

“There is no ceasefire”

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“There is no ceasefire”

*From briefings by GOAL
and by the Syrian British Medical Society*

THE APPG ON SYRIA, chaired by Roger Godsiff MP, hosted two briefings on Wednesday 2nd March, one by the Syrian British Medical Society, and the other by GOAL, an Irish NGO working inside northwest Syria.

Barry Andrews and David Leach of GOAL talked about the current cessation of hostilities.

BARRY ANDREWS:

Our security staff record as much information as they can about airstrikes. The focus was on the front lines in the early part of the Russian intervention, say from late September to the time the Russian plane was struck down by the Turkish authorities on November the 24th. The focus then was on Aleppo, and Hama, and Latakia. Since then our assessment would be that the focus has been more on the humanitarian corridors in Azaz and around Bab Al Hawa. That has been a clear target, and that is very easy to demonstrate from our point of view.

Three leaflets have come into our possession, airdropped on Aleppo, on western Aleppo province, and also in and around Bab Al Hawa. This one for example was dropped on Aleppo, and it says in English, “Forty types of ammunition await you, capable of destroying ground, underground shelters, fortified zones and targets,” and obviously trying to intimidate the population. Some security people would say, you know, that’s probably the right thing to do because it alerts the population to what is coming, and is in some way humanitarian.

But this one here, I don’t want to read it all out, “This is to the citizens in these cities, villages, and camps: The presence of terrorists among you in the developed communities near these noted regions will expose you to

great danger from both air and land as we define every person who’s left in the villages as cooperating with terrorists, therefore we are warning you that your communities are considered enemy to our forces.”

So these are, for the purposes of later war crimes tribunals, quite the smoking gun really. This is collective punishment, which is a war crime. This is the targeting of civilians, which is a war crime. It is as I say the smoking gun for any prosecutor.

This is the final one around northern Aleppo countryside again. “Last chance to everyone fighting the Syrian Army in these areas: This is a last chance—run for your lives—if you don’t evacuate these regions in 24 hours you will be destroyed. Decide fast.” This was all around the middle of February, so pre to the cessation of hostilities. But I’d just say that since the cessation of hostilities, our information is that the number of breaches have been grossly underreported in the media. We have a catalogue of examples.

DAVID LEACH:

I spent a very frustrating day Monday trying to persuade journalists that there was actually no ceasefire in Syria, but that is the case. There isn’t a ceasefire as anyone here would know a ceasefire. There was a brief cessation of Russian and Government of Syria bombing on Saturday, but by Sunday it had resumed again as if nothing had happened.

A political process is important, it’s important that we move forward and we start engagement, and we clearly support that, but it has to be built on something real and currently it is not a real process because there is no cessation. It’s frustrating to read reports

of ceasefires holding and ceasefires as being developing when that is simply not the case unfortunately in much of Syria, and certainly not in the areas in which we work.

THE SBMS BRIEFING looked at attacks on medical facilities, and Dr Abdel Aziz addressed the meeting via Skype from Aleppo.

DR ABDEL AZIZ:

The situation is terrible, especially in some hard to reach cities such as Aleppo now. The situation in Aleppo currently is very difficult because the city now could be classified as hard to reach because there is snipers attacking anybody coming crossing the only road to the city. We have by the way now, the total number of doctors including specialist, resident, or medical students, no more than 30 doctors inside Aleppo city. One example in my hospital, we have in the ICU only one technician covering 24 hours a day. We don't have any other staff because so many technicians fled out of the city, because they heard the city could be besieged at any time.

We have two orthopaedic in the whole of the city. The total population of the city, it was 350,000, and now decreased at least 100,000 because so many people fled the city. The daily airstrikes never stopped, maybe at the same time three, four, five in the sky, and targeting mostly civilians, mostly hospitals, schools.

I think you've heard about the 15th February attacks. More than five hospitals were attacked on 15 February. One of these hospitals, in Idlib, it's an MSF hospital. We lost one of our colleagues, and six nursing staff, in addition to more than 17 patients.

Also two hospitals were targeted in the north of Aleppo, in Azaz, one of them maternity hospital and the other a trauma hospital. Also those two hospitals have been closed totally and are now out of service.

Regarding that MSF hospital, it was targeted three times consecutively; the first one at 9 o'clock in the morning, the second 9:15, the third 9:30, so just to keep those people under the wreckage until they died. After two hours, nine kilometres distance from the hospital there is another hospital

which is al-Ma'arra central hospital. All of the injured patients have been transferred to the other hospital, and then an attack targeted the second hospital. So they evacuated the second hospital and transferred the patients to Bab Al Hawa and Darkush hospital.

So in one day, 15 February, we lost four hospitals, and one school in Saraqeb area. So imagine the situation of civilians and medical staff. We are losing our staff, we are bleeding or staff by the way.

ON HIS HOSPITAL IN ALEPPO:

Still functioning, fortunately. We've moved to the basement now. We made some sort of sandbags on the windows just in case, for protecting people from shrapnel. So now everything's underground for the staff and for the theatres, but still running. In this hospital now there are only two general surgeons, one neurologist, one general surgery resident, no anaesthesiologist, only technicians are working there, and some nursing staff. And by the way the nursing staff, most of them are not qualified, just learning how to be a nurse.

There are some medical supplies. We try to preserve some stock inside the city just in case. We are concerned that the city could be besieged at any time. The most important problem is diesel because it's not available. It's not easy to get it inside the city. The other problem is maintenance, either for the ambulance or for any medical equipment inside the city, because there are no more biomedical or any staff inside the city, so if we have any machine stop working and needing maintenance, we don't have anybody who can do this.

ON THE CEASEFIRE:

So we listen about this ceasefire, but in reality there is no ceasefire. Everything is as regular, as usual.

