

Disability in Syria

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Question

Carry out a quick needs assessment/mapping of the extent and types of disability issues (physical and mental) that are most prevalent in different regions across Syria amongst men, women, boys and girls. What are donors/UN are doing with regards to disability in Syria?

Contents

1. Overview
2. Background to disability and the Syria crisis
3. Disability prevalence in Syria
4. What are donors doing with regards to disability in Syria?
5. What are the UN doing with regards to disability in Syria?
6. What are NGOs doing with regards to disability in Syria?
7. References

1. Overview

This rapid review is based on 5 days of desk-based research. It is designed to provide a brief overview of the key issues, and a summary of pertinent evidence found within the time permitted. The literature was identified using two methods. Firstly, a number of experts were identified and contacted. They were asked to provide comments, references and information relevant to this query. Their comments are listed under the 'Comments from Experts' section. Secondly, a non-systematic internet based search was undertaken find evidence on disability in Syria

There are five main sections to the report. The first main section provides some background information to disability and the Syria crisis. The second looks at disability prevalence in Syria. The third provides information on what the major donors are doing to address disability in Syria. The fourth looks at the contribution of the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF). The final main section presents

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what the non-government organisations (NGOs) and civil society organisations (CSOs), and disabled persons organisations (DPOs) are doing to address disability in Syria.

This helpdesk report was focused mainly on Syrian's with disabilities living in Syria. However, it is clear that as a result of the Syrian crisis, many Syrians have been displaced, with many crossing into neighbouring countries. Due to the conflict and the political instability, some organisations are focusing their efforts on helping displaced Syrians in neighbouring countries, namely Lebanon, Iraq, Jordan, Turkey and Egypt. Increasing the geographic focus of this query to include all of the disability interventions in these countries was not possible within the scope of this report. However, where possible, information on interventions focused on assisting Syrian refugees who are currently located in countries neighbouring Syria was also included, although this was not the focus of the report's searches.

Some organisations working in Syria were found to commit to working on disability issues at an international strategic level, but limited information could be found at the national (Syrian) level. Some interventions (including health and education interventions) had the potential to assist persons with disability, but did not always explicitly make the connection. Where the possibility existed that these interventions did benefit persons with disabilities, they were included.

1.1 Background to disability and the Syria crisis

The Syrian conflict has left 250,000 dead, 1 million injured, 6.6 million internally displaced and created 4.8 million refugees currently in other countries (Handicap International 2016 b). Several million people remain affected by the Syrian conflict, including facing barriers to essential services and care (Handicap International 2017). Syrians with injuries, disabilities and chronic diseases are particularly vulnerable (Handicap International 2016 a). Older, disabled and injured refugees are often neglected by humanitarian responses (Calvot 2014). Conflict related injuries and psychological stress, as well as a lack of primary health care and poor management of chronic conditions, have contributed to worsening of the disability situation in Syria. As the conflict continues and the number of injured persons rises, increasing the capacity to deliver long-term rehabilitative care is critical (Syria Relief and Development 2017).

1.2 Disability prevalence in Syria

Before the Syria crisis began, data on disability was limited due to a lack of research and negative social stigma (Said Foundation 2009). Collecting accurate data on impairment and disability in humanitarian emergencies is even more challenging (Skinner 2014).

Disability prevalence was reported to be 1% in 1981 and 0.8% in 1993 (WHO 2011). In 1993 disability prevalence in rural areas was found to be 0.9%, compared to 0.8% in urban areas. In both locations, disability was more prevalent in men (1.1% in rural areas, 1% in urban areas) compared to women (0.6% in rural areas and 0.6% in urban areas). Disability was found to be particularly high for persons over 65 years old (1.9%) compared to the prevalence for other ages. The methodology used relied on self-reported disability, which has its limitations (UNSD 2017).

In 2004, out of a population of 17.4 million people, estimates of persons with disability ranged from 427,187 to 1,722,600 (Metts 2004). In 2005 the estimate of persons with disability ranged from 10,600 to 1,366,200 representing 3 to 8% of the population (World Bank 2005). For 2006, the estimate of persons with disability ranged from 582,240 to 1,552,640 people, of which 214,847 to 572,924 were estimated to be children and youth with disabilities (Said Foundation

2009). In 2009, the number of people with disabilities in Syria was estimated to be 2 million, of which over 700,000 were children. Prevalence of disability is estimated to be 10% of the population (Said Foundation 2009). A national disability survey to provide more accurate data on disability prevalence was planned and described as underway in 2012, yet it is not clear whether the survey was ever completed or published (Syria Times 2012).

In pre-conflict Syria, intermarriage was estimated to account for between 25% and 50% of child disability. Intermarrying is more common in rural areas. Other risk factors of child disability include a lack of ante, peri and post-natal care, incidents at birth, lack of health care education and knowledge, accidents, inadequate diet and nutrition. Risk factors present in Northern and Eastern regions of Syria suggest these regions will have the highest level of child disability prevalence (Said Foundation 2009).

In 2012 the Ministry of Social Affairs statistics reported that 4,638 persons with disability were registered in 59 social care institutes (of which 27 were government run). Of these, 792 were blind, 1,456 had intellectual disability, 400 had cerebral palsy, 1,675 were deaf and 315 had a physical disability. It is accepted that the conflict will have had an impact on prevalence of disability (Syria Times 2013). While the global estimate suggests around 15% of the world's population has a moderate or severe disability, the proportion is likely to increase to 18-20% in conflict-affected populations (Skinner 2014).

30,000 people each month are estimated to be injured by the Syrian conflict, many of whom will suffer lifelong disabilities. 30% of trauma cases are estimated to result in permanent disabilities requiring long-term rehabilitative care (WHO 2016 a). One in five Syrians are estimated to have moderate mental health issues. One in every thirty Syrians is at risk of developing severe or acute mental health needs (WHO 2017 a).

According to UNHCR, only 1.4% of registered Syrian refugees in Lebanon have a disability, yet research in Jordan and Lebanon suggests as many as 22% of Syrian refugees have an impairment and 6% have a severe impairment. 44.2% of impairments recorded in this survey were physical, 42.5% sensory and 13.4% intellectual. 20% of refugees were found to have multiple impairments. The study had some methodological limitations as some children, working adults and persons with mental disabilities may have been excluded (Calvot 2014).

Another study based on a sample of 68,049 Syrian refugees and IDPs found 25,000 persons had injuries, of which 67% had been sustained due to the conflict. Among these injuries, 53% were due to the use of explosive weapons. 17% of the direct victims injured by explosive weapons were children. Of the people with injuries caused by explosive weapons 47% had fractures and 15% have undergone amputation. An estimated 10% had peripheral nerve damage and 5% had a spinal cord injury leading to the paralysis. 89% of people with injuries due to the use of explosive weapons had physical impairments and 80% had high psychological distress. Of the sample, 36% of people had disabilities. Some limitations were reported, with participants coming principally from the most vulnerable groups (Handicap International 2016 b).

1.3 What are donors doing with regards to disability in Syria?

Canada has provided 1 billion dollars in humanitarian, development and security assistance in response to the Syria crisis. Working with partners, Canada aims to assist both people in need in Syria and refugees (Canada Global Affairs 2017). A \$1.3 million programme funded by the Canadians delivered lifesaving interventions to 2,284 vulnerable Syrians between 2013 and

2015. Activities included providing rehabilitation care, assistive devices and psychosocial support (Government of Canada 2013). Canada provided \$1.3 million between 2014 and 2015 on a mental health care programme, offering counselling and psychosocial services to conflict-affected people, It also providing life-saving basic services to war-wounded or conflict-affected people with disabilities (Government of Canada 2014 a). Canadian provided \$2.5 million to the International Organization for Migration (IOM) with for emergency shelter and relief items in Syria. Within this project, specific consideration was given to the special needs of women, children, people with disabilities and the elderly (Government of Canada 2014 b).

