Special feature
The conflict in Syria
The conflict in Syria

3 Humanitarianism besieged
6 Ethical and legal perspectives on cross-border humanitarian operations
9 The challenge of access in Syria
10 How Islamic Relief is working across Syria’s borders
11 Cities in conflict: the lessons of Syria
13 An interview with Dr Nizar Hammodeh, Union of Syrian Medical Relief Organisations
15 ‘You got the stuff?’: humanitarian activist networks in Syria
17 The Syrian refugee crisis: findings from a real-time evaluation of UNHCR’s response
20 Refugees, host states and displacement in the Middle East: an enduring challenge
22 Out of the spotlight and hard to reach: Syrian refugees in Jordan’s cities
25 Can Jordan’s water market support the Syrian refugee influx?
27 Schooling in a crisis: the case of Syrian refugees in Turkey
29 Lessons from assessing the humanitarian situation in Syria and countries hosting refugees
33 Syria: a child protection crisis. Key findings from a 2013 interagency assessment of child protection trends inside Syria

About HPN

The Humanitarian Practice Network at the Overseas Development Institute is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience. The views and opinions expressed in HPN’s publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.

Cover photo: © UNICEF/Romenzi

Editorial

This edition of Humanitarian Exchange, co-edited with Ben Parker, features the humanitarian crisis created by the conflict in Syria. Since the civil war began there in March 2011, an estimated 100,000 people have been killed, five million have been displaced within Syria and over two million – half of them children – have fled to neighbouring countries. Humanitarian agencies have struggled to reach people in desperate need of assistance in both government- and rebel-controlled areas, hampered by ongoing conflict and government-imposed bureaucratic restrictions. During the almost three years of conflict, 22 Syrian Red Crescent volunteers have been killed and several aid workers have been kidnapped.

In his lead article, Ben Parker shows how Syria has exposed the weaknesses in conventional humanitarian practice and the difficulties of engaging in such a fluid and complex environment. Reflecting on three main types of cross-border operations in humanitarian history, Hugo Slim and Emanuela-Chiara Gillard discuss whether such operations can be pursued ethically and legally in Syria, while Brian Tisdall and Samina Haq explain the different approaches the International Committee of the Red Cross and Islamic Relief have taken to reach people in need. Echoing Ben Parker’s conclusions, François Grünewald argues that effective humanitarian response in conflict-affected urban areas in Syria requires risk-taking and a capacity to engage in principled strategic dialogue with a wide range of actors. Tania Cheung reports on an interview with Dr. Nizar Hammodeh, a British-Syrian doctor, on diaspora-led medical relief efforts, neutrality and humanitarian access in Syria, and a local Syrian activist, forced to remain anonymous for safety reasons, highlights how the techniques activists used to organise protests and demonstrations were quickly adapted to provide vital humanitarian and social assistance.

Frances Voon discusses the findings of an evaluation of UNHCR’s response to the refugee crisis, while Simone Haysom, Ben White and Eleanor Davey explore past episodes of displacement in the region. The response to the refugee crisis in Jordan is assessed by Sandrine Tiller and Sean Healy, and Carol Brady and Thomas Wildman report on using market assessments to help refugees access water there. The challenges of providing education to Syrian refugees in Turkey are highlighted by Selin Yildiz Nielsen and Mark Grey. The issue ends with articles from the Syria Needs Assessment Project (SNAP), which draws lessons from many assessments of the humanitarian situation in Syria, and the Child Protection Working Group, on key findings from a 2013 interagency assessment of child protection inside Syria.

As always, we welcome any comments or feedback, which can be sent to hpn@odi.org.uk or to The Coordinator, 203 Blackfriars Road, London SE1 8NJ.
Humanitarianism besieged

Ben Parker

A political or military solution to stop the carnage in Syria seems as remote as ever. The war seems only to bring even worse depths of human suffering and diplomatic impotence. Syrian civilians are in a state, not just of terror, but of horror – hostages in a geopolitical, ideological and sectarian catastrophe. On the face of it, getting humanitarian assistance to the millions affected should be easier to deal with than the political and military mess. In the space of two years, a major relief operation within Syria has indeed come to life despite the extreme circumstances. But these persistent, sincere and often brave efforts are compromised and deeply problematic. Although they have grown in breadth and scale, the response is still a disappointment to all sides: the government and opposition groups, donors, Syrian civil society, humanitarian workers in Syria themselves and the global public. Syria has tested conventional humanitarian practice up to and beyond its limits, and exposed some uncomfortable truths about helping civilians in conflict. This article examines the humanitarian response in Syria and humanitarian space there in general, mainly from the perspective of operations run from government-held areas.

International bodies routinely call for ‘unimpeded humanitarian access’, but in reality there are few places in the world where aid workers are less free to move around, assess needs and deliver services independently. Humanitarian action in Syria is plagued by insecurity, bureaucracy, manipulation, intimidation and limited operational capacity. External political and organisational agendas only make matters worse. To work on humanitarian issues in Syria is to walk an ethical tightrope. The humanitarian principles which underpin the Western aid system are under continual strain due to murky – if necessary – compromises and accommodations. Conventional humanitarianism is besieged.

Operational access

The attitude of the state is central to the humanitarian response in Syria. The government is used to having rigid control over most aspects of society, and keeping a very close eye on foreigners. Even before the conflict, international involvement in humanitarian operations in Syria was tightly controlled and viewed with suspicion both on grounds of national security and because it was seen as in tension with a general policy of national self-reliance. For example, the handful of international NGOs working for Iraqi refugees before the civil war were forbidden to meet together independently, and had to furtively arrange their encounters in restaurants and cafes.

With memories of the UN mandate which authorised military action in Libya fresh in the mind, which used civilian protection as a justification, the Syrian government sees humanitarian operations as a Trojan horse to delegitimise the state, develop contacts with the opposition and win international support for military intervention.

In government-controlled parts of Syria, what, where and to whom to distribute aid, and even staff recruitment, have to be negotiated and are sometimes dictated. The handful of operational agencies that have been allowed in have a state-imposed limitation on the number of international staff they can bring in, often achieved by arbitrary denials or delays in issuing visas. Nationals of countries perceived as hostile to the Syrian state are particularly unlikely to get visas. The list of acceptable nationalities shrank fast.

