



HIHFAD

Resilience Building Survivor Assistance Inside North East Syria



Emerging Best Practice

BRIEFING PAPER

November 2018

The Programme

HIHFAD's multi-disciplinary mobile support teams made 1800 home visits to war survivors living in Syria beyond the reach of medical referral between October 2017 and March 2018.

Trained medical, psychosocial and physiotherapists visited vulnerable survivors in their homes, providing assessment, treatment, developing self- help plans with survivors and their families and distributing much needed assistance supplies.

The teams bring hope, stabilise survivors to improve their physical and mental condition, building resilience of both survivors and their families.

BACKGROUND

After seven years of conflict, 8 million people are exposed to explosive hazards

The seven-year conflict in Syria is reported to have killed over 500,000 people. Across North West Syria families are living and dying under aerial bombing and heavy shelling. Densely populated towns are experiencing destruction of their homes, loss of family members and high levels of injured casualties.

3 million will have temporary or permanent physical impairment

A recent survey of 5,500 survivors in North West Syria found

- almost 90% of survivors were men, predominantly men of productive age.
- 77% of injuries were the result of the intensified fighting- aerial bombing and shelling and exploding bombs, 10% from other explosions.
- 10.5% of injuries resulted in amputation. Nearly 60% of amputations involved the lower body, 12 % of amputees have lost an arm, with 30% having lost a hand or fingers.
- 75% of survivors do not have work.
- 83% of people felt sad all or some of the time,
- 66% felt hopeless

The Healthcare System in North West Syria is in Crisis

The accessible pre-conflict health care system has been largely destroyed in contested areas. The disintegration of the formal health services, localised conflict and difficulties in travel have led to many survivors being unable to reach formal health care facilities and families choosing to stay, or trapped, inside the conflict zones are now frequently beyond reach of referral to medical facility

Attacks on critical civilian infrastructure like medical facilities continue to be reported. There have been more than 70 verified incidents so far in 2018. WHO has reported that attacks on health facilities, health workers, and health infrastructure were recorded during the first two months of 2018 at three times the rate of 2017.

The collapse of medical facilities across Syria and lack of trained personnel, means that even for those that receiving some formal care, the care is not to an appropriate standard sufficient to ensure optimal levels of recovery

Adapting to a new reality

Every family will have a close family member injured by the conflict.

Post conflict research shows that the exclusion of people with impairments has significant economic and social consequences both on individuals and households, in terms of money and time needed for care especially for women, and for society at large. It ultimately leaves a pool of human resources untapped. To avoid losing a large economic sub-population, Syria will need to develop opportunities for those living with impairment to recover as far as possible and contribute to the rebuilding of Syria, based on an adaptation to their altered physical ability.

Skilled Mobile teams bring hope, confidence and direction to self-help for survivors

limited access to medical facilities can result in untreated injuries, which together with an absence of assistive devices (such as wheelchairs or mobility aid) and lack of knowledge on self-care, can result in permanent or aggravated impairment and create barriers to accessing services.

Mobile teams provide an interim stop-gap, tapping on the capability of survivors and their families to self-treat, building resilience of beneficiaries and their families

RESULTS AND LESSONS LEARNT

- 65% of the respondents demonstrated the same or higher level of physical functionality in activities in daily living.
- About 80% of the respondents showed positive changes or no sign of deterioration in their mental well-being.
- Distribution of assistive devices, particularly diapers for spinal cord injuries are life-changing assistance. Diapers should be included as standard in targeted distribution of NFIs.
- Assistive devices should be delivered as in-kind donation, as competition for daily needs mean they will not be prioritized by survivors and their families
- Flexible work planning, despite changing security situation, have allowed effective services to be delivered.
- Patients & their families report satisfaction with the service and improvement in both physical & psychosocial conditions of most survivors & their families
- “Survey & treat” combining first assessment visit with PSP support, rehabilitation planning & demonstration of nursing/exercise plan gives motivation directly to survivors
- Around 25% of all respondents in the follow up survey reported more injuries than at the time of baseline survey, most likely as a result of severe battles that took place in and near the project area during the project period, which also displaced 13% of the respondents and killed one respondent of the baseline survey
- Agencies supporting food security & livelihood programmes should consider survivors and their families as extremely vulnerable