Japan has committed to assist Syrian people with disabilities. Over 60 experts working for The Japanese International Cooperation Agency (JICA) are in Syria or Jordan (JICA 2017 a). The promotion of Community Based Rehabilitation (CBR) in rural areas has been a priority. Primary care has also been supported, including the nursing of disabled persons, occupational therapy and physical therapy (JICA 2017 b). JICA have supported Disability Equity Training for university students and humanitarian organisation staff to challenge negative attitudes towards persons with disability. Peer support has been offered to persons with disability to mitigate trauma. JICA is also involved in skills and capacity building programmes for Syrians with disabilities, as well as sports programmes (JICA 2016).

The UK has committed over £2.3 billion in humanitarian funding to Syria (DFID 2017 a). In 2014, £16 million of aid was committed to improving healthcare for Syrians, including support for specialist mental healthcare for people traumatised by the fighting, as well as assistance for disabled refugees. Partnering with Handicap International, UK funds support refugees with disabilities, injuries and chronic illnesses to access services. Training has been funded for healthcare workers to provide refugees access to psychosocial support in Jordan and Lebanon (DFID 2014 a). The UK committed £30 million for the No Lost Generation Initiative, which includes funding to UNICEF to provide psychosocial support and child-friendly spaces, and support to Doctors of the World to provide psychosocial support in Jordan and Lebanon (DFID 2014 b). £40 million has been provided to the WHO to strengthen trauma care and mental health and psychosocial support services (DFID 2017 b).

Norway contributed NOK 1.3 billion in humanitarian aid between 2011 and 2014 to Syria. Funds are split evenly between Syrians in need in country and refugees in the neighbouring countries. Norway supports the United Nations, the International Red Cross and voluntary organisations that work inside Syria. They also work with Save the Children, UNICEF and the Norwegian Refugee Council. No specific information with regards to disability funding for Syria from Norway could be found (NORAD 2017 a).

Aid from the UAE to Syrians totalled AED 1.93 billion between 2012 and 2014. 82% was spent assisting Syrian refugees in Jordan. No disability specific data was found although aid funded education, health and social services, which may have benefited persons with disabilities (UAE 2014). Saudi Arabia provided \$700 million in humanitarian aid to Syrians to set up clinics in various refugee camps, but no specific information with regards to disability funding could be found (Reuters 2015).

Due to the crisis, German development cooperation activities in Syria have been suspended (GIZ 2017 a). German funds have been committed to the neighbouring countries of Lebanon and Jordan, where funding supports services including psychosocial support for refugees (GIZ 2017 b).

Limited information could be found on the US's response to disability in Syria. USAID are not tracking disability data in Syria. USAID are working with a number of partners to respond to the humanitarian needs of Syrians, some of whom are focusing on disability and some of whom are not (USAID 2017).

The European Union (EU) has provided more than €5 billion in response to the Syria crisis. In addition, €3 billion funded the 'Supporting Syria' conference in London in February 2016. In terms of specific disability funding, the EU supports health programmes in Turkey, which include providing primary health care assistance, physical rehabilitation/post-operative care, assistance to people living with disabilities and mental health services among other activities (European Commission 2017 b). The European Commission's 2016 Humanitarian Implementation Plan (HIP) for the Syria crisis committed to continuing to focus on health care and provide rehabilitative services, responding to the needs of people living with disabilities and/or special needs in Lebanon. In Jordan, European funding will focus on improving access to health care for refugees, and support for persons with disabilities among other themes (European Commission 2016).

Other donors include the Saïd Foundation for Development (SFD) (2017), who have worked with a number of partners, to fund a Syria Disability Programme aimed at increasing professional capacity of disability practitioners and organisations, developing human resources working in disability-related fields, supporting services for children with disabilities and increasing advocacy of disability issues.

The Syria Recovery Trust Fund (SRTF) is a multi-donor trust fund initiated by the Group of Friends of the Syrian People and its Working Group on Economic Recovery and Development. In 2015, the SRTF launched a 2.3 million Euro project to supply Aleppo hospitals with orthopaedic devices and offer treatment and training for staff (SRTF 2015).

1.4 What are the UN doing with regards to disability in Syria?

Several UN agencies are operating in Syria, but due to time constraints this report focuses on the activities of the WHO and UNICEF.

In 2015 the WHO provided over 500 injured Syrians in Homs and Damascus with prosthetic devices and follow-up physiotherapy. They also repaired and refitted the prosthetic devices for 213 patients. 255 specialists were trained in the production and fitting of prosthetic devices (WHO 2017 b). Trauma care medicines, surgical supplies and kits, equipment for operating theatres and intensive care units, and prosthetic devices have been supplied by the WHO, as well as training in trauma care and physical rehabilitation (WHO 2016 a).

In 2016, WHO was working with 80 health partners to deliver more than 11 million treatments across Syria. WHO was involved in negotiating, planning and overseeing the evacuations to parts of Syria and Turkey. 31,500 health care consultations were provided to people fleeing east Aleppo. 16,000 health workers were trained in health assessments and trauma care. 300 Syrian doctors and nurses were trained in Turkey to provide health care to Syrian refugees (WHO 2017 c). Supplies and accessories were provided to the Disability and Physical Rehabilitation directorate in Damascus. 150 patients were fitted with artificial limbs. WHO supported 800 surgeries and trauma treatments in northern Syria (WHO 2016 b). 240 health professionals were given mental health training. 131 health care providers and nurses were trained on psychological first. Psychiatric wards in Hama and Lattakia were supported. Mental health medicines were

donated to Ibn Khaldoun and Ibn Sina hospitals (WHO 2016 b). 102 residents from the Dar Al Bushi residency in Aleppo were evacuated to Ibn-Khaldoun Mental Health Hospital, and 18 injured patients to the Al-Razi public hospital in Aleppo city. 63 patients stayed in the residency, including 9 children, with the rest of the residents fleeing to unknown destinations. WHO provided the clinic with a supply of psychotropic and chronic disease medicines to last 6 months. Working with local non-government groups, WHO has commenced rehabilitation of the facility (WHO 2016 c).

In 2017, WHO has committed to continue to support life-saving health care for Syrians. Five mobile clinics that can provide first aid and emergency care for up to 1000 people each per month have been funded (WHO 2017 b). In addition the WHO will support a number of projects that focus on trauma, physical rehabilitation, secondary health care, primary health care, immunisation and mental health in Syria (WHO 2017 a).

UNICEF and its partners are committed to delivering essential services for Syrian families and keeping Syrian children from becoming a 'lost generation'. Critical efforts are being made in health, nutrition, immunisation, water and sanitation, education and child protection to minimise the impact of the crisis on children. UNICEF is also working in neighbouring countries to support Syrian refugee families and host communities (UNICEF 2017). UNICEF has been working with partners to identify ways to integrate IDPs, refugees and returnees into existing social protection systems. With EU funding, UNICEF have supported 125 children with a range of disabilities to attend Al Rajaa school club in Homs (UNICEF 2014). In Lebanon UNICEF is supporting the Ministry of Education and Higher Education to provide free education for all children, including Syrian refugee children with disabilities. In Jordan UNICEF implemented a child cash grant to assist vulnerable 55,000 girls and boys (UNICEF 2015). Also in Jordan UNICEF has been working with partners to make school and camp lavatories more accessible. They are also promoting an inclusive approach through school curriculums and support for children with disabilities (UNICEF 2013 b).

1.5 What are NGOs doing with regards to disability in Syria?

The following table gives an overview of the NGOs working on disability issues in the Syria crisis.