According to the Syrian government’s official position, humanitarian agencies and supplies are allowed to go anywhere, even across any frontline. But every action requires time-consuming permissions, which effectively provide multiple veto opportunities. To send staff to the field, an agency must put in a request, days in advance,
list the names of the travellers, their nationalities, passport numbers and titles, and the licence plate number of every vehicle. This goes first to the Syrian Arab Red Crescent (SARC). If endorsed, SARC then sends the request to the Ministry of Foreign Affairs. If the Ministry approves it – and it is widely assumed that the Ministry also seeks the nod from the security apparatus – SARC then signs a facilitation letter that will allow the vehicles to get through checkpoints.

Further paperwork requirements change often and are unpredictable. Medical supplies come under particular scrutiny, with aid agencies virtually prohibited from sending surgical material to opposition-held areas, the assumption being that they could be used to patch up wounded rebel fighters. Missions or deliveries are liable to be cancelled at the last minute because of ‘security concerns’, which frequently correlate with areas of particular strategic significance. Once on the road, supplies and staff still face arbitrary searches, delays and theft as local commanders may simply disregard paperwork issued in Damascus. Opposition fighters at checkpoints also have harassed and detained humanitarian staff and looted humanitarian supplies.

Crossing the frontline between government and rebel-controlled territory presents another range of potentially deadly risks and difficulties. There are hundreds of rebel groups whose control over different territories is constantly changing. Meanwhile, many of the ever-growing array of Islamist groups have little interest or regard for international humanitarian law. Humanitarian agencies struggle to find a suitable interface with insurgent groups; painstaking negotiations for access are typically done through a third party and circuitous communication channels.

Conditional access
Despite these heavy operational restrictions, humanitarian supplies continue to move around the country and across some front lines. Navigating what one observer has called the ‘leopard skin’ map of Syria’s religious and sectarian divisions, as well as its patchwork of military and rebel control, is both extremely difficult and dangerous. Worse still, some areas have been deliberately besieged or blockaded by both government and opposition forces. Civilians in these areas may voluntarily stay for family or political reasons, or stay out of fear of being killed or detained by the other side if they leave. Depending on the viewpoint, they could be regarded as human shields or victims of collective punishment, or both.

The International Committee of the Red Cross (ICRC) has said that one of its toughest challenges in Syria is reaching tens of thousands of civilians surviving in harsh conditions in sealed-off areas. Some of these areas have gone months – some over a year – without any formal assistance. In this context, the government has at times engaged in a ‘tit-for-tat’ approach – allowing aid agencies access to opposition areas under siege in exchange for their influence in getting aid to government sympathisers that the government cannot access. Aid agencies are also under pressure from other sources: Western donors closely interrogate them about what percentage of their aid reaches opposition areas, and high-profile cross-line convoys are sometimes mounted to prove the point that access is not one-sided, even when routine deliveries are getting through.

Relieving besieged areas is notoriously risky. Last autumn, after weeks of painstaking negotiations, the ICRC prepared a convoy to enter Homs’ rebel-controlled Old City, which had been under tight siege by government forces for months. The ICRC had assurances of safety from the government and its security agencies, and from a significant proportion of over 20 various armed groups and units in the area, garnered through weeks of negotiations. But the lead vehicle came under fire as it was crossing the frontline – it is not clear from whom. When the SARC tried to reach the pro-government town of Harem, under siege by rebels, it too was attacked.

Partner access
In the limited humanitarian space that remains, the SARC is at the centre. Not only does it see its role as defending and acting on the humanitarian principles of the Red Cross and Red Crescent Movement, it also occupies a powerful but fraught position of simultaneously being coordinator and gatekeeper for other relief agencies, both international and domestic. SARC approval is required for the registration of humanitarian INGOs and their programmes. The SARC is the conduit for the majority of UN-supplied food aid and a significant proportion of international non-food aid. Its agreement is required for field offices, visits and needs assessments. It is the primary agency for registering and assessing populations in need, which itself is a politically-charged process. The government expected the SARC to both manage the humanitarian crisis and the blowback of the crisis in terms of bad publicity and international ‘interference’.

At its worst, SARC is a monopolistic bottleneck, deeply compromised by pressure from the government. At its best, especially in the field, it is an inspiring beacon of decency and service. Without its field network and volunteers, there would be scant capacity to manage supplies and organise distributions and emergency services. Without it, and its thousands of volunteers, the suffering in Syria would be much deeper. Its volunteers come from the communities they serve and many are staunchly anti-government. They take heroic risks under huge pressure. Caught in the middle, SARC staff and volunteers are regularly accused by the government of facilitating assistance to rebels, and in some cases detained and allegedly abused. Splits have emerged between the highly-controlling Damascus HQ and the regional offices of the SARC, especially those in areas under long-term opposition control.

After many months of negotiation and pressure, UN agencies and international NGOs have been able to expand their partner base. The government has allowed them to work directly through several dozen pre-approved local NGOs. But many of these NGOs and charities have limited or no experience of humanitarian work and do not have a nationwide presence. These national NGOs have
little capacity in programming at the scale required and some have a fractious relationship with the SARC at the local level. The other channel available for implementation is through the government line ministries, which are of varying effectiveness and unpalatable to some donors.

With some creativity and guile, aid operations were able to find cracks in these rules – offering arm’s-length or mutually deniable support to small or well-placed local NGOs operating under the radar. The formal aid system made little progress in linking with civilian volunteer networks and coordination committees.

Cross-border and cross-line access
A number of Syrian aid groups, international NGOs and Red Crescent national societies are working in opposition-controlled Syrian territory without the permission of Damascus. The Syrian government regards them as illegal, and has made it clear to Damascus-based agencies that, if they undertake any cross-border operations, their operations would be shut down. Any cross-border operations have been kept discreet by most agencies and their donors, so details are limited on their scale and effectiveness. Certainly, cross-border operations face their own constraints: insecurity and risk has kept them largely confined to areas near the Turkish border; Turkey is increasingly restricting the ease with which they can cross the border and operate; and they face challenges – like the agencies working with Damascus – in maintaining a healthy distance from militarised political forces.

