Durable Solutions / Refugees and Internally Displaced Persons (IDPs)

After almost nine years of conflict in Syria, new displacements(1) continue to substantially surpass returns. Before the 2019 escalations in both the north-west and north-east of Syria, more than 6 million Syrian people were internally displaced,(2) many of them more than once. Syria’s north-east, for instance, already hosted 710,000 internally displaced people from other phases of the conflict(3) when the October 9th military incursion forced 200,000 people(4) to move. Moreover, from April 2019 the north-west of Syria saw intensified aerial attacks leading to almost 1.5 million new displacements by the end of the year.(5) Overall more than half of the population of Syria is displaced, either internally or in Syria’s neighbouring countries, where there are more than 5.5 million Syrian refugees.(6)

The possible ‘durable solutions’ for refugees are three-fold: 1/ voluntary repatriation (return to Syria); 2/ local integration (in the country of first asylum); and 3/ resettlement (to a third country). Data from before the outbreak of COVID-19 showed that the number of people who hope that they can return to Syria had significantly increased from 51 percent in 2017 to 75 percent in 2019.(7) It also showed that 94 percent did not intend to return to Syria in the next 12 months. The main reason for this was the lack of safety and security, with respondents highlighting the risk of indiscriminate violence or risks of targeted reprisals as key obstacles. Of those that did intend to return in the upcoming year, 52 percent stated that they did not have sufficient information about the situation in their intended area of return.(8)

Facts & Figures

The living conditions in Syria are dire. In the latest Humanitarian Needs Overview, based on data from before the outbreak of COVID-19, the UN estimated that:

- 11.7 million people are in need of humanitarian assistance, with 5 million in acute need;
- 11.5 million people are at risk of explosive hazards;(1)
- 6.5 million people are food insecure, and there was a 100 percent increase in acute malnutrition among pregnant and lactating women from 2017 to 2018;
- 41 percent of the population in Syria requires treatment for non-communicable diseases, and 46 percent of health facilities are not fully functional.(2)

COVID-19 related lockdowns and curfews make the living conditions for those that are displaced in Syria and in Syria’s neighbouring countries even more precarious. After the first confirmed case in Lebanon, 21 municipalities introduced restrictions on Syrian’s freedom of movement that are significantly stricter than for Lebanese people. Among other things, restrictions like these compromise Syrian people’s ability to seek medical care outside of curfew hours for fear of being stopped by security forces.(10) In Jordan 80 percent of Syrian refugees was living below the poverty line before the outbreak of COVID-19. Many families depend on daily wages so the fact that Syrians living in refugee camps are not allowed to leave those camps when there is a lockdown, and that, in general, the prices of basic goods are rising, makes them especially vulnerable to the direct and indirect effects of COVID-19.(11)

1. UNMAS briefing to the UN Security Council, 24 October 2019
2. UN OCHA, ‘2019 Humanitarian Response Plan Syrian Arab Republic’, available online at: https://hno-syria.org/9key-figures, last accessed 18 February 2020
4. UN OCHA, Syrian Arab Republic, North East Syria displacement, 29 October 2019
5. UN OCHA, Syrian Arab Republic, North East Syria displacement, 29 October 2019
6. As of mid-December 2019 more than 70,000 people remain displaced. UN OCHA, Syrian Arab Republic, North East Syria displacement, 18 December 2019
7. UNHCR, Operational Portal Refugee Situations, available online at: https://data2.uncr.org/en/situations/syria, last accessed 17 February 2020
11. Middle East Research and Information Project,’Refugees at Risk in Jordan’s Response to COVID-19’, 8 April 2020
Urgent Concerns

- As of May 2020, tens of cases of COVID-19 were officially registered, while there were several reports about people with severe symptoms that were not tested and that were not included in the official numbers. Syria’s fractured health care system is barely functional and could completely collapse if there is a COVID-19 outbreak. In this, people living in displacement are especially vulnerable. They often live in cramped conditions and do not have sufficient access to water, making it impossible to abide by WHO-advised preventive measures.

- In August 2019, a joint operations centre for the purpose of returning Syrian people to a so-called ‘safe zone’ along Syria’s north-eastern border was set up. The humanitarian community’s subsequent concerns about forced returns were exacerbated after the October 9th military incursion led to a change in territorial control.

