure it reaches the most vulnerable. Specifically, DFID and the UK government should:

- Promote the adoption of a binding Resolution by the UN Security Council focusing on safe and unhindered humanitarian access
- Promote clarity in the global coordination system by strongly encouraging UN agencies to strengthen their coordination, in and between sectors and geographical areas, in order to ensure that a true picture of all the needs is developed and all identified needs are fully taken into account and addressed. For the response inside Syria, DFID should promote an alternative platform of operations coordination, driven by INGOs and facilitated by OCHA
- Handicap International recommends that DFID – as a key donor agency including to the UN agencies – uses its influence to prioritise implementation of a vulnerability targeting system, and to facilitate the creation of a regional monitoring cell, composed of donors, UN agencies and INGO representatives (SIRF) to monitor its implementation.
- With the provision of emergency response funding, ensure all needs are addressed through transparent means, including by supporting cross-border interventions. Ensure that funding and other assistance is also made available for the long-term.
- Prioritize funding in accordance with the needs of the most vulnerable (particularly injured, disabled and older people) and ensure basic and specific needs of these and other vulnerable groups are given consideration within all humanitarian response activities and frameworks.
- In order to prevent exclusion, ensure that the specific needs of injured, disabled and older people as well as other vulnerable groups are taken into account in all of DFID’s programmes, via multi-laterals and NGOs, for each sector and at each stage of humanitarian assistance (i.e. registration, dissemination of information, assessment, programming, and distribution).
- Use its influence over the UN agencies to ensure age, disability and injury concerns are systematically taken into account by all UN agencies.
- Within appeals, include resources for better data collection, monitoring and reporting measures on the effects caused by the use of explosive weapons.
- Support risk awareness programs towards IDPs and refugees on threats posed by unexploded devices and conventional weapons.
- Support Mine Action activities, in particular clearance as soon as the security allows it.

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