Assessment, monitoring and evaluation on all sides is very weak. The numbers and nature of people in need, wherever they found themselves, are often highly abstract and politicised, but partly due to a political culture of record-keeping and statistics, there were in fact sources of information that could be tapped on all sides. There has been little direct contact or coordination between international NGOs operating cross-border in rebel-held parts of Syria and those working with the permission of Damascus. In one case, an aid agency took major risks to cross a frontline only to find upon arrival that assistance had already been delivered to the area from across the Turkish border. Opposition disunity held back the potential establishment of an opposition relief wing with which international efforts could liaise, a commonplace practice in other conflicts. With Western backing, the opposition finally set up the Assistance Coordination Unit (ACU) in December 2012 to coordinate assistance in Syria’s rebel-held north, but the ACU has had limited impact on the ground.

Besieged
The international humanitarian system brought its whole toolkit to Syria – in theory at least. From ‘Level 3’ special procedures designed to unlock the best people and the best decision-making to sophisticated assessment, mapping, international lobbying, advocacy and fundraising, the international humanitarian community should have been in a position to respond in the best possible way to the crisis in Syria. Some of these systems did work, but many did not – a textbook approach was never going to be appropriate to the situation, which rather demands creativity, pragmatism and some cold, calculating realism.

The diplomatic deadlock led to misdirected pressure on the humanitarian system to deliver a substitute for what politics could not. The ability to deliver good-quality, principled programmes was not only constrained by restrictions inside Syria, but also by a clamour of pressures from outside. These ranged from organisational hubris and rivalry, to an ill-disguised preference for the opposition from some donors, which leaked into humanitarian decision-making, to an inability by aid agencies to say ‘no’, or ‘we don’t know’ when faced with unrealistic expectations and demands for data. The international aid system became warped under this onslaught, leading to turf battles and sharp practice, fundraising contradictions, donor interference, double-speak and poor risk management, all the while under intense pressure and micro-management from headquarters and capitals. Any divisions between aid agencies were exploited by government and security agencies.

Despite all this, many victories large and small were celebrated too: bold, creative and crafty solutions and alliances were found, and a sheer doggedness to not give up became a source of pride and motivation. Looking ahead, there can only be more players, more complexity, more expectations and more risks of every kind in a humanitarian crisis as severe as the one still deepening in Syria. A balance will have to be found between ‘state of the art’ humanitarian practice and what works and is ‘good enough’. Humanitarian action in Syria has to work within a fluid and complex network of actors and through innovative and changing practices, not a rigid ‘architecture’.

Syria’s implosion will have profound implications for the region and beyond. It is a live and terrible test of the international status quo: in terms of promoting peace and security, implementing a humanitarian response and preventing mass atrocities against civilians. Tested and found wanting, the established humanitarian system ignores the lessons of Syria at its peril.

Ben Parker was head of the UN Office for the Coordination of Humanitarian Affairs (OCHA) in Syria from March 2012 to February 2013. He writes here in a personal capacity.
Ethical and legal perspectives on cross-border humanitarian operations

Hugo Slim and Emanuela-Chiara Gillard

The devastating armed conflict in Syria has once again raised the question of the ethics and legality of cross-border humanitarian operations. Many humanitarian agencies that have been excluded from working in Syria by the Syrian government have rightly explored other ways to protect and assist civilians in opposition-held parts of the country that are not easily or routinely reached by cross-line humanitarian operations authorised by the government. This article looks briefly at three main types of cross-border operations in humanitarian history, and then addresses two main questions: can cross-border operations be pursued legally?; and what constitutes ethical cross-border operations?

Precedents for cross-border operations

History suggests three main types of cross-border operation.

1. Unauthorised by the affected state but agreed to by armed groups and the neighbouring state

There are two famous examples of cross-border operations that were not authorised by the state concerned, but were agreed to by a neighbouring state and implemented by armed groups controlling territory within those states.

In the Nigerian civil war from 1967–70, many humanitarian agencies led a cross-border air-bridge into Biafra from Sao Tome. This cross-border operation was started by a consortium of church agencies, Joint Church Aid, frustrated with official International Committee of the Red Cross (ICRC) and UN operations that were being negotiated with the Nigerian government. Joint Church Aid flew 66,000 tonnes of relief supplies into Biafra on 5,310 relief flights and had several planes shot down by the Nigerian air force.

In the Ethiopian civil war of the 1980s, church agencies formed a consortium in Sudan, the Emergency Relief Desk (ERD), to move relief supplies across the Ethiopian border with Sudan without Ethiopian government consent. The ERD was established in 1981 and worked directly with the Eritrean Relief Association (ERA) and the Relief Society of Tigray (REST), the relief wings of the Eritrean People’s Liberation Front (EPLF) and the Tigrayan People’s Liberation Front (TPLF). ERA and REST managed the delivery and monitoring of relief operations with limited oversight by ERD teams making cross-border assessments. Throughout the cross-border operation the ERD had the consent of the government of Sudan, which kept the border open. The ability (and desire) of the ERA and REST to meet the needs of their populations was in stark contrast with the Ethiopian government’s lack of access and its starvation strategy.

2. Authorised by the affected state, the neighbouring state and armed groups

Operation Lifeline Sudan (OLS), a joint government and UN cross-border operation from Kenya into southern Sudan in the 1990s, had the consent of both the governments concerned and armed groups. OLS built on shared incentives to prevent refugee flows and respond instead to internally displaced and vulnerable populations in situ during ongoing armed conflict. Humanitarian law and principles were a key part of the agreement in OLS’ seminal Ground Rules for the consortium of UN agencies and 35 NGOs involved. OLS marked the first time that the UN had worked directly with armed opposition groups and government together. This was made possible largely because of strong and united international pressure on Sudan, and a strong lead agency in the shape of the UN Children’s Fund (UNICEF).

3. Imposed forcefully by the UN Security Council with the consent of neighbouring states

This third type of cross-border operation is represented by the UN-imposed ‘safe haven’ in Northern Iraq in 1991, in the wake of the first Iraq war. Here, neighbouring Turkey and Iran were reluctant to accept a massive caseload of Kurdish refugees. With Turkish and Iranian consent, France, the UK and the US promoted the idea of a safe haven and no-fly zone in Kurdish areas of Iraq to which refugees and IDPs could return and be supported with cross-border humanitarian aid from Turkey and Iran. The safe haven was established following UN Security Council Resolution 688 of 5 April 1991, and managed as part of the military–humanitarian operation Provide Comfort, led by the allied victors of the Iraq war, UN agencies and international NGOs.