NGO	Countries active*	Interventions	Source
Handicap International	Syria, Jordan, Iraq and Lebanon	<ul style="list-style-type: none"> • 500 professionals working to provide care for the injured and for people with disabilities. • Focusing on the areas of emergency, rehabilitation and explosive weapons. • Improving access to essential services for vulnerable people. • Providing prosthetics and orthotics fittings. • Distributing medical devices. • Providing psychosocial support and conducting physiotherapy sessions. • Human resource capacity development. 	Handicap International 2017, Handicap International 2016a

Christian Aid	Lebanon	<ul style="list-style-type: none"> • Supporting the Lebanese Physically Handicapped Union (LPHU) to provide physiotherapy, occupational and speech therapy • Supported two existing centres to support people with disabilities. • Supplied specialist equipment. • Recruited specialist staff. • Supported education and outreach programmes. • Supplied assistive devices. 	Christian Aid 2017
Islamic Relief	Syria, Lebanon, Jordan and Iraq	<ul style="list-style-type: none"> • Establishing child-friendly learning spaces. • Supporting education and health programmes. • Supplying medicine. • Supplying prostheses. • Rebuilding/rehabilitating hospitals and schools • Running psychosocial support programmes 	Islamic Relief 2017
Syria Relief	Syria	<ul style="list-style-type: none"> • Working with the National Syrian Project for Prosthetic Limbs (NSPPL). • Sponsors 55 schools and children's centres. • Supports 31 Child Friendly Spaces. • Provides psychosocial support. • Supports teachers in training and specialisation. 	Syria Relief 2017
Syria Relief and Development	Syria	<ul style="list-style-type: none"> • Support rehabilitation, physical therapy and increasing mobility. • Work to improve access to health. • Support outpatient physical therapy and rehabilitation clinics. • Offer rehabilitation and prosthetic limb fitting. • Give assistance with mobility, gaining functionality. 	Syria Relief and Development 2017
Mercy Corps	Jordan	<ul style="list-style-type: none"> • Funded by UNICEF to work towards fully integrating refugees into public school systems. • Provides wheelchairs. • Trains adult refugees with university degrees to provide personal classroom sessions. • Promotes extra curricula activities to reduce stigma. 	Mercy Corps (2017)
International Medical Corps	Syria	<ul style="list-style-type: none"> • Mental health and psychosocial support services. • Support mobile medical services and health care facilities. • Distribution of supplies 	International Medical Corps 2017
Save the	Syria,	<ul style="list-style-type: none"> • Support hospitals and schools. • Provide emotional support. 	Save the Children

Children	Jordan, Iraq, Egypt and Lebanon	<ul style="list-style-type: none"> Child-focused mental health care. 	2017
Human Rights Watch	Syria	Defends people's rights (including disability rights)	Human Rights Watch (2017)

* NGOs may be active in other countries. The activities included in this table represent what could be found within the scope of this report and does not represent a comprehensive review of all activities.

The following NGO's were found to focus on the Syria crisis, but interventions specifically focused on disability could not be identified: CARE (2017), International Orthodox Christian Charities (IOCC) (2017), the Zakat Foundation of America (2017), World Vision (2017), The Norwegian Refugee Council (2017). In addition, organisations including Ghiath Matar School, Hand in Hand for Syria, International Rescue Committee, Marist Brothers Najda Now, Prince's charities are known to work on various development programmes in Syria (SFD 2017). However, from the information available, it is not clear how much of their work (if any) focuses on disability.

2. Background to disability and the Syria crisis

Several million people are trapped in the Syrian conflict combat zones. Half of the population is made up of children threatened by hunger and disease, particularly in the winter months. The civilian population need immediate access to the care and aid that they currently go without. If they do not receive treatment, the injured risk developing permanent disabilities (Handicap International 2017). Syrian civilians face many barriers to accessing essential services and care. This is particularly the case for those with injuries, disabled people and people with chronic diseases. Damage to infrastructure as a result of the fighting, travel restrictions and the inability of international humanitarian organisations to operate in terms of access and security exacerbate the situation (Handicap International 2016 a).

Syria ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) on 10th July 2009. Syria is a non-signatory to the Oslo Convention on Cluster Munitions and the Ottawa Mine Ban Convention (Handicap International 2016 a). The Syrian Organization for the Disabled was established in 2002. It is a civil non-profit organisation who are working to improve the lives of persons with disabilities through building knowledge and awareness, providing treatment and rehabilitation and promoting integration in society (AAMAL 2017). It is not clear from the information available if they are still operating.

In March 2016, the Syrian conflict entered its sixth year. The conflict has left 250,000 dead and 1 million injured. Almost half of the country's pre-war population has been displaced, either internally (6.6 millions) or in other countries (4.8 million refugees) (Handicap International 2016 b). The crisis has generated the largest refugee movement since the Rwandan genocide. Older, disabled and injured refugees face specific challenges that contribute to their vulnerability. In a report by HelpAge International and Handicap International on the hidden victims of the Syrian crisis, Calvot (2014) finds that, studies of humanitarian programming show that older, disabled

and injured refugees are often neglected in the assessment, data collection, design and delivery of responses.

With the conflict continuing and the number of injured persons increasing, the need to provide long-term rehabilitative care is critical. Currently, there are not many programs inside Syria delivering this type of care. Also a lack of access to primary health care and, consequently, poor management of chronic conditions has contributed to an increase in limb amputations. Conflict-related attacks have also led to long-term disabilities from severe injuries that have resulted in limb amputations and immobility (Syria Relief and Development 2017).

3. Disability prevalence in Syria

Pre-crisis estimates

In the pre-crisis era, data on disability incidence, distribution and types in Syria were reported to be scarce and unreliable, due to a lack of systematic surveying, the persistence of negative social stigmas that prevent disclosure of disability and the general difficulty linked to assessing disability (Said Foundation 2009). As a result, reported prevalence figures may not reflect an accurate picture.

In the WHO (2011) World Report on Disability, the results from a 1981 census found disability prevalence in Syria to be 1%. A disability survey or component in another survey in 1993 found disability prevalence to be 0.8%. Based on data from the Syrian Arab Republic Central Bureau of Statistics and League of Arab States Pan Arab Project for Child Development, Syrian Maternal and Child Health Survey, 1993, Principal Report (1999) the following disability statistics are presented by the UNSD (2017) for Syria:

Percentage of persons with disability by age and sex

All areas	Total	0-14	15-64	65 +
Total	0.8	0.6	0.9	1.9
Male	1.0	0.7	1.2	2.1
Female	0.6	0.6	0.6	1.7
Urban	Total	0-14	15-64	65 +
Total	0.8	0.7	0.9	1.7
Male	1.0	0.8	1.1	2.0
Female	0.6	0.6	0.7	1.3
Rural	Total	0-14	15-64	65 +
Total	0.9	0.6	1.0	2.2
Male	1.1	0.7	1.3	2.2
Female	0.6	0.6	0.6	2.1

To identify persons with disabilities, the following question was asked: “Does anyone in this household, including very young children and women, have any long term condition or health

problem which prevents or limits his/her participation in activities normal for a person of his/her age?”. Relying on such self-reported disability has its limitations (UNSD 2017).

Metts (2004) presents disability estimates for Syria in a background paper that was prepared for a World Bank disability and development research meeting in 2004. Although the data is now over a decade old, it provides a useful pre-conflict baseline. Three estimates are presented. The first two estimate the disabled population of a country by multiplying the total population by the proportional disability rate assigned to its Human Development Index category by UNDP. The third estimate is based on DISTAT-1, which was the first attempt of the United Nations Statistic Office to bring together existing national disability data from around the world. There has been no international coordination of the techniques employed in the collection of the DISTAT-1 data.

Total population of Syria	Disabled population using UNDP low proportion	Disabled population using UNDP high proportion	Disabled population using DISTAT-2 proportion
17,400,000	643,800	1,722,600	427,187

The World Bank (2005) published a note on disability issues in the Middle East and North Africa, presenting the estimation of Syrian disabled population to be 510,600 for UNDP low proportion and 1,366,200 for UNDP high proportion. They base these estimates on data from Metts (2004), but no explanation is given for the difference in estimates. These figures represent 3% and 8% of the population respectively for low and high. When these figures are adjusted to the known population figures for 2006, disability prevalence is shown to range between 582,240 and 1,552,640 people for low and high. 36.9% of Syrian overall population is known to be under 15 years of age, suggesting a range of between 214,847 and 572,924 children and youth with disabilities living in Syria. Survey data was based on self-disclosure may underestimate prevalence, resulting in conservative estimates (Said Foundation 2009).

In 2009, the WHO estimated the prevalence of individuals living with physical, sensory, intellectual or mental health impairments as about 10% of the world’s population (Said Foundation 2009). UNICEF (2014) quote the manager of Al Rajaa School in the Enshaat neighbourhood of Homs, who stated that 11% of children in Homs are born with special needs. Adapting estimates to Syrian data indicates an overall disabled population of about 2 million, of which over 700,000 children and youth have some type of disability. Interviews with key Syrian experts in the field of disability in 2009 confirmed that the prevalence of disability in Syria was at least 10% of the population (Said Foundation 2009).