By the way, let me tell you something. Before the midnight of the ceasefire, it was Friday, before midnight, 11:30, one hospital in Darat Izza was targeted and is now out of service. It's Al-Kinahah Hospital in Darat Izza. It has been destroyed, on the night of ceasefire, half an hour before the presumed ceasefire. There's no ceasefire to be honest anymore.

What next after the Supporting Syria and the Region Conference?

Ruham Hawash, Abdelsalam Daif, Ahmad Tarakji, Maria Al Abdeh, Assaad Al Achi, Mathieu Rouquette

‘What next after the Supporting Syria and the Region Conference?’ A debrief by Syrian CSOs, Portcullis House, 5 February 2016.

THE HEADLINE EVENT of last month’s London conference, Supporting Syrians and the Region, came on the 4th February when donor nations pledged financial support for aid efforts within Syria and in those surrounding countries now hosting millions of refugees. The conference raised over US\$ 11 billion in pledges; \$5.8 billion for 2016 and a further \$5.4 billion for 2017-20.

The day before, 3rd of February, had been set aside for Syrian civil society organisations to discuss Syrians’ needs and how they might best be addressed. Many of these Syrian CSOs gathered again on the 5th in Portcullis House to share their reflections on the London conference.

This meeting was entitled ‘What next after the Supporting Syria and the Region Conference?’ It was hosted by Jim Fitzpatrick MP, with support from Syria Solidarity UK, the All-Party Parliamentary Group Friends of Syria, CARE International, and Women’s International League for Peace and Freedom.

The panel speakers were **RUHAM HAWASH**, Executive Manager of Citizens for Syria, **DR ABDELSALAM DAIF**, Country Director, Syria Relief and Development, **DR AHMAD TARAKJI**, President of Syrian American Medical Society, **MARIA AL ABDEH**, Executive Director of Women Now for Development, **ASSAAD AL ACHI**, Executive Director of Baytna Syria, **MATHIEU ROUQUETTE**, chair of Syria INGO Regional Forum (SIRF).

The meeting was chaired by Laurie Lee, CEO of CARE International.

The following are edited key remarks from the panelists, with a selection of comments from the

discussion that followed. At the end is a summary of key points prepared by Howard Mollett of CARE International.

RUHAM HAWASH:

Citizens for Syria are making a platform to connect Syrian organisations with anybody who is interested in supporting these organisations, and to achieve that we are doing some mapping. We started that in July, and finished our first report in September. Now we are doing our next phase, looking in depth at each organisation, what financial system or administrative system they are using, and all the activities they have held in the last six months.

For the first report, we found more than one thousand organisations, initiatives, and working groups, who are active in Syria. Now we found that many civil society organisations were displaced, they fled, they just disappeared, we can’t find them anymore, or they stopped their activities, or the funds stopped, and that’s because of the bombing, the heavy bombing of these areas.

In southern Aleppo, the barrel bombs and the air strikes are in all areas, so the result of that is the civil society organisations are dispersing.

International organisations, when they want to fund Syrian organisations they will give them a ready done programme. They don’t consult them, most of the time, in designing this programme. They deal with civil society organisations as if they are only implementing partners and not a part of this whole process. This creates a gap between these funds and the beneficiaries, meaning these funds won’t reach the right beneficiaries.

These funds also are not sensitive to the risks on the ground. The risk measurements are not

realistic for the situation on the ground. A lot of organisations need urgent funds, but it takes time to apply for the funding and to give this money. Some people just cannot afford waiting.

What kind of organisations am I talking about? These are organisations who support the people, who deliver humanitarian aid, who are working on health and medical issues, working with education, women's support. These organisations are a bridge to the beneficiaries. The aid that was pledged yesterday can't reach the right beneficiaries without the existence of these organisations.

Financial sanctions have been there for four, five years, and they are not harmful for the regime, they always harm the small organisations. Funds are late, they are cut, they are stopped in some bank in the US because the organisation has Syria in its name. So all of these issues hinder the work of these organisations, and put them in a very critical situation. These are the people who we need, and we have to respond to their needs.

CHAIR: *Thank you for starting us off talking about the most fundamental thing: how important the Syrian organisations themselves are to this. How do you think the conference went yesterday? Maybe some of the pledges are a bit longer term than we've seen in the past?*

RUHAM HAWASH: We always welcome any kind of funds, but it should be responsive to the needs and should arrive quickly to the beneficiaries. And the right circumstances for this money to arrive to the beneficiaries should also be achieved: at a political level, the sieges should stop, the bombing should stop, and all of these direct attacks on the organisations working on the ground.

Most of our team inside Syria, they are subject to bombing, to security threats; they cannot move very freely in the area. In the last month, we lost one of our team members due to the bombing. Also in the last month, five of our team were arrested. We should address all of these issues to make this money effective.

DR ABDELSALAM DAIF:

Syria Relief and Development started in 2011 as a response to the crisis. Based in the USA, we have offices in Jordan and Turkey. I am the Turkey country director. I want to talk about the situation in north Aleppo because I have experience in that area. I regularly enter Syria, in Aleppo and Idlib.

SRD like other organisations, other NGOs, faces challenges, especially in funding. In health we have many problems in funding. We need long term funding; unfortunately most funding is for six months or one year, and then this funding is cut.

We have bigger problems with facilities which have been hit. We talk about protection—I can't imagine what we will protect inside of Syria in this situation. For example yesterday there was more than 300 attacks in north Aleppo alone.

Now all media focus on a specific area like Madaya; now Madaya is one of our priorities, but we've got about 45,000 persons in Madaya and about two million persons in the north of Syria. All media they're focused on Madaya, Madaya, and Assad and the regime and those planes kill daily enormous numbers in the north and nobody talks about them.