The legality of cross-border humanitarian operations

The legality of cross-border humanitarian operations turns mainly on the two issues of the consent of the affected state and the exclusively humanitarian character of any cross-border aid. Under international humanitarian law (IHL), the consent of the state in whose territory operations are to be implemented is required. So too is the consent of the neighbouring state from which any cross-border operation is to be mounted. In practice, consent is also required from any non-state armed actor in effective control of territory through which the relief goods must transit or for whose civilians they are intended.\(^1\)

Although consent is required, states do not have unlimited freedom to refuse relief actions. If relief is clearly necessary and the agency offering its services clearly humanitarian, then states must not arbitrarily withhold consent. They may do so for valid reasons like military necessity or a justified suspicion that humanitarian actors or staff are not acting in a way that is guided by humanitarian principles. They may not refuse for arbitrary reasons like a desire to

---

\(^1\) While opinions are divided as to whether the consent of armed groups is required and, indeed, sufficient, it is usually essential in practice if aid is to be delivered safely and effectively.
weaken the resistance of the enemy, cause starvation, deny wounded enemy combatants medical care or deliberately discriminate between particular groups. Refusing consent in such circumstances would violate IHL.

The law does not stipulate how consent must be given. It need not be publicly expressed but could be based on private assurances or an attitude that could, in good faith, be interpreted as acquiescence.

If state consent is withheld for valid reasons then unauthorised relief operations are unlawful. Although the International Court of Justice has ruled that the provision of humanitarian assistance in a principled manner does not amount to intervention, such operations would nonetheless violate the affected state’s territorial integrity as well as IHL. Staff may be turned back at the border or, if already in-country, goods and equipment can be confiscated and staff deported. Staff may also face proceedings on grounds ranging from illegal entry to supporting the enemy.

If consent is withheld for arbitrary reasons, perhaps counter-intuitively, unauthorised operations are not automatically lawful. If carried out by a state or international organisation they would violate the affected state’s sovereignty and territorial integrity. However their wrongfulness might be precluded in exceptional circumstances by the legal principle of necessity.\(^2\) An example could be a one-off relief operation to bring lifesaving supplies to a population in a specific location in extreme need, when no alternative exists. NGOs are not subjects of international law so cannot violate a state’s sovereignty or territorial integrity. Instead, unauthorised operations do not benefit from the safeguards of International Humanitarian Law (IHL) and staff may face proceedings under national law.

Legally, there is nothing intrinsically good, bad, better or worse between in-country and cross-border aid. Aid modality does not affect the legal position. Only the grounds on which consent is refused and the principled quality of humanitarian practice determine the legality of humanitarian action.

### The ethics of cross-border operations in Syria

If the law allows cross-border humanitarian operations in certain situations, what are the main ethical considerations in the decision to pursue such operations? Like most humanitarian decision-making, these turn on issues of need, context and capability, and issues of principle around impartiality, neutrality and independence.

Humanitarian needs are not being met across Syria by the humanitarian agencies currently authorised to operate there by the Syrian government. Needs remain unmet because of active hostilities, the creation of new needs on a daily basis and because securing cross-line access from all parties to the conflict is routinely problematic. There is a significant shortfall in humanitarian funding...
and capacity in areas under government control. This is because of government suspicion of international NGOs and donor suspicion of government manipulation of aid.

The prospects for positive international action to reduce needs and increase humanitarian access are poor. For political reasons it is unlikely that any measures under Chapter VII of the UN Charter will be taken. Significant international and regional support for the Syrian government means that there is a lack of unanimity at the United Nations to take more forceful protective action for affected civilians. Armed intervention by one or more states looks politically imprudent. The increasing number of parties joining the conflict increases the likelihood of a long regional war in a volatile part of the world. This volatility increases the risk that any protective action by an outside state will cause it to become embroiled in a costly, protracted and widening war.

All of these factors increase the potential significance of cross-border operations and give them humanitarian salience and moral logic as a possible third way that agencies are obliged to explore. But the splintered and conflicted Syrian opposition offers no easy option for humanitarian partnerships in any cross-border operation. They are no ERA or REST, and their political supporters want to provide humanitarian, military and political support simultaneously. The increasing Islamist element in the opposition also means that the most disciplined partners best able to organise humanitarian aid may be the least politically desirable to Western donors.

In this very non-ideal context, a number of conditions must be met if cross-border humanitarian operations are to be ethical as well as legal. The first two overlap strongly with international law. The others are more strictly ethical and concern the weighing of goods and the pursuit of virtues in a difficult situation.

1. An exclusively humanitarian goal
Legally and ethically, this condition is primary. Any humanitarian agency engaging in cross-border humanitarian operations should be doing so for humanitarian reasons alone. No agency should be running humanitarian operations as part of a wider political aim to support the development and success of opposition forces. Partisan politics is perfectly ethical in itself, but it cannot masquerade as neutral and impartial humanitarian action. Agencies will constantly have to make this position clear to the many donors who have taken sides and to their opposition partners. Nor would it be right for agencies to undertake cross-border operations purely because they feel an organisational need to be present and boost their brand accordingly. In an already confused and sensitive operational space, there is no room for agencies engaging primarily for publicity and reputation alone.

2. Principled operations
All humanitarian decision-making should be principled. Impartiality will be essential so that an agency can reach victims on all sides of the conflict in a war whose geography is changing fast. Agencies must aim for neutrality so that their resources and advocacy do not give unfair advantage to any party to the conflict. Operational decision-making must be as independent as possible so that agencies make humanitarian choices with autonomy.

3. Feasibility
Agencies must constantly weigh up what is possible for humanitarian action within the cluttered, contested and inexperienced realm of opposition politics. They must work with partners who are willing and able to develop genuine humanitarian capacity that is principled, determined and effective. This will require courage, patience, good judgement, accompaniment and ethical red lines that put absolute moral markers around good and bad practice. At present, remote management and its attendant problems are likely to be the norm. Serious risks to the lives of humanitarian workers will persist and need to be weighed against effectiveness.

Ultimately, if agencies judge that effective humanitarian action is not feasible in a cross-border operation they must be ready to withdraw and try something else. A reasonable chance of success is ethically important. The possibility (or not) of actually implementing operations and doing so fairly and safely for all people concerned needs to be taken into account.

4. Cooperation
Many agencies have operated quite secretly in cross-border operations to date and in deliberate isolation from one another. This may be wise if it is essential to staff safety and discrete access. But it may be wrong if it is primarily competitive and about stealing an advantage over competing NGOs. A consortium approach has been a strong feature of successful cross-border operations in the past and may be a more ethical way to proceed in terms of maximising common goals and finding strength in numbers for the benefit of affected people. Optimising collective action is always ethically important.

