

Humanitarian Access, Continuity of Services, and Protection of Humanitarian Workers

Significant areas of Syria continue to be **unstable, insecure** and at risk of renewed hostilities despite ceasefire agreements. As such, **maintaining humanitarian access and continuity of aid is under threat**. The ceasefire in northwest Syria is violated on a daily base with airstrikes and ground hostilities posing serious dangers to civilians and humanitarian workers. In northeast Syria the operating environment remains precarious due to clashes between parties to the conflict, tribal tensions and ISIS activity. Meanwhile, there is insecurity in southern Syria because of regular assassinations and small-scale armed attacks.

People in need are not receiving sufficient and regular assistance due to ongoing access impediments, which have been aggravated by COVID-19. The only way to sustainably restore people's access to services is the **cessation of hostilities**. In the meantime, urgent humanitarian access issues, such as the **protection of civilians and humanitarian workers, the renewal of the UN-authorized aid crossing in northwest Syria and the lifting of bureaucratic restrictions by local authorities**, need to be addressed to ensure **continuity of services**.

Humanitarian organisations responding to the Syria crisis work with thousands of skilled and dedicated **humanitarian workers**. Their **continued presence on the ground is the most effective and efficient way to meet humanitarian needs**. However, the conflict in Syria has been characterised by violations of International Humanitarian Law;⁽¹⁾ prominent among them is **attacks on humanitarian workers**. In 2021, **all attacks against humanitarian aid workers affected Syrian aid workers**, 15 of which were killed and 25 of which were wounded.⁽²⁾

Facts & Figures

– Syria is the most dangerous place in the world to be a humanitarian worker.⁽³⁾ Since the start of the conflict in 2011, there have been **over 534 recorded attacks** on humanitarian workers, resulting in **over 283 deaths – over 97% of whom were Syrian**.

⁽⁴⁾ The true number of attacks is likely much higher given a lack of available information, reporting delays and reluctance on the part of survivors to report attacks.

– Health care facilities and workers have endured extensive attacks in Syria, meaning the health sector cannot adequately respond to needs, including Covid-19. Between March 2011 and February 2020, Physicians for Human Rights corroborated **595 attacks on at least 350 separate health facilities and the killing of 923 medical personnel**.⁽⁵⁾ Over a third of attacks on health care facilities in 2020 were from heavy weapons.⁽⁶⁾

Urgent Concerns

Access and Continuity of Services

■ Of the **four original** UN-authorized aid crossings into Syria, only **one remains** in the northwest of the country. The non-renewal in December 2019 of the **Al Yarubiyah crossing from Iraq into northeast Syria** has put considerable strain on the delivery of humanitarian assistance in the region, especially for medical supplies previously benefitting more than **50 health facilities**. This seriously undermines the ability to effectively respond to COVID-19 among other humanitarian issues.⁽⁷⁾ Over **2.8 million people in northwest Syria are reliant on aid via the one remaining**

1. International Review of the Red Cross, Humanitarian debate: Law, policy, action, Conflict in Syria, 2017, https://reliefweb.int/sites/reliefweb.int/files/resources/ircr_99_906.pdf.

2. Aid Worker Security Database, <https://aidworkersecurity.org/incidents/search?start=2021&end=2021&detail=1&country=SY>.

3. The Guardian, 'Syria deadliest place to be an aid worker, amid global 30% rise in attacks – report', 19 August 2020, <https://www.theguardian.com/global-development/2020/aug/19/syria-is-deadliest-place-to-be-an-aid-worker-amid-global-30-rise-in-attacks>.

4. Aid Worker Security Database, <https://aidworkersecurity.org/incidents>.

5. Physicians for Human Rights, 'Physicians for Human Rights' Findings of Attacks on Health Care in Syria', <http://syriamap.phr.org/#/en/findings>.

6. Health Cluster Whole of Syria, 'Syrian Arab Republic Attacks on Health Care in Syria', 1 January – 31 December 2020, https://reliefweb.int/sites/reliefweb.int/files/resources/wos_attacks_on_health_care_dec_2020_v1_final.pdf.

7. HRW, 'Syria: Aid Restrictions Hinder Covid-19 Response', 28 April 2020, <https://www.hrw.org/news/2020/04/28/syria-aid-restrictions-hinder-covid-19-response>.