Now there is another besieged area in northern Syria, because as you know the border is closed now between Syria and Turkey. And this area in Azaz is besieged because they can't go to the Da'esh area, and they can't go to the regime area. At this time there is more than 15,000 people, most of them sheltering from bombing, stuck on the borderline between Syria and Turkey. No tents, no home, all of them under trees, on the streets, and until now no response from the Turkish government.

For me I can't imagine the situation now. I used to go to Aleppo, to my hospital; now I can't because all the access is closed. Most of the doctors or medical staff on the ground, their families are in Turkey and I think now all of them will not be able to go to Turkey. There was very very dangerous access before, but now the borderline is closed, you can't do anything for the people on the ground.

Yesterday was good—6 billion dollars for Syria in 2016. But all of us know that we have to protect the persons inside of Syria. Unfortunately all of us, all of the donors, try to treat the symptoms, none of them try to treat the main disease. All of them talk about refugees, we have a problem in Europe, we have a problem in Jordan, we have a problem in—We have to ask ourselves, why did Syrians all turn into refugees? We have to stop this inside of Syria, we have to protect people inside of Syria.

Everyone wants to stay inside of Syria if they can, but without bombing, without attack, with a small amount of safety.

We have to support livelihood in order to keep them inside of Syria, but there's more funding now for refugees in Jordan and Turkey and Lebanon. What donors want is not according to the needs on the ground.

DR AHMAD TARAKJI:

I'm the President of the Syrian American Medical Society. Over the last year we've been able to treat more than two million patients inside Syria and in the neighbouring countries. That was down to our network of more than 1,700 physicians and nurses inside Syria and neighbouring countries, as well as more than 100 facilities in the area. Certainly we are so thankful for the United Kingdom leadership for hosting this conference and for the pledges of more than 10 billion dollars that we heard about yesterday.

Funding is very important in stabilising civil society inside Syria, but this is not the only element that is needed. The funding that was pledged yesterday will support civil society, will support the humanitarian sectors, including the medical sector that is in dire need at this time. But this is only one step, and it is very important that other steps follow. I am going to focus on two areas, and I'm going to share a very personal story that I wasn't planning on sharing, but I would like to share that as it will probably summarise the story of Syria.

So the two major factors that I want to focus on are the areas under siege inside Syria, and the hospital targeting as an example of the targeting of civilian structures inside Syria.

At this time we have more than one million people in the besieged areas, who are living and most likely will die in the besieged areas. Over the last few weeks we have shared our footage and reports from hospitals in Madaya and Moadamiyeh and suburban Damascus as well as other areas, like suburban Homs and so on. For example in Madaya you saw people being starved to death, and this is a build up of more than six months, this is not something that happened only in the last few weeks.

We have been asking the international community to respond, and they clearly have been slow. But what is important also is that as supposedly the siege was lifted, and more UN agencies are allowed inside Madaya, we are still witnessing people dying inside Madaya every single

day. People are blocked from being evacuated from Madaya to be treated. We have a list of more than 500 people who are in dire need to be evacuated for medical care from Madaya, and only a few, a handful of people, were evacuated from Madaya over the past few weeks.

This is a crisis that we are facing. That we are not able to execute as an international community.

This is replicated in Moadamiyeh, where infants are dying before their first birthday because of a lack of nutrition and supplemental milk. You can see the same thing in children dying without vaccines, from chronic diseases, or infection, tuberculosis. And if you look at eastern Ghouta, I want you to focus on one sector, or one group of patients, patients who have renal failure who need dialysis every other day. In eastern Ghouta they have run out of supplies for doing dialysis as of four days ago right now. That means that they are at risk of imminent death over the next week or two unless action is taken by the international community to allow supplies into this area. We have a list of 17 people inside eastern Ghouta, and I'm sure other organisations have other lists as well. Those are people who are dying as we are speaking.

This siege has to be addressed, it is a priority, it is causing death, it is being used as a tool of war.

The second example that I want to focus on is the targeting of hospitals inside Syria, and this is an outstanding example of targeting civilian infrastructure in Syria. I was in Syria a few months ago, and I saw how local communities when they are protected they can thrive. Even with the airstrikes, even with the barrel bombs, they can recover somehow if we support them.

Over the last five years we've documented with our colleagues in other international agencies more than 700 physicians and nurses were deliberately killed—the majority by these by the government—were deliberately killed over the last five years because of their professional area, because they were doctors, they were nurses. That's an average of one physician every three days. Same thing in the hospitals where we documented more than 330 attacks on hospitals and healthcare facilities over the last five years. What's most alarming is the fact that the rate has escalated over the past year. It also matched that average of one attack every three days. That's outrageous.

This is where the funding is going. Every

building has been destroyed. This is what we're looking at for the ten billion dollars—we're going to establish air raid shelters for those health services.

This is reflected in that an average person now, an average female that's pregnant, she's going to undergo a caesarean section so she can have predictable timing when she goes into hospital, have a short hospital stay as opposed to an unpredictable need to go to the hospital when God knows what's going on at that time, she might be a victim, she might be killed as she's going to hospital to have her baby.

I probably am out of time, but I would like to share a personal story. While I've been here in London, my cousin died. She had jumped in a raft and she was in it from Turkey to Europe. And, sorry to be emotional here but I think her story reflects exactly what's the crisis inside Syria. She was a physician, she had her own hospital, she was running an OP service that is very much needed in Syria. And she had good amount of money, she had an amount of wealth, but she still chose to run out of Syria, to jump on a raft, to enter Europe.

As a woman, as a physician, as a mother, she thought that this is the best way she can survive what is going on in Syria. If we are able to address those three elements, women, families, and physicians, I think then we're able to succeed in addressing the crisis inside Syria.

I want to conclude by asking all of us to urge the international community to prioritise focusing on lifting sieges, and stopping violation of international human rights and humanitarian laws.

MARIA AL ABDEH:

It's difficult to know how to talk after that.