5. Complementarity with cross-line aid
Agencies must also weigh up the impact of cross-border operations on cross-line aid. Both types of programme must combine to best effect to avoid gaps and duplication, and to aim for fairness in shared measures and standards of aid. Cross-border and cross-line assistance must also take due care to ensure that one programme is not politically manipulated to the detriment of the other. The existence of cross-border aid must not be used as a justification for restrictions on cross-line aid, and vice versa. Transparency and coordination between both sides are the best means to generate fair discussions of the humanitarian value and coverage of each approach.

6. Best value relative to regional and global options
Agencies should also weigh wider considerations when deciding about cross-border aid investments in somewhere as difficult as Syria. If operational feasibility is significantly limited and humanitarian principles are at risk, then an agency is duty bound to consider other

---

3 At the time of writing, consultations were under way regarding a possible Chapter VII cross-border aid resolution.
uses for its resources. They may find better value in wider regional programmes like refugee support or lobbying for peace. It may be wiser to stop high levels of organisational energy and resources being consumed in the Syrian crisis when a larger and more immediate impact could be made elsewhere.

7. A long view
Any consideration of options must also think long term. The Syrian crisis, and any wider conflict that emanates from it, demands a ten-year view at least. This requires any agency to think about where it can be most usefully placed now in order to build the relationships and capacity that will make it a constructive and resilient humanitarian player for communities who will continue to suffer the effects of this conflict over the decade to come.

Hugo Slim and Emanuela-Chiara Gillard are Senior Research Fellows at the Oxford Institute for Ethics, Law and Armed Conflict, University of Oxford.

The challenge of access in Syria
Brian Tisdall

All sides acknowledge that not enough aid is reaching Syrian civilians in desperate straits. Security challenges, bureaucratic impediments and a pervasive mistrust of the motivations of humanitarian organisations have severely limited who can operate within Syria, and where they can operate. Faced with distribution difficulties, aid organisations have disagreed openly as to the best way of accessing those in need. Some have argued that impediments to aid distribution have unbalanced the whole humanitarian effort, with certain groups receiving relief and others not.

The International Committee of the Red Cross (ICRC) agrees wholeheartedly that more needs to be done to address suffering, including help for civilians in opposition-held areas. Indeed, we push for this on a daily basis and with all sides of the conflict. There are cumbersome rules for aid agencies working in the country, security challenges caused by the fragmentation of the armed opposition and risks associated with the intensity of military confrontations. We have decided that the best way to access suffering groups, often located deep in urban Syria, has been to build an operation from inside the country. We do not exclude working across borders to access opposition-held areas, provided that this is accepted by all parties to the conflict. However, given the reluctance of the Syrian government to approve relief operations that go across borders, the ICRC has focused on negotiating access across frontlines to provide a lifeline for those in need. Other organisations travel across borders without the formal approval of the Syrian government to deliver vital assistance, mainly to the opposition-held areas of northern Syria. They also face many challenges, particularly in ensuring it is safe for their staff to work.

Together with volunteers from the Syrian Arab Red Crescent (SARC), the ICRC has been able to work across frontlines to deliver food and essential household items to a number of hard-to-access areas, including Deir Ezzor, Hama, Qusair, eastern Aleppo and parts of Rural Damascus. Some of the support the ICRC is able to give reaches far more people, on both sides of the conflict, than can be directly identified. Engineers work to restore pumps, provide generators and supply chemicals for purification to ensure drinkable water regardless of whether the water flows to opposition- or government-controlled areas. The engineers provide technical and material support for local water boards in the hardest-hit areas and in camps accommodating displaced people.

Syria is the ICRC’s largest operation globally. In 2012, the ICRC and SARC distributed food to 1.5 million people, water to 14m people and other essential items (hygiene items, kitchen sets, blankets and mattresses) to another half a million people, in addition to providing medical supplies for the treatment of thousands of sick or wounded people inside Syria. The goal in 2013 is to provide monthly food parcels for 450,000 people, most of them displaced, and household essentials for up to 112,500 people. In addition, we will make sure that potable water continues to be provided for more than 12.5m people across the country.

Fundamentally, the reality of the Syrian conflict is that only political action will resolve it. Politicising aid is not the answer and will only hinder access for organisations like the ICRC.

Brian Tisdall is Head of Policy Division, ICRC.
Islamic Relief is one of the few humanitarian organisations working cross-border to deliver aid in response to the deepening crisis in Syria. The conflict in the country has killed tens of thousands of people, and has driven over 1.5 million across its borders. For those still inside the country, needs are increasingly acute as conditions continue to deteriorate. It is estimated that over six million people are in need inside Syria.

Islamic Relief staff have seen for themselves the horrific situation inside Syria. Millions are thought to be in dire need of food, water and sanitation. In the countries that border Syria, the humanitarian needs of many living in limbo in ever-expanding camps and host communities are deepening. Yet the lack of any significant international presence and proper camp management inside Syria is striking.

Islamic Relief has been delivering humanitarian assistance to the people of Syria since May 2012, both within the country and in neighbouring countries. Working effectively in Syria and across the border in Turkey has been vital to get aid to where it is most needed. Islamic Relief is one of the few agencies working cross-border, in partnership with a local Turkish organisation. Partnering with a local agency means that we can operate efficiently within Turkey and across the border into Syria. Our local partner supports us in procuring food and non-food items within Turkey and getting them into areas deep inside Syria as quickly as possible, though the large volumes required mean that the process from procurement to delivery can be a long one. As well as receiving in-kind donations, Islamic Relief purchases medicines and medical supplies directly, contracting companies and purchasing goods with money transferred directly to the supplier. Around 90% of the goods are Turkish, and most suppliers take the goods direct to the border. With goods coming from Istanbul and Ankara, this can be expensive even when Islamic Relief handles the logistics – but there is no other option at present.

Islamic Relief undertakes capacity-building as part of its agreement with partners. This includes the provision of training to staff and NGO partners (including nine local Syrian NGOs) in disaster management and emergency response methods. We have a team inside Syria that assesses needs, distributes aid and monitors distributions as far as is possible, for example through local councils. A small team of permanent staff covers Idlib, Atma and Aleppo, and also travels widely throughout the country. We also have Syrian employees working in Turkey to provide logistical support. Security, of course, is a major issue for cross-border work, both along the borders and inside Syria. To combat the security risks – including the high risk of aid workers being kidnapped – Islamic Relief minimises its presence inside Syria. Our local partnerships allow work to continue.