Comparing Syrian estimates to data from neighbouring Jordan is a good way to assess their validity. In Jordan, the official estimate of persons with disabilities in 2009 was 12.6% of the population. This was higher than the global average prevalence at the time due to the higher concentration of disability risk factors – a set of individual and social circumstances specifically associated with increasing the chances of disability - such as intermarriage and poor preventive care in these countries. In 2003, the Jordanian National Council of Family Affairs (NCFA) estimated that there were over 230,000 disabled children (about 10% of all children) with disabilities of varying types and severity in Jordan. Applying this proportion to Syria supports the above assertion that over 700,000 children and youth in Syria live with at least one disability (Said Foundation 2009).

In the Arab region, the main risk factor for child disability is intermarriage. In Syria estimated intermarriage accounts for between 25% and 50% of child disability. Other risk factors of child disability include lack of (or poor) ante, peri and post-natal care, incidents at birth, lack of health care education and knowledge, accidents, as well as inadequate diet and nutrition. Said Foundation (2009) stated that the distribution of these risk factors in Syria suggested that in 2009 child disability rates were likely to be higher in rural areas than urban areas due to:

- 32.9% of women in rural areas marrying first degree relations, compared to 25.5% in urban areas.
- Difficulties accessing health service in rural areas and limited ante, peri and post natal care making the situation worse. 19.8% of Syrian women who gave birth in rural areas didn't receive any ante-natal care, against 9.6% in urban areas. 11.6% of women in rural areas gave birth without any skilled personnel in attendance, compared to 2.4% of women in urban areas.
- Children in rural areas are more likely to be left with inadequate care, increasing the risk of accidents. 18.4% of children in rural areas were left with inadequate care compared to 14.8% in urban areas. 28.8% of children whose mother had no education were left with inadequate care, versus 15.4% of children whose mother had been educated even to primary level.

The regions in Syria that had the largest rural populations are the Northern region (Aleppo and Idlib governorates) and the Eastern region (Hassake, Deir Ezzor and Raqqa governorates). It is highly likely these regions had the highest concentration of risk factors associated with being born with a disability and therefore higher prevalence of child disability. The link between risk factors and child disability suggests higher rates in rural rather than urban areas in Syria (Said Foundation 2009).

The Said Foundation (2009) state that strong links have been established between the risk factors existing in Syria and specific types of disability. Intermarriage, pre and peri-natal problems are closely related to high rates of Cerebral Palsy and what are now referred to as intellectual disabilities. Cerebral Palsy is identified as the most prevalent type of impairment encountered in Syrian children, followed by intellectual disabilities and sensory impairments. A national survey into disability is required in order to collect reliable data on disability prevalence by groups, types and distribution in Syria (Said Foundation 2009). Such a survey was planned and was described by the Syria Times (2012) as underway. It is not clear whether the survey was ever completed or published.

According to the Syria Times (2013) and based on statistics from 2012 from the Ministry of Social Affairs statistics, 4,638 persons with disability were registered in 59 social care institutes for blindness, deaf, cerebral palsy, physical and intellectual disabilities. Most of these people were male. 27 of the social care institutes were government run and 32 were non-government run. The number of persons with disabilities in the governmental institutes was 3,139. The Syria Times (2013) presents the following tables showing statistics of persons with disabilities registered with the Ministry of Social Affairs in 2012. They concede that the conflict will have had an impact on the figures. Also the figures only reflect people residing in institutes. It does not take into account those living at home.

Statistics on disabled people registered at Social Affairs Ministry till December, 31, 2012					
Social Care Institutes for PWDs	Classification	Number	Gender		Total number
			male	female	
Blindness	Government	2	320	194	514
	Non-Government	10	170	108	278
Total		12	490	302	792
Intellectual disability	Government	10	405	380	785
	Non-Government	11	521	150	671
Total		21	926	530	1456
Cerebral Palsy	Government	3	190	155	345
	Non-Government	1	35	20	55
Total		4	225	175	400
Deaf	Government	8	705	550	1255
	Non-Government	9	250	170	420
Total		17	955	720	1675
Physical disability	Government	4	150	90	240
	Non-Government	1	40	35	75
Total		5	190	125	315

Current estimates

It is estimated that 15.3% of the world's population has a moderate or severe disability and that this proportion is likely to increase to 18-20% in conflict-affected populations. Collecting accurate data on impairment and disability in humanitarian emergencies is a challenge (Skinner 2014). The WHO (2016 a) estimate that in Syria around 30,000 people each month are injured in the conflict. Without timely and appropriate treatment, many of them will suffer lifelong disabilities. Trauma is currently a leading cause of mortality and morbidity in Syria. 30% of trauma cases are estimated to result in permanent disabilities requiring long-term rehabilitative care. In terms of mental health, WHO (2017 a) estimate that one in five Syrians has moderate mental health issues, and 1 in 30 is at risk of developing severe or acute mental health needs. The ongoing bombing and shelling is the primary cause of children's daily psychological stress. Consequently, 1 in 4 children are at risk of severe mental health disorders – with potentially lifelong consequences (Save the Children 2017). According to Syria Relief (2017), an estimated 30,000 people have lost limbs in the conflict, many are children and women. On average 60 patients receive a new limb each month.

For a study by HelpAge International and Handicap International on the hidden victims of the Syrian crisis, a total of 3,202 registered and non-registered refugees, including those pending registration, were interviewed in Jordan and Lebanon (Calvot 2014). Key findings included:

- 22% of surveyed Syrian refugees have an impairment; 6% have a severe impairment.
- Of those 22%, half experience difficulties in daily living activities.
- 44.2% of impairments recorded in this survey were physical, 42.5% sensory and 13.4% intellectual.
- Just 1.4% of UNHCR registered refugees in Lebanon are recorded as having a disability.
- 20% of refugees with impairment are affected by more than one.
- The survey highlighted a higher prevalence of impairment in Jordan (26%) compared with Lebanon (20%).
- 7% of surveyed refugees suffering from non-communicable diseases also have an impairment.
- 5.7% of refugees surveyed have a significant injury. 80% of injuries were sustained as a direct consequence of war in Syria.
- In Jordan, one in 15 Syrian refugees has been injured. The highest percentage of people with injuries are found in Zaatari camp (8.9%).
- In Lebanon, 1 in 30 Syrian refugees has been injured because of war. The highest percentage of people with injuries is found in North Lebanon (10%).
- Men account for 72% of injured people and women for 28%, while the levels of injury among children is the lowest of all the age groups.
- 55% of injured people have difficulties in performing daily living activities without support.
- 7% of interviewed refugees suffer from both impairment and chronic disease.

The study was constrained by security issues. Also, as data collection was undertaken during the day, some family members were not at home. In addition, some of the youngest children were not accounted for in the study. The lack of trained mental health experts meant detailed evaluation of mental disability was not possible (Calvot 2014).

A study by Handicap International (2016 b) focused on reported injuries and psychological trauma that they observed while working with Syrians affected by the conflict. Figures on injuries were collected by Handicap International and its partners through direct interviews with IDPs and refugees in hospitals and rehabilitation centres, refugee camps and communities in Syria, Jordan and Lebanon between June 2013 and December 2015. The analysis is based on a total of 68,049 beneficiaries assessed by Handicap International teams.

The key findings from the Handicap International (2016b) study were:

- Among 25,000 persons with injuries assessed by Handicap International teams, 67% sustained injuries directly related to the crisis; among them, 20% are women, 16% are children and 8% are elderly.
- Among the injuries sustained as a result of the crisis, 53% are due to the use of explosive weapons. 17% of the direct victims injured by explosive weapons were children (0-17 years), 9% are elderly (over 60 years old) and 21% are women and girls. Among the sample of people with injuries caused by explosive weapons:
 - 47% had fractures or complex fractures, including open fractures of lower and/or upper limbs.
 - 15% have undergone amputation.
 - 10% are facing peripheral nerve damage.
 - 5% of the victims from explosive weapons suffered from a spinal cord injury leading to the paralysis of lower limbs or paralysis of lower and upper limbs.
 - 89% of people with injuries due to the use of explosive weapons have permanent or temporary physical impairments.