Women Now for Development is working with women's groups inside Syria and in refugee camps in Lebanon. We are a team of 106 women and 11 men working on the protection, empowerment, and participation of Syrian women. I wish we could bring some of my colleagues inside Syria so they could talk to you about their wonderful resilience, and what they are facing every day. They are still trying to stay in Syria, to support other women, to support children, to protect them, and to be part of the society and not to accept that under war women have no role; they are trying to play a role, to participate in their society.

We heard yesterday that livelihood and education programmes will be supported. That's very great news because we have been asking for that for at least two years, but we also ask for protection, and we have not heard on that. It's difficult to ensure education and livelihood without ensuring protection.

We also heard yesterday about quite a detailed programme on refugees, but we don't know yet about Syrians inside Syria. It's like we are forgetting we have between nine or ten millions of Syrians still inside Syria; we also need to care about them.

Yesterday we heard also from a number of countries in the region, comments on permission of work for Syrian refugees there, and that is great, and we hope that this promise will be maintained. But refugees also need legal protection about residence; women have lots of problems related to marriage registrations, and newborn registration also. We have cases of lots of women whose family have sent alone a child that she will not be able to register, so we need more work on that issue also.

As has been said by all my colleagues here, we need protection of individuals. The bombs have killed more than 15,000 women in the last two years; we need them to be protected to be able to continue.

Grassroots organisations need funds to to continue, to be able to resist by their existence. Their existence is essential for any future of their country. They are the ones who are facing all extremist groups. They are by their existence and by their service necessary for the people.

In the case of women's groups we always been asked, did the women participate on the ground? Are the women respected? How can the women's groups participate if they are not supported? There are a lot of women's groups initiatives working on education or other services. Our experience after working in some areas for two years now, the local councils are coming to us asking for advice, asking for partnerships. It is power for the women to be supported, to ensure they are to be a part of the future of Syria.

Working with these women's group initiatives, we need to understand the context they are living in. We are working in three different areas: in besieged areas, but also in the north, and in regime areas as well. We adapt our strategy in every area; it depends on women's needs and women's priority,

and that has to be understood by donors. I will give you an example: in a besieged area we were having discussions about ceasefires and we were talking with a woman there about what is your need, and she just asked for an educational curriculum. So women on the ground know their priority and know very well how they have to support the future of Syria.

So it is not for the people outside who want to support them to decide their lives, decide what the women's needs are to be. They know what they want, they know how to do it; so if I have a final demand it is to support those women, empower them, give them the tools, and they will show you incredible work. Thank you.

CHAIR: *Do you think the conference addressed the particular needs of women when they were talking about education, protection, jobs?*

MARIA AL ABDEH: The support of livelihood projects and of education were two main demands for Syrian women, but without protection we cannot do anything. How can we support schools when they can be bombed at any time?

ASSAAD AL ACHI:

Baytna Syria is a support mechanism for Syrian civil society, and provides support through grants to projects inside its area, and through capacity building and workshops inside Syria with a focus on promoting democracy and on civil activism.

The biggest takeaway I had from yesterday's conference was the invigorated commitment of the international community towards Syria and towards Syrian refugees. However, we can not continue with our band-aid strategy. We can't cure cancer with Panadol. Without a meaningful peace process, all this aid will alleviate some of the suffering but will not lead us very far. There should be redoubled efforts into pushing for a meaningful peace process, and a meaningful political process that would lead to a meaningful political solution in Syria, because we can not cure a political crisis with a humanitarian solution.

A next step is an issue of accountability. How are we going to make these countries accountable for all the pledges that they've made yesterday? To make sure that they're going to deliver on these pledges, and to make sure that this money is not going to go into the economy of war? One problem not spoken about is how a bit of the aid is actually

feeding into the economy of war, the smuggling, the trafficking, etcetera. And it's fuelling the dynamics of war on the ground. A lot of the shifting military positions happen because of the economy, and are much less about politics. So these dynamics, we need to monitor them and make sure that these funds are not going to feed into these cycles of the economy of war.

All of my colleagues spoke about protection of civilians, but no-one said how. I don't work in the direct humanitarian field so I can be a bit more political and I can say we need a no-fly zone, we need safe havens we need humanitarian corridors. Without these three things, or one of these three things, a lot of the aid that is going to be delivered is going to be ineffective and inefficient, because I'm afraid at some point in time we are going to collect all this money and we are not going to find anybody to give it to, because they're going to be either on a boat to Europe, or dead.

MATHIEU ROUQUETTE:

I attended the Kuwait pre conference last year, some of you were around at the time. It's clear it's a day and night situation. This conference in London has generated much more momentum, much more commitment. But political leaders congratulating themselves for pledging more shouldn't mask the utter political failure that they have a responsibility to stop.

We hear ten billions were pledged—I'll wait to see it when it hits the bank—and some say it's a lot, but I do think it's a drop. Syria has lost two hundred billion dollars since the beginning of the crisis.

I want to compare ten billion dollars—for us it's a huge amount of money, right? It's never been pledged before. But what are ten billion dollars? Do you know how long it takes to trade ten billion dollars on the global ForEx market? Four minutes.

We heard a lot of Syrian voices, and I'm really, really, happy about that. But let's make sure all this is a consistent engagement, that this is not just a one-off, a showcasing of Syrian voices just to tick the box. Let's make sure this engagement continues.

At SIRF, we are 48 international organisations working in Syria and in the region. But nothing says that to be international, you can't be Syrian. SRD (Syria Relief and Development) and SAMS

(Syrian American Medical Society) are members of SIRT because they are registered in the US or in Britain. We are trying to see, within our existing terms of reference, how we can bring in more Syrian voices.