Despite the risks, Islamic Relief attempts to work in both opposition- and government- held areas – supported by staff who are able to negotiate with local councils and camp and community leaders. As a result, we have been able to gain access to areas that are completely cut off from systematic humanitarian assistance. Islamic Relief has distributed aid in the suburbs of Idlib, the coastal area of Lattakya, Aleppo, Al Raqq and the eastern areas of Deir Azzor, Al Bokamal and Al Mayadeen, in addition to most of the border camps. Recently, however, the relief road to Damascus has been cut, and Islamic Relief has been unable to get its convoy through crossing-points. Homs and Hamah are presently under siege and cannot be reached. For the internally displaced inside the country, there is no official UN registration so families languish in makeshift camps with nowhere to go and without access to the most basic of supplies. The scale of the suffering is horrific.

Both the government and opposition groups must help to ensure that aid reaches those most in need. This must mean allowing aid to cross lines of control, and allowing organisations such as Islamic Relief to continue their cross-border work, and for those agencies working out of Damascus to be allowed to reach populations in opposition areas. Around one million people have been helped by Islamic Relief’s response to the Syria conflict. Despite the challenges, we will continue to work extensively in Syria and neighbouring countries to reach even more people in this bloody conflict.

Samina Haq is Head of Programmes, Islamic Relief UK.
Cities in conflict: the lessons of Syria

François Grünewald

Syria is a highly urbanised country, and the conflict there has had a particularly devastating impact on its cities and towns. Homs, Aleppo, Damascus and many smaller towns have served as battlegrounds for government and rebel offensives, with tragic humanitarian consequences for their inhabitants. The battles for these cities have caused the breakdown of entire urban systems, destroying homes and public services and distorting urban markets and economies. Urban demographics have changed significantly as millions of Syrians have abandoned their homes. People displaced from one city to another or from rural areas to urban environments are forced into close proximity; to take just one example, one neighbourhood in Homs, Al Waer, has seen a four-fold increase in population since the conflict began, to 450,000 people, an estimated 80% of whom are internally displaced.1 This influx is exacerbating social and communal tensions and increasing the pressure on damaged or unmaintained water, sewage and energy services in urban areas. Although impossible to assess in detail, as a result of the conflict humanitarian needs in urban areas are clearly significant, but insecurity, access and logistical constraints and government and opposition obstruction have made it extremely difficult for aid agencies to respond at scale.

The challenges of urban programming

Insecurity and danger are the defining characteristics of operating in Syria in general, and in Syrian cities in particular. Part of the challenge confronting agencies stems from the nature of urban warfare itself. Conflict in urban areas typically involves the use of heavy artillery, snipers and small mobile groups familiar with the terrain. Fighting takes place in densely populated neighbourhoods rather than on an open battlefield, and heavy shelling is combined with street-to-street or even apartment-to-apartment search and kill operations. People are forced to take refuge in cellars, and are often afraid to go out in search of water and food – rightly so in Syria, given reports of government attacks on bread queues outside bakeries in Aleppo in 2012.2 Particularly in rebel-held urban areas, basic services have essentially ground to a halt as the conflict has undermined the authority (and revenues) of municipalities, destroyed infrastructure and killed or displaced skilled staff. Fighting has divided cities into areas controlled by the central state and those controlled by a constellation of different militias with neither the technical personnel nor the capacity to provide services in the areas they control.

Given this chaos and insecurity, humanitarian action in urban areas in Syria is extremely difficult and dangerous, and very few international agencies are operational on the ground. The bulk of assistance is being provided by Syrians themselves, either neighbour to neighbour or through the Syrian Arab Red Crescent (SARC) and other local charitable

1 WFP Syria Crisis Response, Situation Update, 9–23 August 2013.

and religious organisations. Security conditions make classic urban search and rescue operations impossible, and it is very difficult to extract people from the rubble of bombed buildings, retrieve the wounded from the streets and set up triage and evacuation mechanisms. The high prevalence of unexploded ordnance (a result of extensive bombing of urban areas), combined with ambushes, sniper attacks and systematic booby-trapping, puts urban dwellers and humanitarian and rescue teams at huge risk.

Treating the high concentrations of wounded after each military operation requires surgical teams with specialised skills, as well as sufficient supplies of blood, anaesthetics, drugs and disinfectant. Electricity and water must be available to maintain cold chains and minimum hygiene standards, but supplies are erratic and power cuts common. NGOs providing medical and surgical assistance in urban areas in Syria report taking every opportunity to replenish medical and surgical supplies to maintain a minimal capacity to treat casualties, but blood supplies are either very limited or not available at all. Through the SARC and the handful of NGOs working in urban areas, the International Committee of the Red Cross (ICRC) has tried to provide enough drugs and equipment to support basic health and surgical care, as well as delivering food, water and household kits, renovating or upgrading public facilities and providing water treatment supplies, spare parts, pumps and generators. Médecins Sans Frontières (MSF) and Médecins du Monde (MDM) are working through small-scale structures which are either very mobile or very discreet, and with networks of Syrian practitioners (who are frequently assaulted by government security forces). These NGOs have to negotiate the movement of medical teams and supplies across borders and lines, which involves passing through checkpoints controlled by a range of different armed groups. The ICRC has also tried to negotiate with the Syrian government and insurgent groups for permission for the SARC to evacuate civilians – especially the wounded, women and children – from combat zones in Homs and Aleppo, but with limited success as many insurgent groups consider the SARC to be a tool of the government, and neither side is willing to cede control over territory and people to allow evacuations to take place.

For displaced families staying in schools and public buildings, and especially for those forced to stay outside in summer temperatures, water is the number one priority. The government has primary responsibility for ensuring access to water, with the private sector playing a supporting role, mostly in low-density residential areas. Many of these, such as peri-urban Damascus, now host large numbers of internally displaced people. UNICEF and a number of NGOs are trying to repair water systems and resupply some of the water treatment plants still operating with purification chemicals, and some are even trucking water. For example, in Damascus, where in summer temperatures can exceed 40°C, NGOs like Première Urgence-Aide

Number 59 • November 2013

11
Médicale Internationale (PU) and Secours Islamique France (SIF) have organised water trucking, with PU distributing 55,000 litres of water to 5,000 people every day. SIF trucks water to other parts of Damascus and is also implementing small-scale sanitation schemes.