UN authorised crossing, making them incredibly vulnerable to any restrictions to this access point.⁽⁸⁾

- **Financial access constraints** due to the complexity of international sanctions and bank de-risking has meant NGOs struggle to **pay staff and suppliers, maintain or scale-up activities, and import certain goods**.
- NGOs have experienced increased **scrutiny and burdensome requirements from certain donors** leading to the **suspension of programs**, despite having established extensive **due diligence procedures** to ensure donor funding is safeguarded from diversion by sanctioned entities and/or parties to the conflict.
- Whole of Syria (WoS) coordination challenges between the hubs, the loss of UN authorised aid crossings into Syria and a lack of NGO representation in senior coordination positions is **undermining the effectiveness of the WoS architecture**, impacting planning and aggravating gaps in service delivery.
- Local authorities in Syria and surrounding countries continue to impose **bureaucratic restrictions, for example, onerous travel and field visit request processes**, which can delay or prevent aid delivery, and undermine humanitarian standards.
- **Extensive explosive hazard contamination in Syria** not only presents a severe risk to human life, but is also a major barrier to accessing communities

in need and delivering required services. Overall, **half the population is at risk** of explosive ordnance.⁽⁹⁾

- Certain groups, for example, **persons with disabilities and internally displaced persons (IDPs)**, regularly face additional barriers to access aid and services.

Protection of Humanitarian Workers

- Syrian humanitarian workers have unrivalled knowledge of the local context, their communities' needs and local structures. However, they have to navigate the complex reality of **shifting lines of control, increasing humanitarian needs, an unrelenting cycle of violence and evacuations**. Consequently, **thousands of Syrian humanitarian workers have been either killed, injured or displaced during the conflict**.⁽¹⁰⁾
- In particular, humanitarian workers often face **increased risks when there are significant changes in territorial control**, as they can end up working and/or living under the authority of a different party to the conflict which does not recognise the legitimacy of their work.
- Not all humanitarian organisations have the **required duty of care policies in place** to ensure that Syrian humanitarian workers at risk of harm have the means and support to available to them to ensure their health and safety.

8. 42 Aid agencies, June 2021, <https://www.rescue.org/press-release/over-1-million-people-risk-hunger-syria-if-cross-border-aid-resolution-not-renewed-say>.

9. UN OCHA, '2021 Needs and Response Summary', <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2021-needs-and-response-summary-february-2021>.

10. The Washington Post, 'As civilians suffer in Syria's Idlib province, death and displacement stalk aid workers, too', 19 February 2020, https://www.washingtonpost.com/world/middle-east/as-civilians-suffer-in-syrias-idlib-death-and-displacement-stalk-aid-workers-too/2020/02/19/0a33f3f2-51d0-11ea-87b2-101dc5477dd7_story.html.

Recommendations

To parties to the conflict:

- Ensure **full and unfettered humanitarian access** for all international and Syrian NGOs, regardless of the communities they serve and current modalities and areas of operation;
- Support the **renewal of Resolution 2585** for 12 months authorising **UN cross-border assistance** to northwest Syria, as the only viable way to ensure that vital medical and other supplies are available to humanitarian actors, particularly in light of COVID-19. Also, identify and support solutions to access challenges in areas previously reached through UN-authorised aid crossings;
- Immediately **cease attacks on humanitarian workers and civilian infrastructure**, in particular, health facilities, and ensure, through guarantees

and appropriate monitoring, that **humanitarian workers** are not subject to **arrest or detention** for performing humanitarian services;

- Facilitate **passage of humanitarian staff to and from neighbouring countries** for training and monitoring of humanitarian activities;
- Ensure that **mitigation and containment measures** related to COVID-19 allow critical humanitarian activities to continue and that **NGO permissions** and **staff movement** are facilitated in an expedited fashion.

To donors and the international community:

- Call for **full and unfettered humanitarian access**

for all international and Syria NGOs, regardless of the communities they serve and current modalities and areas of operation;

- Review **sanctions and counter-terrorism measures** to ensure that they are not **impeding the delivery of humanitarian aid** (among actions, ensure humanitarian exemptions be given broad and practical effect), in particular those affecting financial transfers to Syria and the supply of drugs and medical equipment;
- Recognise NGOs' common commitment to mitigate the risk of aid diversion and refrain from imposing **unnecessary restrictions on the delivery of humanitarian aid**;
- Recognise the crucial role and professionalism of Syrian humanitarian workers and support the creation of an effective **monitoring mechanism to track incidents** related to their protection;
- Actively promote the **adoption of duty of care policies** for all workers in the humanitarian sector, and **require and fully fund staff and partner duty of care policies** in all humanitarian grants to ensure adequate and consistent policies exist across all humanitarian actors;

To the United Nations Security Council:

- **Renew Resolution 2585** for 12 months authorising **UN cross-border assistance to northwest Syria**, as the only viable way to ensure that vital medical and other supplies are available to humanitarian actors, particularly in light of COVID-19. Further, identify and support solutions to access challenges in areas previously reached through UN authorised aid crossings.

To UN OCHA and humanitarian actors:

- Maintain the Whole of Syria coordination architecture to facilitate all access modalities to the maximum extent possible, including by maintaining coordination roles at the highest regional level and **ensuring senior NGO representation therein**;
- Maintain and encourage support to all access modalities and hubs in Syria regardless of cross-border resolution renewal decisions;
- Actively promote and / or **adopt duty of care policies** for all workers in the humanitarian sector, and **require and fully fund staff and partner duty of care policies** in all humanitarian grants to ensure adequate and consistent policies exist across all humanitarian actors.



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