We supported funding mechanisms that provide direct funding to Syrian local civil society and Syrian NGOs. We've been arranging a pool fund in Turkey, and other such mechanisms, and that needs to be reinforced. We supported representation of Syrian voices and Syrian NGOs in the senior decision-making bodies of the humanitarian architecture. If we don't like the system, let's change it from the inside together. We have an opportunity to do that, we have the seats in those bodies, and I do encourage you to reach out to SIRF and to other coalition bodies so we can do that together.

We understand the frustration when we bring our approach to responding inside Syria. Many times I'm here explaining Syria to a Syrian—that doesn't make any sense. So it is an eye opener for INGOs who rely essentially on Syrian staff, on Syrian partners, to deliver assistance inside Syria.

Obviously those systems stem from a responsibility to the public, a responsibility to the taxpayer, but the operational space is more restricted now, with counter-terror legislation, sanctions, and our responsibility has increased at the expense of the humanitarian space and the humanitarian agility. Together with policy makers we need to have that conversation, because right now we're not doing enough, and we're not doing it right, and we're punishing people who have already been punished.

We heard a lot about the conduct of hostilities, about attacks on hospitals. We are asking for condemnation of violations of IHL, but that language already exists. That language is in the resolutions. So what is the cost of non-compliance? How do they get away with it? And how do we hold the Security Council accountable and responsible for the binding resolutions it produces?

The main humanitarian focus is access to people in need, but also for those people to access services they have a right to access. Access is a two-way street.

And I think in such a polarised environment the primacy of humanitarian principles should be upheld: neutrality, impartiality, independence. It's

really hard when you work in Damascus, but it's also really hard when governments, including the very governments that fund us, try to associate political agendas with humanitarian action. We see it in Geneva: humanitarian access should not be a guarantee to combatants, it is a right enshrined in international humanitarian law.

A WOMAN SPEAKING FROM THE AUDIENCE:

I want also to echo some points that were mentioned. One, we want to end the violation of the human rights to be able to continue serving the Syrian people.

And the other thing, 4.5 million refugees are displaced outside Syria, but we have 6.5 million inside Syria, and if we don't have the right balance to get the funds for the Syrians outside Syria and inside Syria will have another 6.5 million moving from Syria to the neighbouring countries.

I also want to mention involving Syrian organisations in planning, especially for livelihood, education, and women's programmes. They are very sensitive programmes related to the culture, to the ground, to our people. Syrians have to be very much involved in those programmes.

A SPEAKER FROM TULIP FOR SYRIA RELIEF:

There is a clear prioritisation of help for refugees outside Syria. I think there is a need to divide between the need inside Syria—I would call it the red area, the number one need area—and within that inside Syria territory the besieged areas, and the damaged and destroyed areas; three million houses are destroyed. We need to do a map of Syria. A borough in Aleppo like Salaheddine is wiped out of the map while other boroughs are not. So will the help go to the right place? We need specific mapping with colour-coded help.

So it's welcome but it needs to be focused inside Syria, and within Syria in the highest hot areas and destroyed neighbourhoods, those with lost one third of their hospitals. Hospitals are damaged, schools are damaged. We have two million students inside Syria who have no education. In the besieged areas like eastern Ghouta, they have 250 schools which have no electricity, no heating system, and they are up and running, and they are funded by small NGOs. So there is an urgent need at all levels to focus inside Syria, this is my point.

MARCELL SHEHWARO OF KESH MALEK:

I talked with our team in Aleppo this morning, and I wanted to ask them what they think about these billions: They don't think anything, they don't care, because right now we are losing Aleppo. So to me it was like I'm in London with the people responsible for losing Aleppo, discussing how to rebuild up Aleppo again.

I wanted two things at the conference that didn't happen. First, Syrians were the last to know about the conference, the last to prepare, and the last to be invited. And then we should celebrate, yay they invited us, but the normal thing is to invite us. The normal thing to do is to give us the space to talk about our situation. What's going on is wrong, and how we did it this time is wrong also. It's less wrong than before, but it's still wrong, and hugely wrong.

The other thing is that I wanted someone to say, we tried this in Syria in the humanitarian field, and we failed. They teach us how to do M&E (Monitoring and Evaluation) plans? There is a huge problem in what was going on in the last three, four years, regarding humanitarian, regarding education, regarding peace building; so when we talk about these billions, how are we

going to create a new plan if no one is trying to address that?

The UN has problems with Syria, that the system of peacebuilding, and spending a huge amount on peacebuilding and transitional justice, for a transition that was promised for years now.

When I hear ten billions I think how much is it to keep Syrians stuck in the neighbouring countries, and not for a better life?

Yesterday the Turkish government shot a girl at the checkpoint, because they are trying to prevent Syrians from reaching Europe, so I don't know if 60% of that money is to make Syrians' lives better or to prevent them from reaching Europe. There is a huge difference.

I wanted to see, did Syrian write about the conference? That every media big and small covered? No, they didn't. They wrote about Geneva, how suddenly it stopped, they wrote about the Russian airstrikes, and they wrote about the child dead, killed by the Turkish government.

Yesterday everyone on the BBC, they were celebrating. Oh my God I was thinking, wow, if they solve it what are they going to do? They give us money that doesn't solve anything and they celebrated that much?

Recommendations from Syrian civil society organisations

Key recommendations emerging from the event for the co-hosts of the Supporting Syria and the Region Conference, UN OCHA, the governments of the United Kingdom, Norway, Germany and Kuwait, as well as the wider international community, including bilateral donor governments and international institutions.

PRIORITISE THE PROTECTION OF CIVILIANS and accountability for international humanitarian law. Syrian CSO participants strongly advocated that donor pledges on funding do not absolve those same governments and the wider international community to do more to end the violence against civilians.

Ensure meaningful, early and timely engagement of Syrian civil society at all levels of follow-up to the #SupportingSyrians Conference in terms of input to decision-making and accountability efforts across policies, strategies, programmes. Syrian CSO participation is too often treated as an after-thought and they are frequently

invited into meetings with pre-determined agendas and a tokenistic role. One participant proposed the creation of civil society oversight committees for the implementation of Conference commitments (ie. relating to funding pledges, the co-hosts statement and country-level 'Compacts').