In winter, warm clothes and blankets have been distributed to displaced people in makeshift shelters. However, as with medical assistance bringing large quantities of these much-needed goods into urban war zones in Syria has proved very difficult. In the absence of adequate assistance, survival strategies include staying with host families, renting or occupying empty buildings and public facilities, and even organising communal shelters. A UN-HABITAT survey reports that, in the cities that it was able to access, 174,000 people were living in more than 800 collective shelters. These are highly mobile populations, moving from one location to another depending on the direction and spread of the fighting. Active fighting in urban areas means that IDP families are forced to move repeatedly, following the rhythm of military operations.

### Responding to urban needs outside Syria

The conflict in Syria has triggered a huge outflow of refugees to neighbouring countries. What started as a trickle has become a flood, with almost 1.8 million refugees registered with UNHCR by the end of August 2013. UNHCR believes that the majority of refugees are living off-camp, in cities, towns and rural areas, not in the formal camps that have been the main focus of international attention. Many of these out-of-camp refugees live in poor shelter, with precarious and uncertain access to basic services and livelihoods. They also face a range of protection threats, including domestic, sexual and gender-based violence, labour exploitation, including child labour, and recruitment by armed groups. According to an evaluation of the UNHCR response, “Ensuring timely registration, outreach and access to services for such a vast and geographically dispersed refugee population has been particularly challenging”.

In urban areas in Jordan, for example, over 120,000 Syrian refugees were receiving food assistance by the end of March 2013, and more than 37,000 were receiving regular financial assistance, but even so unmet needs remained considerable, with three-quarters of the off-camp population demonstrating ‘a significant degree of vulnerability’. Likewise, just one-third of the estimated 600,000 urban refugees in Jordan were expected to receive basic non-food items by the end of 2013, compared to 100% coverage in camps.

---

6 UN, Syria: Regional Response Plan, January to December 2013.
7 Ibid.
influx into Syria's neighbours is having a destabilising effect on their social fabric, notably in Lebanon, where sectarian tensions have increased since the conflict began, prompting clashes and bomb attacks in Beirut and the northern city of Tripoli. Access for humanitarian actors in these highly sensitive areas is becoming increasingly difficult.

Conclusion
To effectively support conflict-affected people in Syrian cities means working in very complex, volatile, unpredictable and dangerous environments. Humanitarian agencies have to be agile, flexible, opportunistic and risk-taking. Classic operational modalities imposed by donor procedures or ‘good practice’ guidelines, which require lengthy planning, standardised operational modalities and sophisticated accountability mechanisms, are of limited use in these highly volatile and complex urban contexts. Effective humanitarian response in conflict-affected urban areas in Syria requires a capacity to engage in strategic dialogue, firmly rooted in humanitarian principles, with a wide range of actors, including the government, political/religious factions and associated armed militias and what remains of municipal institutions. Such negotiations demand language and negotiation skills, a thorough understanding of both the urban and underlying socio-political context, the networks to facilitate the necessary connections and a willingness to accept relatively high levels of risk.

François Grünewald is Executive and Scientific Director of Groupe URD


An interview with Dr Nizar Hammodeh, Union of Syrian Medical Relief Organisations

A British-Syrian doctor on diaspora-led medical relief efforts, neutrality and humanitarian access in Syria

‘It's been very difficult’, acknowledges Dr Nizar Hammodeh of the Union des Organisations Syriennes de Secours Médicaux (UOSSM) [Union of Syrian Medical Relief Organisations], a medical relief organisation founded by health professionals in the Syrian diaspora. ‘Hopefully it will improve soon.’ For many humanitarians working long hours is second nature, whether driven by the humanitarian imperative, personal belief or sheer will. But Dr Nizar's drive to dedicate himself to the humanitarian response in Syria is all the more pronounced as it is his people who are currently in need, on both sides of the battlefield. As he says, ‘Because of my Syrian descent, I understand the situation and have this passion; it's natural – it's my people, it's my land’.

The Syrian backgrounds of UOSSM members have provided more than just motivation; they have also given them a close understanding of the situation, as well as personal contacts. ‘The good thing in the Syrian situation is, being Syrian, we have connections to the Syrian people anywhere in Syria.’ These contacts have served as implementing partners for UOSSM, says Dr Nizar. ‘They work with local people in Syria, and the local people are our main strength in that we are able to communicate with the people on the ground who know exactly what's happening, what their needs are and so on.’ Thanks to these strong local contacts, UOSSM has been able to provide a referral system for international NGOs seeking to establish a presence inside opposition-held territory.

Many of these contacts were made during Dr Nizar's previous work with the Syrian British Medical Society (SBMS), a member organisation of UOSSM. Founded in 2007, SBMS sought to improve medical knowledge and understanding in the Syrian medical sector, through conferences and information-sharing activities that brought together British-Syrian medical professionals with their counterparts in Syria. ‘When this conflict started, [the Syrian doctors] called us, saying they needed help.’ SBMS started supplying medicine, sharing medical information and providing support to local doctors seeking to provide medical care to people under fire. Over time, SBMS joined together with similar like-minded medical organisations run by members of the Syrian diaspora in the United States, Canada, France and Saudi Arabia, amongst others, to form UOSSM. ‘We found that by doing this together we could benefit the people of Syria much more’, reflects Dr Nizar. They began to pool information and resources and coordinate programming decisions.

Despite the very personal nature of the driving force behind UOSSM's work, Dr Nizar stresses the importance of humanitarian principles, striving to maintain the neutrality and impartiality of UOSSM's work. ‘We have been pressured by some Syrian political groups to be affiliated with them. But we have completely refused to be affiliated with any political party or side. We've always maintained our neutrality – especially as doctors, as medical aid personnel.’ Referring to the basic medical principle of providing care to those who need it, regardless of their ethnicity, religion or affiliation, Dr Nizar draws links between core principles of both the humanitarian and medical sectors, noting that increased interaction with established humanitarian agencies has only strengthened his commitment to such principles and code of ethics.

