

Policy brief north west Syria: humanitarian catastrophe

Background: recent developments in north west Syria¹

1. North west Syria (an area of 6000 square kilometres) **includes Idlib governorate and rural Aleppo**; it contains an estimated **3.7 million people**, over 1 million of whom have already been forcibly displaced from other parts of Syria. The UN estimates that **81% are women and children**.

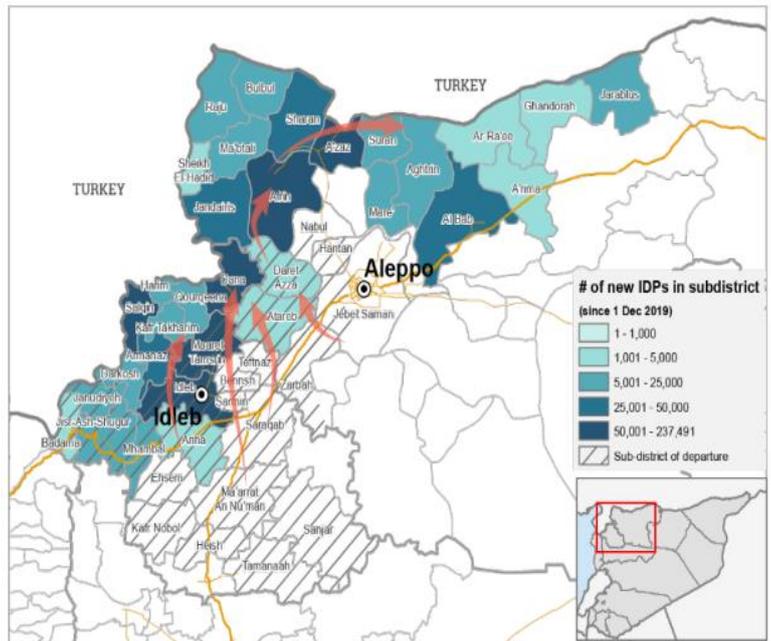
2. This area first saw escalated violence during April to August 2019 as the Syrian government aimed to open the M5 highway and expel non-state armed groups (NSAGs) in an operation named the 'Dawn of Idlib'; 400,000 thousand people were displaced as a result of this operation.

3. **Since 1st December 2019**, further escalation which includes airstrikes and a ground offensive conducted by Syrian government forces and their Russian allies has driven the **largest wave of displacement yet** in the Syrian conflict. Over **948,000 civilians** (as of 23rd February 2020) have fled their homes and their cities and villages have been destroyed and looted in their wake.

3. Indiscriminate attacks on civilian areas have destroyed vital services, including hospitals, markets, and schools. Almost 398,000 school-aged children are out of school. Tens of thousands are living in the open air on hillsides or roadsides and are at risk of the effects of the harsh winter; **several children are reported to have died in the freezing temperatures**.

4. The **area of safety is shrinking** as the civilians are forced northwards from southern Idlib governorate. The **Syrian-Turkish border remains closed** leaving civilians trapped.

5. Civilians from towns and villages, which had previously **hosted displaced people** from other parts of Syria (such as Atareb, Teftnaz, Bennsh, Sarmin, Idlib city and Ariha) have themselves now been forcibly displaced due to the attacks. They, together with the previously displaced have fled to Dana, Maaret Tamsrin and Idlib sub-districts and to northern Aleppo governorate (Afrin, Azaz, Jandairis, Al Bab). See map.¹



Source: CCCM
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Ground situation and major challenges for the health and humanitarian response in north west Syria

- Urgent Needs:** Shelter, food, non-food items, WASH (Water Sanitation and Hygiene) and healthcare are the most urgent needs. As of 23rd February 2020, 17,000 displaced people are living under trees and open spaces, 163,000 are in unfinished buildings and 135,000 are in tents; they **lack basic infrastructure** and are unprotected from the harsh winter. The Camp Coordination and Camp Management cluster highlight the **lack of available or safe land** to establish camps for the most vulnerable. Almost 398,000 school-aged **children are out of school**: this is especially important as education acts as a normaliser for children's lives and provides a space and opportunity for protection services including psychological support and psychological first aid. Further, there is a huge **gap in food supplies**; the nutrition sector has only been able to reach 26% of all displaced mothers and children.
- Attacks on health facilities:** Between 1st and 18th February 2020, **84 health facilities** (including primary healthcare, hospitals, specialist centres, mobile clinics) in Idlib and Aleppo governorates have been suspended due to insecurity and attacks on health infrastructure by Syrian government and Russian forces¹. Attacks on health facilities include the maternity hospital of Shnan village in southern Idlib and Al Firdaws maternity hospital in Daret Izza town in north west Aleppo.² **In only one day, on the 5th of February 2020, four health**

¹ <https://reliefweb.int/report/syrian-arab-republic/recent-developments-northwest-syria-situation-report-no-9-26-february>

² https://www.uossm.org/breaking_2_hospitals_bombed_in_aleppo_syria_including_maternity_hospital_last_in_western_aleppo



facilities were attacked in less than 24 hours.³ This has had major implications on access to health care as the remaining functioning health facilities are estimated to cover only 30% of the health needs. **Health professionals** themselves are being forcibly displaced with their families.