Treat Syrian CSOs as full partners in the design of policies, strategies and programmes. Currently, they are too often sub-contracted as implementing partners without meaningful engagement in project design. Such an approach could be incentivised through both direct funding to CSOs, and through funding channelled via UN agencies and INGOs.

Amend counter-terror policies which are making it hard for funding to reach NGOs working inside Syria and in neighbouring countries, as well as presenting challenges for the flow of remittances. Participants flagged that these policies are unlikely to impact on proscribed armed groups, but they do impact on CSOs. One women-led humanitarian CSO shared that their bank account had been frozen three times and funding transfers delayed due to these policies.

Provide longer-term funding to Syrian CSOs. Current 6-month and 1-year timelines in the UN pooled funding mechanisms are inadequate to address needs like health infrastructure or sustainable organisational capacity-building.

Prioritise refugee protection in Jordan, Lebanon and Turkey. Commitments to open up work opportunities under the 'Compacts' with these countries are welcome. These frameworks should be built on to promote strengthen legal protection for refugees in the form of residency permits in line with the UN Refugee Convention (as well as support for marriage registrations and new birth registrations) – which are a critical prerequisite for refugees to then apply for work permits.

Increase support for grassroots-level CSOs. Local women's groups, for example, have functioned in some areas for more than two years and have won the respect and engagement of local councils. Yet they struggle with burdensome donor log-frames and reporting requirements, and the majority of funding channelled to larger CSOs and NGOs does not reach them.

Ensure credible steps to factor conflict sensitivity into the accountability of funding pledged at the

London Conference. The war economy is a major factor inside Syria, as well as in neighbouring countries, and there are good practices available in the humanitarian sector to mitigate the related risks for aid delivery. Related to this, concerns were raised over reports that the proximity of the World Health Organisation to the Syrian regime had resulted in polio vaccinations being deprioritised for populations located in opposition-controlled areas. In addition, one participant mentioned reports that staff in some institutions have used aid delivery to exploit beneficiaries, and called on humanitarian agencies and the wider international community to provide more robust mechanisms to mitigate against this.

Create spaces for operational aid agencies and policy-makers to have more frank discussions on the monitoring and evaluation of humanitarian and resilience policies, funding and programmes. One participant remarked that it was noticeable that there was no discussion at the Conference of "what has not worked?"

Clarify the balance in funding pledges made at the Conference between aid to inside Syria and funds allocated to neighbouring countries and elsewhere. Participants highlighted that the greatest life-saving needs are inside Syria, and raised concerns that a donor political focus on refugee containment may shift funding away from that priority.

Refrain from the top-down imposition of projects on Syrian civil society, and allow CSOs to have the space and support to design programmes based on their knowledge and networks on the ground. Concerns were raised by participants regarding the extent to which funding gets driven by 'fashionable' themes on a short-term basis. Examples were given of donors cutting funding to some local groups while sustaining it to others which reframe their work as 'countering violent extremism.'

Ensure that funding pledged at the London Conference for humanitarian action is framed and implemented in line with core humanitarian principles; notably neutrality, independence and impartiality. Donors should avoid pushing implementing agencies into aligning with contested political objectives in their work, which could put their staff and local beneficiaries at risk.

Human resources in protracted crises: Syria's medical workers

Fouad M.Fouad, Mohamad Alameddine, Adam Coutts

AFTER FIVE YEARS OF BRUTAL CIVIL WAR, Syria has been paralysed by what has been described as the worst humanitarian crisis since World War Two.¹ From March 2011 till August 2015, 470,000 people have been killed, and almost 1.8 million wounded, most of whom are civilians.² This crisis had also left its heavy toll on Syrian's health human resources (HRH) with over 700 of them killed, some of these tortured or executed.³ The health system in Syria has become fragmented into areas controlled by the government, the opposition, Kurds, and the self-proclaimed Islamic State factions. Warfare has also destroyed the health care infrastructure and forced millions of Syrians, including thousands of HRH, into neighbouring countries whose health systems are struggling to cope with millions of refugees.⁴

At this month's Syria donor conference in London, the agenda was devoted to job creation and livelihoods among refugee and host community populations. Yet little mention was made of health and health services, or coherent plans given of how highly skilled groups such as physicians and medical workers could be utilised and helped to find work within neighbouring countries.

The decline in Syria's health workforce jeopardises the delivery of healthcare inside and outside Syria and poses significant challenges for post conflict rebuilding efforts. For example, today's ratio of physicians to residents in Eastern Aleppo city (the second largest city in Syria) is approximately one physician for every 7,000 residents, compared to one physician for every 800 residents in 2010.⁵ This acute shortage of health professionals is exacerbating the already dire humanitarian crisis.

At least three main labour trends have been observed among Syrian physicians since the beginning of the crisis. At the onset of the crisis many physicians practicing in contested

areas were forced to treat patients clandestinely due to the passage of a law that criminalised medical care provision to individuals suspected of opposing the regime.⁶ This contributed to the active displacement of physicians either internally or to the neighbouring countries. It is estimated that in Lebanon there are around 300 doctors and 700 mid wives and nurses. In Jordan, Médecins Sans Frontières estimate there are 2,000 medical doctors.⁷

With the escalation of the crisis, many physicians were forced to leave Syria and neighboring countries and seek employment mainly in the Gulf region with a small proportion migrating to Europe. This trend was precipitated by host countries banning physicians from practicing medicine and prohibiting them even from serving the Syrian refugees.⁸ In Lebanon this is particularly acute where private providers have been strongly opposed to Syrian physicians establishing practices. In Jordan, physicians violating bans are subject to arrest and deportation back to Syria.⁹

With a number of European countries opening their borders to Syrian refugees and continuing hardship in neighbouring countries, the recent trend has involved the mass migration of Syrian physicians to Europe. For example, German laws permit Syrian physicians to obtain a temporary permit to work within a specific medical facility if they can speak German. After modifying their license and obtaining residency, Syrian physicians can work anywhere in the country. In 2014, 319 Syrian physicians newly registered, ranking number two after Romanians in contributing physicians to Germany. The situation is similar in many other European countries like Austria, Sweden, and Netherlands; integrating well-educated, middle class, and young migrants could provide a much-needed demographic boost and be used as an opportunity to support health care

services in Europe.

