Explosive Ordnance Survivor Assistance

why accident survivors and their families need an inter-sectoral approach.

European Union Civil Protection and Humanitarian Aid

HIHFAD

More than half of the families in northwest Syria report at least one of their family member living with disability [1]

In Syria, it is extremely challenging to have accurate data on civilian casualties, given limited access of the humanitarian actors and highly mobile population. However, existing limited data clearly points out that high level of disability prevalence in Syria.

Currently, there is more emphasis on prevention through Explosive Ordnance Risk Education (EORE) than on Survivor Assistance (SA), which is mostly limited to Health or Child Protection specific activities, without addressing inter-sectoral vulnerabilities of EO accident survivors and their families.

A single injury may impact families in multiple ways, making them financially insecure, increasing risks of child labour, school drop-outs, early marriages or increased burden for caregivers, in a context of limited access to vital civilian infrastructure and services due to years of continuous conflict. While the EO accident survivors might be targeted in other humanitarian assistance such as food security or shelter under selection criteria, the impacts on EO specific needs and vulnerabilities are widely unknown [2].

Despite the vulnerabilities aggravated by disabilities and subsequent needs for additional assistance, persons with disabilities are often excluded from aid due precisely to their lack of mobility, accessibility, and visibility as well as lack of understanding or awareness among humanitarian actors. Disabilities are associated with strong social stigma and discrimination in Syria, causing persons with disabilities to isolate themselves in their homes.

'Over 13,000 EO accident survivors outreached since 2017'

Comprehensive Survivor Assistance programme funded by ECHO

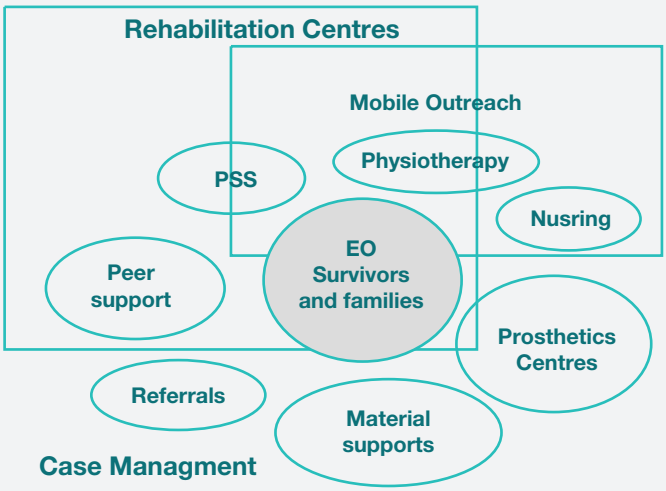
The 2019 – 2020 ECHO-funded HALO/HIHFAD Mine Action project addressed multi-dimensional needs and vulnerabilities of the survivors and their families through five main components:

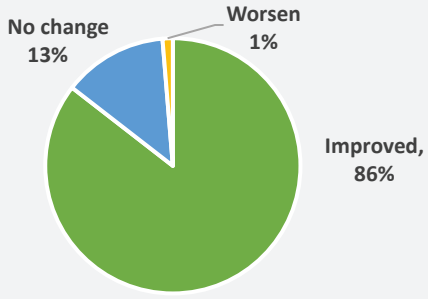
[1] Humanitarian Needs Assessment Programme (HNAP) report in September 2020 reveals that 57% of the surveyed households have one or more family members with disabilities in northwest Syria.

[2] Cash and Voucher Assistance for Achieving Protection Outcomes in Mine Action, Task Team on Cash for Protection, scheduled in December 2020.

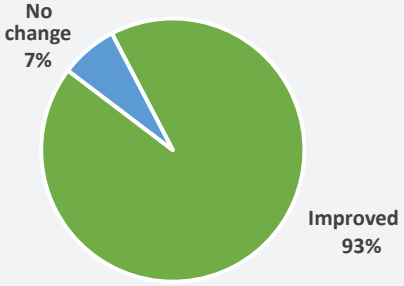
REHABILITATION CENTRES:

HiHFAD offered comprehensive service consisting of physiotherapy, PSS, peer counselling and multi-purpose assistance to the victims. Based on the assessment results, individual therapy plans were jointly developed, discussed, and agreed with the patients. Given that most patients generally lacked knowledge and familiarity with the physiotherapy benefits, physiotherapists explained thoroughly what physiotherapy was, which services would be provided, and the necessity for long-term and consistent patient commitment to achieve improvement.