- It is essential to provide support to those who may be able to return to work

Early engagement increases health outcomes

- All clusters should ensure injured survivors are recorded in assessments.
- Permission to share data should be requested from Survivors & assessment data should be shared initially with Physical Rehab-Disability working group.
- Protocols around data-sharing should be agreed at the agency level.
- Agencies preparing for first phase response into newly accessible areas should consider integrated Survivor Assistance mobile teams.
- Donors should prioritise resources for any initial phase of humanitarian assistance in areas emerging from high intensity conflict.
- As soon as resources allow, the development community should develop community response plans to promote social inclusion & non-discrimination.
- Workplaces such as schools & offices should be designed to be barrier free.

MULTI DISCIPLINARY TEAMS

Psychosocial Support Worker	<ul style="list-style-type: none"> • Assesses survivor and principle carer • Develops a 5Goal Plan • Raises awareness of the normality of stress and promotes positive behaviours/coping mechanism • Builds a sense of purpose to follow the medical and physiotherapeutic plans
Nurse	<ul style="list-style-type: none"> • Provides preventative and curative assistance • Simple tips on diagnosis of infection • Cleans wounds, applies antiseptic/antibiotic creams to pressure sores and amputated limbs • Teaches wound cleaning and dressing techniques • High blood pressure/diabetes screening for patients aged 40+ • Provides info on service map and triggers for seeking referral • Advises on use of diapers and movement for spinal cord patients

Physiotherapist	<ul style="list-style-type: none"> • Individual case assessment, and discussion of implications • Teaches patient exercises and develops movement plan into a 5 Goal plan • Teaches carers on movement plans, use of bandages and air mattresses for spinal cord injuries • Encourages persistence and managing expectations for long-term benefits
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Case Studies

HAMDO



Hamdo experienced paralysis in both legs after being hit by an airstrike in Sheikh Mostafa. When the HIHFAD mobile team visited his back and legs were atrophying and he was a demanding son. The mobile physiotherapist taught Hamdo to start exercising his back and lower limbs to build muscle tone, then to walk and improve his balance.

Despite never attending a school and being illiterate at the start of the programme, Hamdo had a skill with electronics. Through the encouragement and support of his family, he is now helping part-time fixing equipment at a local electrical shop. During

the PSS session, he learned Arabic characters and now practicing along with his younger brother, facilitated by PSS worker’

ABDULLAH

"I don't want to become a pilot when I grow up anymore" says Abdullah "I was always curious to explore the world, but after the pilot bombed my house and injured me, I hate pilots and their planes. Even the sounds of airplanes terrify me now," Abdullah lives with his parents and three siblings in the village of Bareef in Idlib South. His father works in a clothing shop earning less than \$100 per month, barely enough to cover basic running costs for their simple house. The family's lives were devastated when Abdullah sustained serious shrapnel wounds in his head when their house was hit by rocket fire from warplanes. Abdullah's injury caused paralysis to his right side, speech problems and temporary memory loss. His anxiety following the incident means he is too afraid to attend school. "I mourn Abdullah's lost childhood and will do whatever I can to bring it back" says Abdullah's mother. "Before the airstrike Abdullah loved to play with his friends, they would spend all of their time together. But after his injury he did not do anything but sleep and watch videos on YouTube". The team provided a treatment plan that included balancing and hand exercises to relearn basic skills such as self-feeding as well as a psychosocial support plan. Abdullah's and his parents worked hard to practice the exercises taught by the team and at the follow up visit Abdullah showed remarkable development in his balance while walking and ability His mother says "Since the visit from the team and the exercises we

have been doing, he is gradually coming back to himself and starts to talk again with his friends. I am very pleased”

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