- There is no reliable data on contamination levels and types across Syria. For the areas where information is available, like Raqa, experts estimate that clearance of explosive remnants of war (ERW), landmines and improvised explosive devices (IEDs) will take more than 30 years. In the meantime these explosives present an immediate physical threat to civilians, including returnees, limit safe access to services and impede the delivery of humanitarian aid. In fact, with 79,206 recorded casualties (likely an undercount) in the Action on Armed Violence monitor, Syria is the most impacted country in the world when it comes to explosive hazards.

- An estimated one-third of the national housing stock is severely damaged or destroyed and there is almost no legal protection for Syrian people looking to return and claim their property, while various government decrees, e.g. Law 10 of 2018, restrict their access to do so.

- Approximately 1 million internally displaced persons live in camps, with 575,043 living in organised camps and 431,642 living in self-settled camps. Idlib, rural Damascus and Lattakia host the most IDPs. Military incursions in the north of the country have caused overcrowding, with camps like Areesha in the north-east receiving 5,000 people above capacity in the fall of 2019, and tens of thousands people in the north-west being forced to sleep rough in harsh weather conditions because of a lack of available shelter.

- Refugees and IDPs with chronic diseases and disabilities who need rehabilitation services are of particular concern as they cannot access these services in many areas of Syria, and are highly vulnerable in neighbouring countries due to a multitude of barriers to accessing health services.

- The Syria Refugee Response and Resilience Plan has been underfunded every year since its inception in 2013. For instance, only 32 percent of the needs for health and nutrition were covered come mid-2019. The lack of predictable funding leads to gaps in service delivery and gaps in non-emergency care that can lead to disability, such as when untreated diabetes results in an amputation.

- Growing political backlash against immigration has swept western countries and, since 2012, less than 3 percent of the Syrian refugee population has been resettled through UNHCR, a percentage that is unlikely to change in the upcoming 12 months. The fact that opportunities for resettlement are extremely limited disproportionally impacts vulnerable populations, like persons with disabilities. Their discrimination is a concern in the resettlement policies of receiving countries as countries tend to restrict the admission of refugees that will make a claim on health care and social service systems.

- Refugees continue to face legal, administrative and practical barriers to accessing complementary pathways, like scholarships and family reunification in a third country. Moreover, complementary pathways do not specifically focus on vulnerability but on other criteria that might qualify a refugee for entry into a third country.

- Even when the conditions in Syria are conducive for return per UNHCR’s protection thresholds and parameters, many refugees will still not be able to return due to a well-founded fear of persecution. They should be able to rely on the protection of host governments.

Snapshot of Camps in Syria

Al Hol in North-east Syria

- Opened in the early 1990s to provide shelter to refugees from Iraq, and reopened after the Iraq invasion, Al Hol saw an increase from 11,000 inhabitants to more than 73,000 after people started fleeingBaghouz in early 2019.

- As of late 2019, 45 percent of Al Hol’s residents are from Iraq, 40 percent from Syria and 15 percent are 3rd country nationals, many of whom are held in a heavily guarded annex to the camp.

- 94 percent of the inhabitants are women and children, and 66 percent are under the age of 18.

- The living conditions in Al Hol are dire, its residents regularly suffer from lack of clean drinking water (e.g. in June random testing of the water tanks showed that most were contaminated with E. coli), only 23 percent of people in need of medical care are able to return.
to obtain it, and there is regular violence. This violence is predominantly directed at aid workers, camp administration and people that do not subscribe to the same ideology as those camp residents that are violent.

According to the Kurdish Red Crescent at least 517 people died in Al Hol in 2019, 317 of which were children who mostly succumbed to malnutrition, hypothermia and poor healthcare for newborns. Al Hol is especially vulnerable to an outbreak of COVID-19. There are no testing kits available and it is hard to isolate cases of tuberculosis, making physical distancing for COVID-19 impossible.

Rukban in South-east Syria

Opened in 2014 in a completely arid demilitarized zone that has become a no-man’s land between Jordan and Syria. The environment around the camp is hostile, with severe temperatures and extreme weather shocks, no vegetation, an almost total lack of infrastructure, and insecurity due to the presence of various armed actors. Once home to approximately 75,000 people, Rukban camp saw a decline in population to fewer than 15,000 in late 2019. The majority of the inhabitants are women and children.