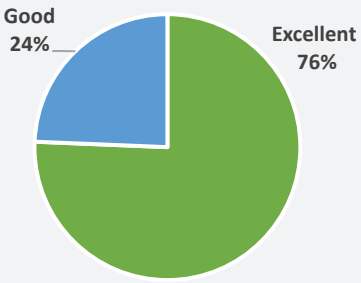




Physical condition



PSS condition

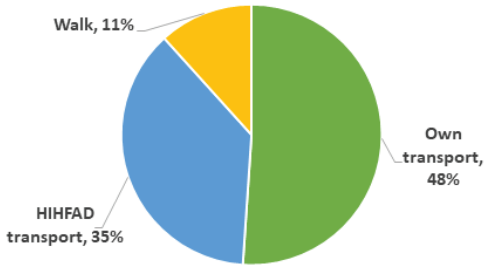


Beneficiary satisfaction

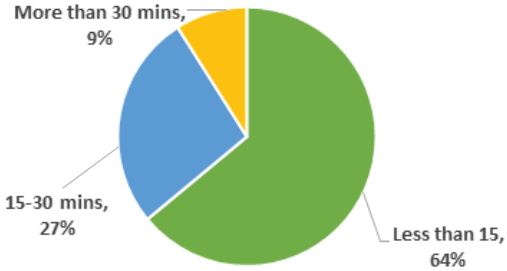
"I was not able to walk at all, but now I can walk. I want to finish my education. I am motivated to do follow-up exercises and treatment at the centre and at home. I am motivated to overcome any difficulty and challenge to be stronger." (-15year-old male, internally displaced)

Specialised service within their reach :
Key to Protection

About 35%of the surveyed used HIHFAD transportation to reach the rehabilitation centres. Nearly 50% used their own cars. 10% accessing the centres on foot.



64% reached the centres within 15 mins, nearly 30% reached between 13-30 mins. Less than 10% need more than 30 mins.



"I prefer the transportation service to a transportation allowance because there is no public transportation in my area." (patient)

PEER SUPPORT COUNSELLING:

Former patients who have gone through their own injury treatment and rehabilitation are recruited as peer support counsellors. The main goal of peer support counselling was to help patients accept and better cope with their new reality, restore hope and self-confidence, and rebuild their ability to form human relationships through active listening and the counsellors' sharing their own stories.

Nearly 100% beneficiaries participated in multiple sessions confirmed that they felt the sessions were helping them to face problems they faced. (30 beneficiaries surveyed)

"I'm no longer feeling despair or defeated. My peer support counsellor told me that he was in a similar situation [with injuries] but that he did not give up hope. He later found a job opportunity. So I'm continuing my education."
(-23 year-old male, internally displaced)

"Being able to make a difference in survivors' lives encourages me." (Peer support counsellor)
"Survivors seem better able to accept their injuries when they see me, another injured person, working as a counsellor." (Peer support counsellor)

PROSTHETIC SUPPORT:
Started with referral service to one of the few prosthetics centres in Idleb, HIHFAD expanded its coverage across NW Syria with 4 prosthetic centres. Prosthetic limbs and orthotic devices can dramatically increase mobility and improve the quality of life of those living with disabilities. In 2015, Humanity and Inclusion estimated over 80,000 Syrian people needs prosthetics, as fighting intensified, the estimate is likely bigger today and they remain under-served given limited interventions in NW Syria.

MOBILE OUTREACH:

Mobile teams visited homes of patients with enduring difficulties (physical and/or financial) preventing access to rehabilitation facilities. The teams provided them with basic and essential services of physiotherapy, nursing, and PSS. Central to the concept of "mobile outreach" was the training of the patients and their caregivers to self-care so that they could continue caring for their own injuries while rehabilitating and improving their physical functionality and mobility. A team of two physiotherapists, a nurse, and a PSS worker jointly assessed patients and customised treatment plans for each patient and caregiver to follow.