- 80% of people injured by explosive weapons expressed signs of high psychological distress. 66% of them were unable to carry out essential daily activities because of their feelings of fear, anger, fatigue, disinterest and hopelessness.
- In Syria, more than 50% of public hospitals and health centres are either partially functioning or closed. This lack of access to health services worsens the impact of explosive weapons.

In the study by Handicap International (2016b) people with injuries represent 37% of the total sample and people with disabilities represent 36%. Among the persons with injuries, 67% displayed new injuries as a result of the crisis. 20% of the newly injured are women or girls, 16% are children (0-17 years) and 8% are elderly (over 60 years old). Additionally, 22% of people with injuries who are often facing permanent impairments, are heads of household, with an average of 5.5 dependents per household. Handicap International (2016b) recognise that the data in their study was influenced by their identification mechanisms, which focus on the most vulnerable, including people with injuries and people with disabilities, and on the areas where they are active. Therefore it should not be used to provide a comprehensive picture of the situation of the whole Syrian population. Findings cannot be extrapolated from the sample of assessed people to the wider refugee and IDPs population. The data provided on psychological impact was based on a relatively small compared to the total number of beneficiaries.

4. What are donors doing with regards to disability in Syria?

4.1 Canada

To date, Canada has committed almost 1 billion dollars in humanitarian, development and security assistance in response to the Syria crisis. Working through experienced humanitarian partners, Canada's humanitarian assistance funding is helping to meet the food, shelter, health, protection and emergency education needs of Syrians affected by the crisis. Canada is supporting development projects to help countries in the region cope with the impacts of the crisis in Syria, notably the influx of millions of Syrian refugees, and to address the long-term development challenges facing these countries, in particular through the delivery of basic services, such as education (Canada Global Affairs 2017).

Canada provided \$1.3 million in funded a humanitarian programme called 'Assistance for Vulnerable People' between 2013 and 2015 in Syria. The project provided lifesaving interventions to 2,284 vulnerable Syrians, such as people with injuries, disabilities and/or chronic diseases, as well as older people. Project activities included providing emergency rehabilitation care; assistive devices such as mobility aids, prosthesis and orthotics; psychosocial support to address the ongoing psychological and social problems of vulnerable people and their families. The project also aims to support local medical actors through training and donation of specialised equipment to provide better care for vulnerable people (Government of Canada 2013).

Canada also provided \$1.3 million to a programme called 'Lifesaving Health-Care and Protection' in Syria between 2014 and 2015. Among other interventions, the programme provided mental health care, counselling and psychosocial services to conflict-affected people, particularly adolescent girls, boys and women. It also providing life-saving basic services to war-wounded or conflict-affected people with disabilities (Government of Canada 2014 a). Also in 2014, Canada

provided the IOM with \$2.5 million to assist Syrians, with specific consideration being given to people with disabilities and other vulnerable groups (Government of Canada 2014 b).

4.2 Japan

Among other areas of focus, JICA (2017 a) has focused its efforts in Syria on assistance for people with disabilities. JICA has more than 60 experts and volunteers working in different Syrian establishments and mutual projects all over the country. JICA has established itself as a key figure with regard to the development and reconstruction of the Syrian Society. Under the current security situation of Syria, JICA's Syria staff went to Amman and are currently managing the office activities through JICA Jordan Office. Some of JICA's funding in Syria has been directed towards supporting social minorities, for example, introducing and promoting Community Based Rehabilitation (CBR) in rural areas in Syria for persons with disabilities. Japan Overseas Cooperation Volunteers have been working in local education environments to promote CBR. JICA is also active in Jordan, where there has been a large influx of Syrian refugees. This work includes assisting persons with disabilities through volunteers nursing disabled persons. Volunteers have also offered occupational therapy and physical therapy to people with disabilities in Jordan. JICA has also funded expert support for disabilities, but limited information is available on this area of intervention (JICA 2017 b).

Working on disability issues for Syrian refugees in Jordan, JICA focuses on developing community inclusivity. JICA have supported Disability Equity Training for university students and humanitarian organisation staff. The training challenges negative attitudes and wrong assumptions about disability. Persons with disability themselves are included as an important aspect of the advocacy process. JICA has also supported peer counselling, which is designed for persons with disabilities to support each other. This programme is particularly important for the newly injured, who may need support to mitigate their trauma. 12 Syrians with disabilities were reported to attend the peer-counselling in December 2015. There is limited further information available regarding specific funding for Syrians with disabilities (JICA 2016).

JICA also train Syrians with disabilities on formulating and implementing activities in order to develop their skills and capacity to manage various activities by themselves. Some of Syrian with disabilities suggested increased support for sports activities. In November 2014, Japanese group called Sadaqa started to support Syrians with disabilities to engage in sports activities. Working with accommodation centres and host communities in Jordan, 12 Syrians with disabilities joined the programme (JICA 2015).

4.3 United Kingdom

Through the Department for International Development (DFID), the UK has committed over £2.3 billion in humanitarian funding to Syria (DFID 2017 a). In 2014, the UK committed £16 million of aid to improve healthcare for Syrians. This included supporting specialist mental healthcare for people traumatised by the fighting, assistance for disabled refugees and mobile clinics to get aid to for families spread across Jordan and Lebanon. Working with Handicap International, the funds supported refugees with disabilities, injuries and chronic illnesses to access the most basic of services, such as food and water. The funds helped supply health care and emergency surgery for up to 120,000 refugees in Jordan and Lebanon. Healthcare workers were trained to provide refugees access to psychosocial support in Jordan and Lebanon. Mobile clinics in Jordan and Lebanon provided over 16,000 consultations per month to the most vulnerable refugees living in camps (DFID 2014 a). Later in 2014, DFID announced an additional £20 million to

support child protection, counselling and education for Syrian refugee children. The UK has previously provided £30 million for the No Lost Generation Initiative, which includes funding to UNICEF to provide 27,000 vulnerable children and women with access to psychosocial support, child-friendly spaces, and support to Doctors of the World to provide psychosocial support to young people in Jordan and Lebanon (DFID 2014 b). The UK is providing £40 million to support to the WHO in Syria. The support will enable the WHO to deliver health care to those affected by the conflict in Syria. As well as providing training and equipment, the project will strengthen trauma care and mental health and psychosocial support services to those who have been affected by the conflict, including therapy and medication (DFID 2017 b).

4.4 Norway

Norway is one of the largest humanitarian donor to Syria and its neighbouring countries. Between 2011 and 2014 it had contributed NOK 1.3 billion in humanitarian aid since the war started in 2011. In 2014, Norway committed NOK 460 million to the victims of the Syria crisis, with half of this contribution going to humanitarian initiatives inside Syria and half going to Syrian refugees in the neighbouring countries. As well as supporting the United Nations, the International Red Cross and voluntary organisations that work inside Syria, Norway uses a broad group of humanitarian partners to deliver emergency aid to Syria and to Syrian refugees in neighbouring countries (NORAD 2017 a). For example, Norway is supporting the humanitarian work for Syrian refugees in Lebanon, where 1.2 million refugees are currently located. Norway is supporting the UN as well as working through international, Norwegian and local organisations (NORAD 2017 b). In Syria, Norway has supported education work through organisations such as Save the Children, UNICEF and the Norwegian Refugee Council. As well as education, Norway priorities food supplies, shelter, health, water and sanitary facilities in its humanitarian efforts. No specific information with regards to disability funding for Syria from Norway could be found, although again the sectors it funds may benefit persons with disabilities, if they are inclusive (NORAD 2017 a).