The camp is in a very remote area where there are limited economic opportunities and even fewer services available. High gas prices have led to people burning plastic, rubber, and old tires for cooking and heating.

People in the camp are heavily dependent on aid but, with responsibility for humanitarian aid subject to disputes between parties to the conflict, have not been able to rely on convoys getting through. It took 10 months of negotiation for the first one to arrive in November 2018, and there have only been 2 more since then.

The UN has reported a number of children have died of preventable causes, due to lack of access to health services. Last year, the freezing temperature combined with lack of services caused the deaths of at least eight children in one month.

Principled Returns

Conditions in Syria are currently not conducive for return in safety and dignity, and have only been compounded by the threat of a COVID-19 epidemic. As long as UNHCR protection thresholds and parameters for refugee return to Syria are not met, humanitarian organisations and the international community should continue to reject large-scale, organised return operations.

When looking at appropriate durable solutions for both refugees and persons that are internally displaced, the individual’s ability to make informed decisions should be at the forefront, while safeguarding their right to return to their area of origin. When it can be determined that returns are self-organised, humanitarian actors should engage in planning, monitoring, counselling, service orientation and risk education awareness. Syrian refugees should be informed of UNHCR’s service provision in this regard.

In the meantime, with the support of international donors and humanitarian actors, host countries should guarantee continuous access to basic services, like education, health and livelihood, for refugees. Moreover, host countries and parties to the conflict should ensure that humanitarian actors are able to access and deliver assistance to all vulnerable populations in- and outside of Syria.

Recommendations

To donors and the international community:

- do not prematurely encourage the return of refugees or of IDPs;
- do not fund projects that may create ‘push’ and ‘pull’ factors around return, such as those that link humanitarian assistance in Syria’s neighbouring countries to return;
- do not fund projects that go against the UNHCR protection thresholds and parameters for refugee return;
- ensure that repatriations within Syria remain an individual/family decision, as opposed to a collective evacuation. With regard to Rukban this should include exploring solutions for those who are unable or unwilling to depart the encampment, through e.g. sending additional aid convoys;
- commit to repatriating your citizens and your citizen’s children from e.g. Al Hol camp;
- continue using diplomatic pressure to ensure that there will not be large-scale forced returns to the ‘safe zone’ in north-east Syria.
adequately fund the humanitarian response by:
- fully funding the aid appeal for the Syria crisis, such as the Humanitarian Response Plan and the Regional Refugee and Resilience Plan, but also government response plans such as the Jordan Response Plan and Lebanon Crisis Response Plan;
- committing structural and timely funding to mitigating the effects of harsh weather conditions in- and outside of Syria and to improving the living conditions in IDP camps inside Syria;
- increasing pledges of bilateral and multilateral development support for refugees and vulnerable host communities in Syria’s neighbouring countries;
- continuing to provide funding for the ongoing humanitarian response while scaling up the COVID-19 response, and showing flexibility when it comes to program extensions and supporting essential staffing costs when organizations need to suspend non-essential activities;
- recognise the increased needs in IDP camps inside Syria and help facilitate access for the humanitarian community to provide basic services.

To humanitarian actors:
- ensure that the UNHCR protection thresholds and parameters for refugee return to Syria are gradually implemented;
- ensure that programs do not create ‘push’ and ‘pull’ factors around return, and do not link humanitarian assistance in Syria’s neighbouring countries to return.

To UNHCR:
- invite refugees and IDPs to meaningfully participate in humanitarian planning and the implementation of any returns policy;
- do active outreach about services, including those that provide reliable information on e.g. documentation, for prospective returnees and ensure that the level of protection that UNHCR can offer on the way to and in Syria is clearly communicated;
- ensure that spontaneous returnees with specific needs related to age, gender and disability receive the necessary protection, information and services.

To countries that can facilitate refugee resettlement:
- if currently accepting resettlement through UNCHR: commit to increasing resettlement numbers;
- if currently not accepting resettlement through UNHCR: commit to resettling refugees;
- honour all commitments made under the Global Compact on Refugees;
- commit to other forms of humanitarian admission of refugees, for example by offering complementary pathways, to assure safe and dignified access to third countries;
- support refugees through the provision of funds and assistance before and after departure from countries of first asylum including for fees, transportation and subsistence;
- recognise that many refugees cannot return to Syria, due to e.g. well-founded fears of persecution, and commit to opening specific pathways to countries where they can live in dignity.