MATERIAL SUPPORT:

Based on the overall level of household vulnerability and individual needs, material support was provided to beneficiaries in need as well as medical and/or rehabilitation support. Among 475 households, a high percentage opted for basic needs - food basket (73%), mattress/blanket/pillow (50%), schoolbags (34%), carpet (19%), kitchen kits (18%), solar system (18%).
While some requested disability specific items (32% for adults/child diapers, 18% for toilet chairs, 8% for wheelchairs), fewer selected more specific items linked to improvements of the survivor's conditions (medical bed, home modification, surgery related costs). This trend is also corresponding with the HNAP September 2020 report findings (only 7% of the respondents commented that dedicated disability assistance is their priority while 44% reporting their immediate needs for food). This data suggests the greater need is to adapt a twin track approach, to address both needs of the households, providing means to mitigate their immediate needs as well as specific service targeting disabilities, not to make the survivors with disabilities marginalized within their own families.

Required twin-track approach as recommended by IASC Guidelines

While cash disbursement enhances self-reliance of vulnerable households by enabling them to make their own economic choices, assistive devices and medical consumables may be better delivered in-kind as they are rarely available in the local markets and may not be prioritized compared to other pressing daily household needs. The best approach is to ensure mainstreaming of inclusion approach within NFI or FSL distributing actors to avoid gaps and overlaps.

INCLUSION MAINSTREAMING:

HiHFAD has devoted much effort to sensitise fellow humanitarian actors across sectors in the identification and inclusion of persons with disabilities, plus mainstreaming disability inclusion within its own organization and programmes. In particular, the importance of mainstreaming even among health actors, including experienced healthcare workers, has become evident over the years. Supporting people living with disabilities requires a holistic approach, including caring for patients' mental well-being and ensuring their family members' needs are met.

Staff recruited from among former beneficiaries and trained to help other survivors of war-related injuries embodied and exemplified the message of inclusion and resilience, giving hope to persons with disabilities and showing their capability to the rest of society.

"I was hit during an airstrike and both of my legs were amputated. When I saw myself like that, I became depressed. For a year, I did not leave my house. Even my children started to distance themselves from me because of my injury. In our society, it is harder for women to have an injury than men. Now, I am a strong person with determination to face the challenges of life and injury." (Bayan Khashan, Explosive Ordnance Risk Education sessions facilitator, a former beneficiary of survivor assistance project)

How to identify the most vulnerable among the beneficiaries? : A common need assessment tool required for wider humanitarian responses

The project took a cautious approach to identify the most vulnerable households. The evaluation committee determines the household's vulnerability through assessing multi-dimensional impacts of having a family member living with functional difficulties.

Physical impairment level: Number of family members with severe functionality limitation (mobility restriction, self-care restriction, communication, and sensory restriction) using the Washington Group scale

Protection Risks: people adopting negative coping mechanism like child labor or early mirage , people at risk of domestic violence, people at risk of being neglected or at depression.

Household status and financial status:

- Living in shelters with minimum standards (shelter conditions, no. of residents per shelter, access to hygiene facilities)
- High usage of negative coping mechanism (borrowing, selling household items, hazardous employment such as smuggling, reducing meal frequency)
- Existence of regular incomes by any family members over 15 years of age with non-hazardous employments or family remittances
- % of daily needs being met
- $ value of debts possessed by the household

Recommendations for future improvements to Survivor Assistance:

- **Resource holistic MA intervention programmes to address complex issues faced by survivors.**
- **Encourage partnership and case management mechanisms, all required support cannot be provided by a single organization or facility.**
- **Pilot cash transfer interventions while continue in-kind distribution of less available or unaffordable items.**
- **Ensure survivor are included in other interventions such as NFI, food security, income-generating activities or livelihood programmes.**
- **Invest more on knowledge sharing and promote good practices with partners engaged in different sector activities**
- **Promote inclusion of the persons with disabilities into work force in the organisations.**