Evidence from previous crises shows that when physicians are forced to migrate they are unlikely to return to their home countries.¹¹ The exodus of highly skilled workers not only affects the ability of aid organisations and governments to deliver emergency humanitarian assistance to people in Syria and neighbouring countries but it poses serious risks for the future reconstruction of the country. Over 60% of the healthcare infrastructure has been destroyed in Syria and it will require thousands of Physicians and other HRH to contribute to rebuilding efforts and care delivery.

There are important and timely questions that donors and aid agencies in the Syrian crisis need to address before this vital workforce is dispersed throughout the world:

1. Can Syrian physicians and other HRH displaced to neighbouring countries be better utilised to address the needs of the refugee populations?
2. What strategies could be implemented to slow down the migration of Syrian physicians and other HRH and provide them with temporary employment that supports their return to the country post conflict?

The questions outline an important agenda for research and policy that will be pivotal in helping to assist the humanitarian response and better serve the Syrian population inside and outside the country. Addressing these issues now could help to increase the impact and cost effectiveness of donor funds and most importantly ensure that human resources are not permanently lost making Syria's post conflict future even worse.

Dr Fouad M. Fouad is an assistant research professor in the Faculty of Health Sciences, American University of Beirut. He moved to Lebanon in 2012 due to the conflict. In Syria he was the coordinator and researcher at the NIH-funded tobacco and public health research center in Aleppo, Syria as well as Director of Public Health in Aleppo.

Dr Mohamad Alameddine is an associate professor at the department of Health Management and Policy at the Faculty of Health Sciences, American University of Beirut.

Dr Adam Coutts is a lecturer in public policy at the University of Cambridge. He was worked extensively in the Middle East and North Africa over the past six years as a policy consultant on public health and welfare issues for United Nations agencies, NGOs and regional governments.

NOTES

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Why civilian protection is a must in Syria

Yasmine Nahlawi

THE CONFLICT IN SYRIA is no longer just a Syrian problem, nor a regional problem; the Syrian conflict represents a growing global crisis, one which is already felt here in the UK. We have spent approximately £1.1 billion—taxpayers money—for humanitarian efforts, making us the second largest single humanitarian donor to the conflict. We have also pledged to accept up to 20,000 Syrian refugees by 2020, with many other refugees entering the country through alternative routes such as Calais. And of course we are concerned with the threat of a terrorist attack happening on UK soil, especially in the aftermath of the Paris attacks, and with an estimated 500 people from Britain already having travelled to Syria to fight.

As a global crisis, the Syrian conflict requires a global response. Unfortunately, the international community has failed to tackle the Syrian conflict at its root (the brutal dictatorship), focusing instead on its symptoms (the refugee crisis and the threat of terrorism). The result has been a host of ineffective policies (including an international coalition against Daesh and failed peace talks) that to date, have not yielded any results.

To understand why the dictatorship is still the core issue, note that the Assad regime was responsible for well over two-thirds of confirmed violent civilian deaths in Syria in 2015, as recorded by the Syrian Network for Human Rights. Daesh, upon which our military efforts are currently focused, was responsible for little over eight percent of confirmed violent civilian deaths. The opposition forces fighting both the Assad regime and Daesh were responsible for under seven percent of violent civilian deaths recorded by SNHR.

While both the Assad regime and Daesh are culpable of war crimes and crimes against humanity, clearly one of them carries by far the

largest share of the blame for the mass atrocity situation in Syria.

It must also be recognised that the Assad regime's indiscriminate aerial bombardment of civilian areas—joined now by Russian large scale bombing of civilians—is the primary driver behind the refugee exodus from Syria. Seventy percent of Syrian refugees in a recent survey in Germany said that they were fleeing Assad. Alleviating the refugee crisis therefore begins by ensuring the safety of Syrians inside their country from these indiscriminate attacks by the regime and its ally Russia.

Alleviating the threat of terrorism emanating from Syria also requires ensuring civilian protection from the Assad regime and its allies. The Assad regime has been responsible for both the emergence and the continued growth of groups such as Daesh in Syria. For example, it is common knowledge that Assad released prisoners in 2011 who had known militant extremist tendencies, knowing that they would contribute to the militarisation of the conflict. Many of these prisoners can now be found among Daesh or al-Nusra leadership in Syria. At the same time, the Assad regime has systematically detained non-violent activists, silencing voices of moderation.

The Assad regime has also overwhelmingly failed to attack Daesh targets, striking instead opposition-controlled areas or civilian areas within Daesh-held territory. This was most blatantly highlighted in an Amnesty International report which documented that even the Syrian regime's air attacks on the so-called Daesh capital of Raqqa actually targeted civilian areas. Such continuous and indiscriminate bombing yields destruction, chaos, and anarchy which only contributes to the radicalisation of the people on the ground and

serves as a recruiting tool for groups such as Daesh.

For the above reasons, our current Daesh-only approach will not work without incorporating it into a wider strategy of ensuring civilian protection from the Assad regime's brutality. The international community has already been bombing Daesh for over a year with limited results. Foreign intervention without civilian protection has more likely fanned the flames of terrorism than contributed to any lasting solution. While Daesh has lost some territory in parts of Syria, it has continued to gain territory in other parts during the US-led Coalition's military campaign.

