

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

Humanitarian organisations responding to the Syrian crisis work with thousands of skilled, trained professional and volunteer **humanitarian workers**. Their **continued presence on the ground is the most effective and efficient response to humanitarian needs**.

In 2019, **extensive shifts in areas control**, notably in the north-east and north-west, and **specific incidents against humanitarian workers**, left humanitarian workers fearful for their safety. Especially when they could be **punished for association with humanitarian activities** undertaken by organisations not recognized as legitimate by parties to the conflict in control of their intervention areas.

Several million people in need are not receiving adequate levels of assistance due to access impediments, and there is a risk that **measures to curb the spread COVID-19** will only compound these impediments. The only way to sustainably restore people's access to services is the **continued cessation of hostilities**, but in the meantime urgent humanitarian access issues, such as the **protection of civilians and humanitarian workers** and the **lifting of bureaucratic restrictions**, need to be addressed to ensure **continuity of services**. Also, and especially, while trying to both prevent and prepare for a COVID-19 outbreak, **humanitarian workers** must be able to deliver services and maintain a **regular/permanent presence** within communities, particularly for complex programming.

## Urgent Concerns

### Access and Continuity of Services

■ The renewal of decisions in **Resolution 2165 (2014) without crossing points from Iraq** has put considerable strain on the delivery of humanitarian assistance in north-east Syria, especially when it comes to the **medical supplies** that used to benefit more than **50 health facilities**.

An already challenging health response now faces an impending COVID-19 outbreak and additional bureaucratic impediments, to which there are no viable alternatives.

■ Humanitarian access is not only access for humanitarian convoys. **Humanitarian aid** is not only trucks delivering humanitarian aid; it is also, and importantly, **people delivering services, and professional staff working in and with the communities implementing complex programming**. Allowing humanitarian workers to continue to provide aid through all possible modalities is an essential dimension of humanitarian access: it is vital to providing effective and efficient assistance to the most vulnerable people, including in areas facing conflict.

## Facts & Figures

– Despite the fact that the Whole of Syria architecture could still avail 4 sanctioned international border crossings in 2019, which went down to 2 in January 2020, the number of people in need of humanitarian assistance continued to grow: **11,7 million people were in need of humanitarian assistance, with 5 million in acute need.**<sup>(1)</sup>

– The data that the Aid Worker Security Database was able to collect is an undercount but it does show the relative vulnerability of Syrian humanitarian aid workers: in 2019, 48 Syrian aid workers were killed, wounded or kidnapped, compared to 4 international aid workers. **Since the crisis started more than 360 national aid workers were killed, wounded or kidnapped** compared to 26 international aid workers.<sup>(2)</sup>

– Physicians for Human Rights has documented **599 verified targeted attacks on health care facilities** since the beginning of the conflict,<sup>(3)</sup> while WHO reports that **53 medical facilities** in north-west Syria closed since January 2020 due to, among other factors, **fear of attack**,<sup>(4)</sup> while an estimated 2.9 million people are in need of health care.

1. UN OCHA, '2019 Humanitarian Response Plan Syrian Arab Republic', available online at: <https://hno-syria.org/#key-figures>, last accessed 28 February 2020

2. Aid Worker Security Database, available online at: <https://aidworkersecurity.org/incidents/search?detail=1&country=SY>, last accessed 28 February 2020

3. Physicians for Human Rights, *Illegal Attacks on Health Care in Syria*, available online at: <https://syriamap.phr.org/#/en>, last accessed 28 February 2020

4. World Health Organization [WHO], 3 February 2020, available online at: <http://www.emro.who.int/syr/syria-news/northwest-syria-who-raises-alarm-as-more-than-50-health-facilities-are-forced-to-cease-operations-amid-mass-displacement-and-hostilities.html>, last accessed 28 February 2020

■ Humanitarian access is also needed to ensure the clearance of **explosive remnants of war (ERW)** which in and of themselves **limit safe access to services and impede the delivery of humanitarian aid**.

■ For the past nine years, independently and in partnership with international humanitarian actors, **Syrian humanitarian NGOs and workers have been the backbone of the humanitarian response** across Syria, as they continue to be best placed to support their communities' immediate and future needs. These humanitarian workers should be granted **humanitarian exemptions** to curfew and lockdown restrictions so that they can continue providing life-saving service.