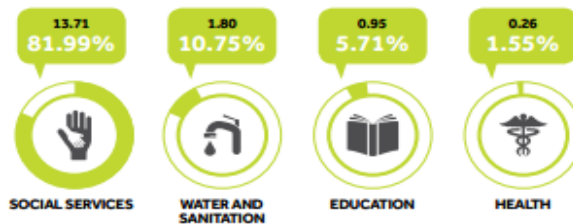
4.5 UAE

The total humanitarian aid from the UAE (2014) to those affected in the Syria crisis reached AED 1.93 billion during the period 2012 – 2014. In 2014, the UAE provided AED 1.55 billion (US \$422.3 million) in humanitarian funding for IDPs inside Syria, as well as for Syrian refugees in neighbouring countries. UAE donor entities spent AED 249.0 million (US \$67.8 million) on humanitarian projects inside Syria, constituting 16.1% of UAE aid for the Syria crisis, while projects supporting Syrian refugees in neighbouring countries received a total of AED 1.30 billion (US \$354.5 million). Projects supporting Syrian refugees in Jordan received 82% of the total UAE assistance for the Syria crisis, or AED 1.27 billion (US \$346.3 million). Projects supporting Syrian refugees in Lebanon received AED 22.1 million (US \$6.0 million) in total humanitarian funding from UAE donor entities. No data was found that specifically detailed disability funding from UAE for Syrians, although it is clear that a significant proportion of their funds are spent in areas that may benefit persons with disabilities, including education, health and social services, if these services are inclusive. The following image illustrates total UAE aid contributions by assistance category and sector. The financial figures are represented in AED millions and as percentage of total funds committed in 2014 (UAE 2014 p.98).

Development

16.72

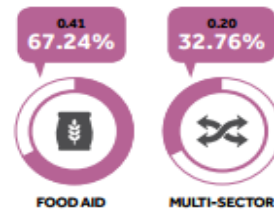
50.18%



Humanitarian

0.61

1.83%



Charity

15.99

47.99%



4.6 Saudi Arabia and Kuwait

According to Reuters (2015) Saudi Arabia has provided \$700 million in humanitarian aid to Syrians to set up clinics in various refugee camps. No specific information with regards to disability funding for Syria from Saudi Arabia could be found. The search for information regarding disability funding for Syria from Kuwait was also unsuccessful.

4.7 Germany

The German Corporation for International Cooperation (GIZ) (2017 a) state that owing to recent political developments in Syria, development cooperation activities has been suspended until further notice. German funds have been committed to the neighbouring countries of Lebanon and Jordan, where a large number of Syrian refugees are currently located. For example, one GIZ funded project in Lebanon provides psychosocial support for refugees (GIZ 2017 b). No details are available on how successful the programme has been, how many beneficiaries it aims to target or how much money has been committed.

4.8 USA

Due to the Syrian conflict, USAID are not tracking disability data in Syria.¹ USAID (2017) lists the following organisations as those responding to the humanitarian needs of Syrians:

Airlink, CARE USA, Concern USA, Global Giving, Handicap International, International Medical Corps, International Orthodox Christian Charities, International Rescue Committee, Islamic Relief USA, Life for Relief and Development, Mercy – USA, Mercy Corps, Save The Children, Oxfam America, Relief International, UNICEF, UNHCR, UNOCHA, World Food Programme USA (WFP), World Vision, Zakat Foundation of America.

4.9 European Union

The EU is a leading donor to the Syrian crisis. More than €5 billion have been mobilised for relief and recovery assistance to Syrians in the country and to refugees and their host communities in neighbouring Lebanon, Jordan, Iraq, Turkey and Egypt. In addition, the EU has pledged €3 billion at the 'Supporting Syria' conference held in London in February 2016. Humanitarian funding from the EU provides medical emergency relief, protection, food and nutritional assistance, water, sanitation and hygiene, shelter, health, and logistics services. Beyond the Syrian border, EU funding ensures that people fleeing the country will receive life-saving assistance such as health, food, shelter, hygiene kits, water and sanitation services, and protection. The EU calls for the respect of International Humanitarian Law (IHL), the protection of civilians, especially children, women and other vulnerable groups, and condemns all indiscriminate attacks on civilians by all parties of the conflict (European Commission 2017 a). In Turkey, where there are 3 million refugees, the European Commission is supporting projects providing specific services in the health sector covering primary health care assistance, physical rehabilitation/post-operative care for war wounded people, assistance to people living with disabilities, mental health services and reproductive health (European Commission 2017 b).

In terms of strategic direction, the European Commission's 2016 HIP for the Syria Regional Crisis stated that in Lebanon the focus on health care will continue while encouraging a more cost efficient approach to hospital care. Secondary health care was described as severely underfunded. European support to primary health care will be decided considering the added value of an international partner to improve the quality of care or the understanding of the situation. The provision of rehabilitative services and responding to the needs of people living with disabilities and/or special needs will also be considered. In Jordan, European funding will be aimed at improving access to health care for refugees. Provision of reproductive health services, comprehensive management of sexual and gender based violence cases, treatment of chronic diseases and support to the disabled will also be considered (European Commission 2016).

4.10 Other funders

Since 1996, the the Saïd Foundation for Development (SFD) (2017) has been running a Syria Disability Programme with the aim of improving the lives of children with disabilities in Syria. Its objectives are to:

¹ See correspondence from Christopher Bodde, Middle East Bureau/Syria Desk Team Lead, USAID, in the Comments from Experts section.

- Strengthen the professional capacity of disability practitioners and organisations;
- Develop a cadre of national trainers in disability-related fields;
- Support or provide services for children with disabilities (and their families) especially in marginalised communities;
- Raise awareness of disability and its causes at all levels of society.

SFD follows the 2009-2014 Syrian National Plan for Disability as a framework for its support with the establishment of new Occupational and Speech Therapy Departments. It is also working to develop the National Curriculum for Institutes Teaching Students with Intellectual Disabilities and facilitate the training of national trainers. SFD also prioritises raising awareness about the causes of childhood disability. Among others, SFD (2017) partners with the following organisations in Syria:

- Christian Aid
- Ghiath Matar School
- Hand in Hand for Syria
- International Rescue Committee
- Islamic Relief UK
- Marist Brothers
- Najda Now
- Syria Relief
- Syria Relief and Development
- Prince's charities
- The United Nations High Commissioner for Refugees

The Syria Recovery Trust Fund (SRTF) is a multi-donor trust fund initiated by the Group of Friends of the Syrian People and its Working Group on Economic Recovery and Development. It serves to channel grant funding from the international community in a transparent and accountable manner into projects inside Syria. It was established in September 2013. The purpose is to reduce the suffering of the Syrian people and assist the National Coalition of Syrian Revolutionary and Opposition Forces (SOC) in providing essential services to Syrians. Through the SRTF, donors pool their funds to finance priority projects for essential services in sectors such as water, health, electricity, education, food security, solid waste removal, as well as other sectors including rule of law, agriculture, transportation, telecommunication, public enterprise, and housing. In 2015, the SRTF Management Committee approved a 2.3 million Euro project to supply Aleppo hospitals with orthopaedic devices. The project addresses the serious lack of orthopaedic implant devices in the three most advanced hospitals in Aleppo Governorate. Due to this deficiency, patients in need of surgery but who cannot receive proper treatment, often face debilitating malformations and disabilities. Such cases weigh heavily on the Syrian society and the Syrian economy. In addition to supplying the needed equipment, the project will ensure the availability of sufficient numbers of orthopaedic specialists and qualified medical staff in the three selected hospitals, which provide vital services for the 1.5 million population of the target areas of the Governorate. The direct impact of the project will consist of 9,000 orthopaedic surgeries for some 6,000 patients in one year (SRTF 2015).

5. What are the UN doing with regards to disability in Syria?

Several UN agencies are operating in Syria, but due to time constraints this report focuses on the activities of the WHO and UNICEF.

5.1 WHO

In 2015 the WHO (2017 b) provided over 500 injured Syrians in Homs and Damascus with prosthetic devices. They also provided follow-up physiotherapy to ensure a full recovery. In addition, they repaired and refitted the prosthetic devices for an additional 213 patients. They also provided training to 255 health workers, prosthetics technicians, physiatrists and physiotherapists from Damascus, Homs and Hama in the production and fitting of prosthetic devices, to strengthen the decreasing national capacities to address disability.

Trauma care is an area of focus for the WHO. To address the high levels of trauma cases currently being experienced in Syria, WHO (2016 a) have donated trauma care medicines, surgical supplies and kits, equipment for operating theatres and intensive care units, and prosthetic devices. The Organization has trained health care workers on basic trauma care, and supported the strengthening of physical rehabilitation services across the country.