3. **Health needs:** These are now unprecedented with **all aspects of healthcare** under strain. This includes vaccination, trauma care, mental and psychosocial care, maternal and child healthcare, chronic diseases, non-communicable diseases and specialist services (e.g. thalassaemia, dialysis). These are compounded by the absence of qualified staff, sufficient medications, consumables and equipment.
4. **Protection and vulnerability:** Protection risks have increased with the violence especially due to the lack of adequate **shelter**. Overcrowding is rife with collective centres, inadequate privacy, inadequate gender-segregated WASH facilities (leaving women and girls at risk of Gender Based Violence.) **Pregnant** women have inadequate medical care through their pregnancy and at the time of delivery. Older people/ those with disabilities/ adolescents face increased barriers to accessing care. Deaths of caregivers is increasing the number of **unaccompanied** or separated children and child or female-headed households. Displaced children are at risk of recruitment into armed groups. There is also the risk of unexploded ordinance.
5. **Funding and coordination:** Actual displacement has already surpassed projected displacement; the initial readiness and response plan was based on the displacement of 520,000 people over 6 months. An updated inter-cluster readiness and response plan was issued on 21st February 2020 based on the provision of basic humanitarian care for 1.1 million people for 6 months; the cost is put at 500 million USD of which 100 million has been raised (including from the Central Emergency Response Fund and the Syrian Cross-border Humanitarian Fund); there is a **shortfall of 371 million USD**. 49 health partners/ non-governmental organisations are supporting health facilities through the health cluster but **improved coordination** is needed.

Recommendations⁴⁵

1. **Protection, Accountability and Justice:**
 - a. **It must be reiterated that renewed diplomatic efforts to secure a permanent ceasefire in north west Syria are urgently required.** This would support health and humanitarian services to affected populations.
 - b. **Attacks on healthcare** facilities continue with impunity leading to the interruption of much needed service provision; this includes the targeting of **deconflicted** health facilities. Public condemnation, naming of perpetrators and calling for all parties to adhere to international humanitarian law could help deter further violations.
 - c. Violations of **international humanitarian law** e.g. attacks on civilians and civilian infrastructure should not go unchallenged. Holding perpetrators **accountable** will not only help prevent future violations in Syria, but potentially in other conflicts as well. Moreover, achieving accountability and justice is the cornerstone for long term and sustainable peace.
2. **Service and healthcare delivery and funding:**
 - a. Additional emergency funding (with reprogramming and flexibility) should immediately be allocated and prioritise shelter, WASH and health services both for newly displaced people and host communities. **Winterization** assistance (preparations for winter) should be prioritized (e.g. fuel, shelter, blankets) and **protection** be mainstreamed at all levels.
 - b. Particularly **vulnerable groups** include the 81% of the displaced who are **women and children**; there are an estimated 260,000 women and girls of reproductive age and 20,000 pregnant women. Additional funding and health services focused on this group are required including essential Reproductive Health services (ante and prenatal care, family planning) and maternal and child health.
 - c. Additional funding focused on **specialist areas** including chronic diseases, MHPSS (mental health and psychosocial services) including life-saving essential medication should be allocated. Investment in **mobile health clinics** could support greater numbers of displaced people.

³ https://www.uossm.org/breaking_four_medical_facilities_attacked_within_24_hours_in_idlib_syria_exodus_continues

⁴ <https://www.sams-usa.net/wp-content/uploads/2019/12/white-paper-10-2.pdf>

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/32029428>



3. UN Security Council Resolution on cross-border aid:

- a. The **restricted cross-border** aid resolution which was passed on 10th January 2020 followed Security Council negotiations after initial Russian and Chinese vetoes; it has reduced the number of crossings for cross-border aid from 4 to 2 and renewal was for a period of only 6 months. The cross-border resolution must be reverted urgently to its previous form to restore access to the full 4 crossings; failure to do this could impact aid for approximately 4 million people who rely on this. **Cross-line aid is ineffective** due to proven interference with aid by the Syrian government.⁶
- b. UN Security Council processes need to be addressed to avoid future situations in which resolutions are vetoed by permanent members of the Security Council e.g. Russia or China while also having a stake in the violence.

Research needs

The following research recommendations will not only support the health and humanitarian response in north west Syria but will also build on the currently weak evidence base of effective interventions during similar conflicts.

1. **Timely, reliable data** on the needs of the population remains imperative for effective and accurate planning.
2. Examine the **current health response**, its effectiveness, the role of different actors e.g. local or international non-governmental organisations and ways to improve current and future responses.
3. Study **current health system governance mechanisms** in such volatile and changing situations. There is very little research on health system governance during ongoing conflicts, and such studies could feed into post-conflict governance reconstruction.
4. Documentation and analysis of local and international actors' **failures and successes** to the current humanitarian crisis; this is essential to drawing lessons learned for similar conflicts.
5. Undertake research which focuses on the **impact of current crisis** and **effective interventions** on mental health, non-communicable diseases, communicable disease incidence and prevention, sexual and reproductive health and other conditions as well as medical education and the needs of health professionals.

The **Syria Public Health Network** was established in early 2015 in response to calls for an independent and critical assessment of the humanitarian and health response to the crisis, from colleagues working in Syria and the wider region. It aims to create an independent and neutral space for discussion, analysis and to generate policy proposals for the types of health interventions and research that might help to address current and future health needs in Syria and the region. A key function of the network is to improve understanding of the types of research and interventions that are taking place within the health response, and their political and social determinants. Workshops organised by the network incorporate key people working for UN agencies, donors, iNGOs, NGOs as well as academic researchers, journalists and those working on the ground in Syria and neighbouring countries.

This policy brief is prepared by **Syrian public health professionals** who have worked in the humanitarian sector in Syria including north west Syria; it was developed in close working with Syrian health professionals working in north west Syria. We would like to thank all colleagues for their valuable inputs. Please visit our website on: <http://www.syriahealthnetwork.org/> and email syriahealthnetwork@gmail.com if any queries.

⁶ <https://www.hrw.org/news/2019/08/07/documents-reveal-government-meddling-syria-aid-delivery>