■ **Internally displaced persons and people in need of specialized services** are among the most vulnerable, as they often cannot access the extra services they need.

## Humanitarian Workers

■ National **humanitarian workers** have unrivalled knowledge of the local context, their community's needs and local structures. Throughout the crisis they have **acquired or developed unique technical skills essential to the delivery of services** central to the humanitarian mission.

■ These workers include, for example, **physiotherapists, doctors and risk education trainers**. They have **had to navigate the complex reality of shifting lines of control, increasing humanitarian needs**, an unrelenting escalation in violence, besiegement, truce agreements and evacuations.

■ The skills that **national humanitarian workers** possess go beyond the narrow description of "aid workers": they provide life-saving assistance, but **are also teachers, nurses and other civil servants** who have maintained services that are essential to a robust and functioning society. Their capacities, on an individual level as well as collectively, extend to a post-crisis setting and are valuable for helping communities transition in an early recovery stage where crisis intensity might be lower, but population vulnerability remains high.

■ The most pressing question for humanitarian workers is **how to ensure their personal safety and security** while maintaining continuity of services, this issue is even more urgent with the looming threat of a COVID-19 outbreak.

■ The international community must **recognise national humanitarian workers for the skilled professionals that**

**they are**, and step up to ensure that they are protected, so that they can be part of the social fabric of the Syrian society in the future.

■ **If and when areas of control shift, national humanitarian workers must be allowed to stay and continue their work** in all its forms, if this is their choice.

With their continued presence and protection, populations in need can be assured that essential services will be maintained.

## Access and Whole of Syria architecture

■ Humanitarian organizations work across Syria in a **principled and impartial manner** to ensure that civilians receive the necessary services regardless of who is in control of the territory. However, **NGOs have experienced increased scrutiny and suspension of programs** from specific donors, despite having established extensive due diligence procedures to ensure donor funding is safeguarded from diversion by sanctioned entities.

■ Syrians in need are currently assisted through **different access modalities, including direct work from Damascus, cross-border work from neighbouring countries, and different forms of partnerships with local actors**. The different modalities are complementary and no single one is enough to reach all the people in need.

■ Changes to the **Whole of Syria coordination architecture**, and the distribution of coordination roles at the highest regional level, should only be **adopted on the basis of consensus** in the humanitarian community, and should only be accepted for as far as they facilitate all access modalities to the maximum extent possible.

## Recommendations

### To parties to the conflict:

■ support **full and unfettered humanitarian access** for all international and Syria NGOs, regardless of their current modalities and areas of operation;

■ 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;

■ facilitate **passage of humanitarian staff to and from neighbouring countries** for training and monitoring of humanitarian activities;

■ ensure, through **political and practical commitment**, that **humanitarian workers are not subject to arrest or detention for performing humanitarian services** in accordance with International Humanitarian Law (IHL), with related guarantees and appropriate monitoring;

■ ensure that adequate support is given to **facilitate the interventions of humanitarian actors who are operational and have the capacity to reach those in need** in areas where control has changed;

■ support the **renewal of Resolution 2504 for 12 months** and support the **reauthorization of UN cross-border assistance** to north-east Syria, as the only viable way to ensure that vital medical and other supplies are available to humanitarian actors, particularly in light of a likely COVID-19 outbreak.

### To donors:

■ support the creation of an effective **monitoring mechanism** to track incidents related to the protection of Syrian humanitarian workers;

■ 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;

■ emphasise that **funds linked to continuity of services** are connected to the preservation and protection of humanitarian workers;

■ recognize NGOs' common commitment to mitigate the risk of aid diversion and **refrain from imposing unnecessary restrictions on the delivery of humanitarian aid**;

■ review **sanctions and counter-terrorism measures** to ensure that they are not impeding the delivery of humanitarian aid, in particular those affecting financial transfers to Syria and those affecting the supply of **drugs and medical equipment**.

### To the United Nations Security Council:

■ **renew Resolution 2504 for 12 months** and **reauthorize UN cross-border assistance to north-east Syria** as the only viable way to ensure that vital medical and other supplies are available to humanitarian actors, particularly in light of a likely COVID-19 outbreak.

### To UN OCHA:

■ **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.

■ **Maintain support to access modalities to north-east and north-west** regardless of the cross-border resolution renewal.