In 2016, the WHO delivered more than 11 million treatments across Syria. The WHO was also responsible for coordinating the response of more than 80 health partners. WHO played a key role in the negotiations and in planning and overseeing the evacuations to parts of Syria and Turkey. During evacuations from east Aleppo, the WHO ensured that 811 people safely reached hospitals. A further 31,500 health care consultations were provided to people fleeing east Aleppo through WHO-supported mobile clinics. WHO was also involved in training more than 16,000 health workers in health assessments, trauma care, case management for specific diseases, mental health, nutrition, and immunisation. When security concerns restricted physical access, training was provided via telephone and video conferencing. 300 Syrian doctors and nurses were trained in Turkey to provide health care to Syrian refugees in Turkish camps (WHO 2017 c). Also in 2016, the WHO donated supplies and accessories to the Disability and Physical Rehabilitation directorate in Damascus. As a result, 150 patients from all over Syria were fitted with artificial limbs. WHO also assessed surgery and trauma management capacity of around 50 hospitals and 30 primary health care facilities in northern Syria. They also supported 800 surgeries and trauma treatments in northern Syria (WHO 2016 b).

To address mental health, in 2016 the WHO trained 240 health professionals including 65 doctors from northern Syria on the Mental Health Gap Action Programme (mhGAP) intervention guide, which aims at scaling up services for mental disorders for countries especially with low- and middle-income.² Training was also provided to 17 mental health professionals on how to train community and health care providers on the implementation of Self-help +, which is designed for adult Syrians in hard-to reach areas. 23 doctors and nurses were also trained. 131 health care providers and nurses were trained on psychological first aid and psychiatric nursing as well as 68 community workers on identifying and helping people suffering from substance abuse problems,

² See [WHO Mental Health Gap Action Programme \(mhGAP\)](#) for more details

and referring them for treatment when needed. In addition the WHO donated equipment to two newly rehabilitated psychiatric wards in hospitals in Hama and Lattakia. Mental health medicines were donated to Ibn Khaldoun hospital in Aleppo to cover the needs of around 150 patients who are expected to be medically evacuated. Mental health medicines and supplies to cover the basic needs of 450 patients in Ibn Sina hospital in Rural Damascus were delivered (WHO 2016 b).

In December 2016 the Dar Al Bushi residency in Aleppo, which is home to 260 elderly and physically and mentally disabled people, was hit by a rocket. 102 residents were evacuated to Ibn-Khaldoun Mental Health Hospital, and 18 injured patients to the Al-Razi public hospital in Aleppo city, while 63 patients preferred to stay in the residency, including 9 children, with the rest of the residents fleeing to unknown destinations. WHO representatives, accompanied by technical and specialised staff, managed to enter the area and reach Dar Al-Bushi to conduct a rapid assessment of the status of the patients and the conditions of the facility. As a response, WHO provided the clinic with a supply of psychotropic and chronic disease medicines to last 6 months, winterisation supplies and hygiene kits. In addition, WHO has commenced rehabilitation of the facility, in collaboration with a local nongovernmental organisation (WHO 2016 c).

In 2017, WHO has committed to continuing to advocate for unimpeded access to all parts of Syria for the delivery of life-saving health care. In March 2017 the WHO delivered five mobile clinics to meet the health needs of sick and injured people in northern Syria. Each unit can provide first aid and emergency care for up to 1000 people per month (WHO 2017 b). Projects planned for Syria by the WHO (2017 a) that are relevant to addressing disability include:

- Enhancing Trauma Care /Mass Casualty Management and Physical Rehabilitation (\$25,365,900).
- Strengthening sustainable and quality secondary health care, obstetric care and referral services (\$60,372,500).
- Sustaining delivery of Primary Health Care (PHC) to the affected populations (\$34,307,500).
- Reinforcing the Immunisation Programme Polio Eradication (\$22,156,000).
- Integration of Mental Health and Psychosocial Support (MHPSS) in primary, secondary and tertiary health care levels, including community-based MHPSS (\$4,785,000).

5.2 UNICEF

UNICEF (2013 a) states that data for children with disabilities is difficult to come by. For Syrian refugees or internally displaced, the percentage of children with disabilities is disproportionately high given the many injured or profoundly distressed as a result of the violence. Needs outpace funds. Children with disabilities are particularly vulnerable to the impact of the conflict. Children with disabilities risk being left out of the humanitarian response.

Within the Syrian crisis, children are particularly vulnerable to recruitment into armed groups, exploitation and abuse, including early marriage and child labour. Within Syria 6 million children are in need of humanitarian assistance. Nearly 5 million Syrians have been registered as refugees. Neighbouring countries, including Egypt, Iraq, Jordan, Lebanon and Turkey, have taken in millions of Syrian refugees. UNICEF and its partners are committed to delivering essential services for Syrian families and keeping Syrian children from becoming a 'lost generation'. Critical efforts are being made to minimise the impact of the crisis on children – including in the life-saving areas of health, nutrition, immunisation, water and sanitation, as well

as education and child protection. UNICEF is also working in the wider region to support Syrian refugee families and the host communities in which they have settled (UNICEF 2017).

Globally, UNICEF (2015) has contributed to addressing disability issues. UNICEF has been working to strengthen national human rights institutions and promote social accountability mechanisms that recognise children and adolescents as agents of change and include indigenous children and children with disabilities. In 2015 UNICEF Supply Division brought together governments, partners, leading disability advocates and NGOs from around the world to examine the global supply gap in assistive devices and identify ways to reverse long-standing deficiencies. As a co-chair of the working group on disability-inclusive humanitarian action, UNICEF has engaged in the World Humanitarian Summit consultations, the Secretary-General's Report and the special session on disability at the World Humanitarian Summit May, 2016.

In the MENA region, UNICEF (2015) has been working with partners to identify ways to integrate internally displaced persons, refugees and returnees into existing social protection systems. The UNICEF country office in Lebanon has been supporting the Ministry of Education and Higher Education to provide free education up to Grade 9 for all children, including refugees, in public schools. This includes covering the cost of school registration, parents' fund fees, and schoolbooks and stationery. The office also assessed the feasibility of a new cash grant to address the barriers Lebanese, Palestinian and Syrian children face in accessing education. In Jordan UNICEF implemented a child cash grant to assist vulnerable Syrian refugees. With the UNHCR, UNICEF assisted 55,000 girls and boys from 15,000 of the most vulnerable registered Syrian refugee families on a monthly basis with a transfer of 20 Jordanian Dinars (US\$28).

With funding from the EU, UNICEF (2014), have supported 125 children with special needs to attend Al Rajaa school club in the Enshaat neighbourhood of Homs, Syria. The children have a range of disabilities, among which are autism and Down Syndrome. Al Rajaa carries out remedial education for children who need coaching to compensate for disruption in their formal schooling. In Jordan UNICEF (2013 b) has been working with partners to install ramps to lavatories at schools and more than 300 camp latrine units, or have provided other solutions for those unable to access washrooms easily. In addition, they are exploring other areas for promoting an inclusive approach, such as through school curriculums and support for children with disabilities.

6. What are NGOs doing with regards to disability in Syria?

As well as working in Syria, Handicap International (2017) is working alongside Syrian refugees in Jordan, Iraq and Lebanon. A total of 500 professionals work for the organisation to provide care for the injured and for people with disabilities. They specifically provide support, both material and financial, for the most vulnerable refugees who have no, or very little, access to humanitarian aid. At the end of 2016, more than 800,000 people have benefitted from Handicap International's interventions within the context of the Syrian crisis. Handicap International is focusing on the areas of emergency, rehabilitation and explosive weapons. Handicap International's work in Syria is funded by Sida, WHO, Norwegian Ministry of Foreign Affairs, Centre de Crise et de Soutien, EuropeAid, European Commission and the Swiss Agency for Development and Cooperation (Handicap International 2016 a). Handicap International's emergency response actions range from distributing essential non-food and food items to improving access to essential services for vulnerable people, providing prosthetics and orthotics fittings, distributing medical devices, providing psychosocial support and conducting physiotherapy sessions. A distance learning course for paramedical staff has been supported to

improve case-management of people with war injuries. Handicap International has carried out marking in places contaminated by explosive remnants of war and conducts risk education sessions that target refugees and Internally Displaced Persons (IDPs) in preparation for their possible return. Handicap International launched its response to the Syrian crisis in neighbouring countries - Lebanon and Jordan - in May 2012. The organisation has also been conducting operations inside Syria since November 2012. Handicap International extended its operations to include Syrian refugees in Iraqi Kurdistan in summer 2014 (Handicap International 2016 a).