Focusing our efforts upon achieving civilian protection in Syria would bring about two crucial changes, both of which are necessary in order to effectively defeat Daesh. Firstly, it would provide civilians with some breathing space, allowing Syrians themselves to better resist Daesh ideology and to protect their sons and daughters from this group. Secondly, it would allow moderate opposition groups to become more effective in their fight against Daesh. Currently, there are a host of Syrian opposition groups serving as ground forces in the fight against Daesh. However, their effectiveness is diminished because Assad, joined now by Russia, is attacking these groups from the air. Protection from Assad's bombs is therefore needed in order to make ground opposition troops more effective in the fight against Daesh.

Some policy makers attempt to make the argument that while military operations remain ongoing against Daesh, civilian protection in Syria can be guaranteed through a political track such as the (now-suspended) Geneva III talks. However, recent events have clearly shown how unfeasible this argument is.

Achieving a political solution remains a fantasy as long as previous resolutions, including Security Council Resolutions 2118, 2139, 2165, 2191, and 2254 continue to be ignored and blatantly violated by the Assad regime. Indeed, as Assad and Russia paid lip-service to the Geneva peace talks, they continued to bomb civilians and deny access to besieged areas. As these basic elements of human protection were unenforced, the High Negotiations Committee (the main Syrian opposition bloc) left Geneva in despair.

It is high time that we recognise the flaw in our

Syria strategy. It is vital that we understand that our national interests in alleviating the humanitarian and refugee crises in Syria and in eliminating the threat of terrorism go hand in hand with the Syrian people's interest in civilian protection.

As for how civilian protection can be achieved, there are a number of options on the table, including enforcing a no-bombing zone by means of weapons launched from beyond Syrian air space; providing opposition groups with means of self-defence; conducting air drops of food and medical aid to besieged areas. Whichever policy options we choose, we need to make sure that they are met with support by Syrians on the ground, adhere to basic safeguards, and adequately ensure civilian protection. Only then can we begin to resolve the Syrian conflict and all of the manifestations which emerge from it.

Yasmine Nablawi is Advocacy & Policy Coordinator with Rethink Rebuild Society, a Syrian community organisation in Manchester.

An earlier version of this article was published by InterLib, journal of the Liberal International British Group.

FURTHER READING

The most significant human rights violations in Syria during 2015

Report by the Syrian Network for Human Rights.
<http://sn4hr.org/blog/2015/12/31/16078/>

Russia killed more Syrian civilians than Assad or ISIS in January: Report

Damien Sharkov, Newsweek, 2 February 2016.
<http://europe.newsweek.com/russia-has-killed-more-syrian-civilians-assad-or-isis-last-month-report-426775>

Al-Raqqa under attack: Syrian Air Force strikes against civilians

Amnesty International report, 17 March 2015.
<https://www.amnesty.org/en/documents/mde24/1029/2015/en/>

Care about refugees? Listen to them.

Results of a survey of Syrian refugees in Germany, The Syria Campaign, 9 October 2015.
<https://diary.thesyriacampaign.org/what-refugees-think/>

Syria Between Dictatorship and ISIS: What can the United Kingdom Do?

Rethink Rebuild policy document, September 2015.
<http://www.rrsoc.org/node/313>

Upcoming Events on Syria

See <http://www.appgfriendedsofsyria.org/p/events.html> for updates

WEDNESDAY 9TH MARCH 2016

Screening: Syria's Rebellious Women

A set of short films by Zaina Erhaim telling the individual stories of a diverse group of women activists in northern Syria.

Syria Solidarity UK and DESTIN, student society of the Department of International Development, LSE.

6pm–7:30pm, LSE Clement House, Room 1.02, 99 Aldwych, London WC2B 4JF.

MONDAY 14TH MARCH 2016

Syria on Fire

Discussion with the Daily Telegraph's Middle East Editor Richard Spencer and Syrian journalist Yasser al-Hajji.

Kingston University Journalism Society.

<https://www.eventbrite.co.uk/e/syria-on-fire-tickets-22370332266>

5pm–6:30pm, JG2009, Kingston University, Penrhyn Road, Kingston upon Thames KT1 2EE.

TUESDAY 15TH MARCH 2016

Five years on, what next for Syria?

Speakers: Nigel Fisher, former UN Asst Secretary-General/Regional Humanitarian Coordinator for the Syria crisis; Rana Khalaf, Academy Asfari Senior Fellow, Chatham House; Jon Bennett, Independent consultant and evaluator of the TAMKEEN programme in Syria; Wesam Sabaaneh, Director, Jafra Foundation.

Chair: Sara Pantuliano, Director, Humanitarian Policy Group, Overseas Development Institute

<http://www.odi.org/events/4337-syria-war-conflict-five-years-humanitarian-livelihoods-development-governance>

4pm–5:30pm, Overseas Development Institute, 203 Blackfriars Road, London SE1 8NJ.

TUESDAY 15TH MARCH 2016

Screening: If the Dead Could Speak

Human Rights Watch's video, *If the Dead Could Speak*, lays out evidence regarding the authenticity of the Caesar photographs, smuggled pictures of at least 6,786 people who had died in Syrian government custody.

<http://ff.hrw.org/film/if-dead-could-speak?city=London>

6:30pm, Curzon Soho, 99 Shaftesbury Avenue, London W1D 5DY.

WEDNESDAY 16TH MARCH 2016

Aid, development and the refugee crisis + Screening: Not Who We Are

Talk by Dr. Rouba Mhaissen of SAWA for Development and Aid, accompanied by a showing of *Not Who We Are*, a documentary about Syrian refugee women.

Syria Solidarity UK and DESTIN student society, Department of International Development, LSE.

LSE London. Room to be confirmed. Further details from info@syriaauk.org

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