Christian Aid (2017) are supporting the Lebanese Physically Handicapped Union (LPHU) to provide physiotherapy, occupational and speech therapy in Lebanon, where more than a million refugees from Syria are registered. LPHU was founded by people with disabilities, and many of their staff have some form of impairment. They have decades of experience working in this field. Christian Aid has funded LPHU to develop two of their existing centres to support people with disabilities in Lebanon's Beqaa Valley, which has a high concentration of refugees. Specialist equipment was installed and staff recruited. Education and outreach programmes have also been delivered as well as the provision of assistive devices for Lebanese, Syrians and Palestinian people with disabilities. Christian Aid has committed to strengthen its emergency response to ensure that people with specific needs are visible and receive appropriate assistance in a manner that is dignified and safe. It is currently rolling out Minimum Standards for Age and Disability Inclusion as part of a wider initiative supported by DFID to ensure that everyone has the chance to live an empowered and meaningful life and be included.

Islamic Relief (2017) is working in Syria to establish child-friendly learning spaces in north Aleppo as well as delivering education and other support to children in Idlib. In Al Ghouta, they have also supplied medicines to the rural areas to the north of Homs and the countryside areas around Damascus and Ghouta. They are also supporting Syrian refugees who have fled to neighbouring Lebanon, Jordan and Iraq. For example, supported by the German Federal Ministry for Economic Cooperation and Development, 165 prostheses have been provided in Jordan to those who have lost limbs, are disabled, or have been injured in Syria's conflict. In association with the German-Syrian Association for the Promotion of Freedom and Human Rights new prostheses and physiotherapy are provided both to Syrian refugees and to Jordanians in need. In Lebanon, Islamic Relief (2017) is rebuilding hospitals and delivering projects in health and education, among other areas. They also run psychosocial support programmes, helping people with trauma. In Iraq, they are distributing health kits, as well as rehabilitating damaged schools and health centres.

Syria Relief (2017) is a UK based charity that aims to provide support and care to Syrians internally displaced by the conflict. Among its activities Syria Relief has been working with the National Syrian Project for Prosthetic Limbs (NSPPL) since 2013. Over 1,000 prosthetic limbs have been fitted in Syria and Turkey. Syria Relief (2017) also focus on education, sponsoring 55 schools and children's centres inside Syria, educating over 16,000 children daily. An undisclosed number of the schools supported cater for children with learning difficulties and hearing impairments. Around 2,000 school children with special needs are currently being taught. Support is also provided to 31 Child Friendly Spaces, which provide 1000 children with psychosocial support daily, which is a crucial service in the context of the ongoing trauma and loss caused by the conflict. The teachers are being trained in child protection, psychological support and first aid. Specialist psychological support staff are also supported.

Syria Relief and Development (2017) is a non-profit organisation providing humanitarian aid to Syrians affected by violence, hunger, poverty, injury and displacement. The organisation

prioritises people with disabilities, among other vulnerable groups. Rehabilitation, physical therapy, increasing mobility and improving access to health are some of the key areas that Syria Relief and Development focus on. Since June 2014, Syria Relief and Development has supported an outpatient Physical Therapy and Rehabilitation Clinic in Idleb. Idleb currently serves as a temporary home to a large number of internally displaced persons (IDPs) and has been a major area of migration and resettlement. The programme provides care for both chronic and conflict-related disabilities, including services in rehabilitation, prosthetic limb fitting, assistance with mobility, gaining functionality following injury or disability, dialysis and extensive treatment for burns and wounds.

Mercy Corps (2017) have been working to support Syrian families who've been displaced by the conflict. As well as addressing their immediate needs, Mercy Corps are working on addressing the longer-term emotional and developmental needs of traumatised children and adolescents. In Jordan, Mercy Corps (2014) were funded by UNICEF to work towards fully integrating vulnerable refugee children in camps and urban areas into the public school system. As part of their programme to help children with disabilities get equal access to school, they provide wheelchairs to every child who is physically unable to walk to school so they can make the trip. Also, adult refugees with university degrees are trained to provide personal classroom sessions to children with special needs. As a "shadow teacher," they also work with them one-on-one in the group classroom, ensuring these children don't get left behind. Extra-curricular activities are promoted to decrease the stigma that often causes children with disabilities to be marginalised among their peers.

International Medical Corps (2017) has been operating in Syria since 2007. They have a strong technical capacity in primary health care, mental health and psychosocial support services, and related humanitarian assistance programs, with mental health being one of their core areas. Due to the ongoing conflict, they have expanded their services to address the critical needs of affected Syrians both in Syria and in bordering countries. They operate mobile medical services and support health care facilities in and around Damascus, providing primary health care, mental health care and psychosocial support, and distributing critical supplies.

Save the Children (2017) are working in Syria to assist vulnerable children. Among other activities they support hospitals and schools, as well as providing specialist emotional support for children. They also assist Syrian refugees in neighbouring countries such as Jordan, Lebanon, Iraq and Egypt. In addition to lifesaving services and supplies, Save the Children are providing child-focused mental health care to children in Syria. An example of this is an art-based psychosocial program called Health and Education through the Arts (HEART). Other aspects of Save the Children's activities may benefit children with disabilities in Syria, but from the information available it is not specifically clear how.

Human Rights Watch (2017) lists Syria as one of the countries where it defends people's rights. It is also clear that one of their key areas of focus is disability rights. However, limited information could be found to establish their recent interventions and resulting outcomes.

Interventions that do not specifically focus on disability, but may be relevant.

A range of not for profit organisations are working on the Syria crisis, but from the information available it is not clear whether any of their work is specifically focused on addressing disability. For example, **CARE** (2017) are working with people impacted by the Syrian conflict with humanitarian assistance. They are focusing their efforts on Jordan, Egypt, Lebanon, Yemen and

inside Syria. They are providing life-saving emergency assistance as well as solutions to help people cope with the longer term crisis.

IOOC (2017) is a faith-based, non-profit organisation committed to providing emergency relief and development programs to help those in need throughout the world without discrimination. Among other interventions, IOOC is delivering healthcare services for Syrians. This includes medical supplies for hospitals in Hama, Hasakeh, Aleppo, Damascus, Dara'a, Lattakia, Swaida and Tartous. They are also supplying hospital equipment for essential services, including minor surgical procedures and support for emergency surgeries. In terms of physiological support, they provide workshops on stress management, as well as art and music therapy to help traumatised children. They are also involved in education programmes.

The **Zakat Foundation of America** (2017) has invested over \$10 million into aid and assistance for Syrians inside and outside the country since 2011. It has opened schools in Turkey and inside Syria itself, opened medical clinics for victims of the conflict in Syria and the surrounding countries.

World Vision (2017) have been working in Syria, Lebanon, Jordan, Turkey and Iraq to bring aid to children, families and communities. In Syria and neighbouring countries, among other activities, their efforts have been focused on delivering emergency supplies, as well as health, education and child protection interventions for children and families in need.

Relief International (2017) focuses on delivering healthcare, education, protection, post-trauma support and livelihoods to displaced people. Whenever possible, they support relief efforts inside Syria. They also work with Syrians in Turkey, Lebanon, Jordan and Iraq. In Turkey programmes included educating children and treating the mental health issues. In Lebanon they provide medical and educational support. In Jordan they focus on education and educate Syrian children who have sometimes missed years of school.

The **Norwegian Refugee Council** (2017) is an independent humanitarian organisation helping people forced to flee. They are working both with internally displaced persons in Syria and with Syrian refugees in neighbouring countries including Lebanon, Jordan and Turkey. They are also working with Syrian refugees in Greece and Serbia. Although from the information available their work is not disability specific, some of their interventions, including their education programmes, may benefit Syrians with disabilities.

Organisations including Ghiath Matar School, Hand in Hand for Syria, International Rescue Committee, Marist Brothers Najda Now, Prince's charities are known to work on various development programmes in Syria (SFD 2017). However, from the information available, it is not clear how much of their work (if any) focuses on disability.

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