THE CONFLICT IN SYRIA

An interview with Dr Nizar Hammodeh, Union of Syrian Medical Relief Organisations

A British-Syrian doctor on diaspora-led medical relief efforts, neutrality and humanitarian access in Syria

‘It's been very difficult’, acknowledges Dr Nizar Hammodeh of the Union des Organisations Syriennes de Secours Médicaux (UOSSM) [Union of Syrian Medical Relief Organisations], a medical relief organisation founded by health professionals in the Syrian diaspora. ‘Hopefully it will improve soon.’ For many humanitarians working long hours is second nature, whether driven by the humanitarian imperative, personal belief or sheer will. But Dr Nizar's drive to dedicate himself to the humanitarian response in Syria is all the more pronounced as it is his people who are currently in need, on both sides of the battlefield. As he says, ‘Because of my Syrian descent, I understand the situation and have this passion; it's natural – it's my people, it's my land’.

The Syrian backgrounds of UOSSM members have provided more than just motivation; they have also given them a close understanding of the situation, as well as personal contacts. ‘The good thing in the Syrian situation is, being Syrian, we have connections to the Syrian people anywhere in Syria.’ These contacts have served as implementing partners for UOSSM, says Dr Nizar. ‘They work with local people in Syria, and the local people are our main strength in that we are able to communicate with the people on the ground who know exactly what's happening, what their needs are and so on.’ Thanks to these strong local contacts, UOSSM has been able to provide a referral system for international NGOs seeking to establish a presence inside opposition-held territory.

Many of these contacts were made during Dr Nizar's previous work with the Syrian British Medical Society (SBMS), a member organisation of UOSSM. Founded in 2007, SBMS sought to improve medical knowledge and understanding in the Syrian medical sector, through conferences and information-sharing activities that brought together British-Syrian medical professionals with their counterparts in Syria. ‘When this conflict started, [the Syrian doctors] called us, saying they needed help.’ SBMS started supplying medicine, sharing medical information and providing support to local doctors seeking to provide medical care to people under fire. Over time, SBMS joined together with similar like-minded medical organisations run by members of the Syrian diaspora in the United States, Canada, France and Saudi Arabia, amongst others, to form UOSSM. ‘We found that by doing this together we could benefit the people of Syria much more’, reflects Dr Nizar. They began to pool information and resources and coordinate programming decisions.

Despite the very personal nature of the driving force behind UOSSM's work, Dr Nizar stresses the importance of humanitarian principles, striving to maintain the neutrality and impartiality of UOSSM's work. ‘We have been pressured by some Syrian political groups to be affiliated with them. But we have completely refused to be affiliated with any political party or side. We've always maintained our neutrality – especially as doctors, as medical aid personnel.’ Referring to the basic medical principle of providing care to those who need it, regardless of their ethnicity, religion or affiliation, Dr Nizar draws links between core principles of both the humanitarian and medical sectors, noting that increased interaction with established humanitarian agencies has only strengthened his commitment to such principles and code of ethics.
‘Needless to say we are not actually taking part in any side of the conflict. We are completely neutral to what's going on … We leave the political talks … to the people who are dealing with it. As a humanitarian organisation, we should not concentrate on that; we should just recognise that there are people in need. Wherever they are, whether they are in opposition or government-held areas, we have to help them.’

Dr Nizar recognises that the UOSSM has not been able to gain full access to government-controlled areas due to restrictions imposed by the Assad regime. A few international organisations and governments initially perceived this as a lack of impartiality – a claim Dr Nizar firmly rejects. ‘This is not the case. The minute we get access to everywhere in the country … we would be there the next day.’ UOSSM has worked with patients from both sides of the conflict and has delivered medical aid to government as well as opposition-controlled areas. UOSSM has also been able to collaborate with international and national partners on key projects such as the construction and running of the Bab AlHawa Hospital in northern Syria. This has demonstrated that diaspora groups can not only play a role in humanitarian emergencies, but can also be essential for gaining access and, as Fabrice Weissman of Médecins Sans Frontières argues, scaling up aid in long-running conflicts.¹

Dr Nizar believes that almost three-quarters of Syria’s hospitals are out of service or only partly functional, and as medical needs grow over the course of the conflict, the health system will be put under increasing strain. ‘It’s not just that we have to build up the system that we had before, we need even more because of these years of conflict and war’, says Dr Nizar. ‘What we’re doing now is just treating the most urgent needs, but once the conflict is over and we have access to everyone in Syria, then we’re going to find much more need for medical aid … we have to set aside funds to rebuild the healthcare system … this is not something that can be managed by charities and local small organisations, it’s going to have to be [led by] governments and large international institutions.’

The challenges of working in conflict are compounded by the specific targeting of aid workers, regardless of their nationality. ‘The government is treating anybody who is carrying out aid work as being unlawful, or an invader, even if you’re Syrian. So unfortunately there have been many cases of doctors being killed, tortured, imprisoned, just because they are just doing their work.’ Violence against aid workers has created an extremely difficult working environment, says Dr Nizar. ‘Aid workers are always worried that they’ll be captured and that is hindering the work. It’s not just the stress of the situation, but stress that there may be bombs, fighting, government check points where they can be questioned and found out to be treating patients.’ According to Dr Nizar, ‘some hospitals have been specifically targeted with shelling’.

Another difficulty has been the key issue of access. While some international organisations have not been able to work in opposition-held territory due to lack of consent, Dr Nizar believes that aid agencies could do more to secure access: ‘We would expect [these organisations] to put more pressure either collectively or working individually on persuading the world and the government of Syria to grant them access. And they have to persist in this … the needs are huge and we need all the help possible’.

Despite the challenges, Dr Nizar remains resolute in his work. ‘I’m a doctor – I help, and that’s me and everyone else in UOSSM. Our aim is just to help our colleagues in Syria and to help the people in Syria with their medical needs. That’s our aim and hopefully once this conflict is over we can go back to our normal life … it’s been quite tough.’

Interview by Tania Cheung, Communications Officer at the Humanitarian Policy Group, Overseas Development Institute.

Organisers of anti-government protests in Syria were rapidly forced underground by the state’s heavy security response. The networks and techniques that activists had honed to stage demonstrations, evading pervasive government surveillance, interference, detention and assault, were soon put to use in delivering a wide range of humanitarian and social support. This article focuses on the emergence, function and structure of these hybrid networks, particularly in Damascus, taking into consideration the repressive security conditions they operated in, the significance of such networks from the perspective of the regime and the implications for the social fabric of Syria overall.

These networks changed as the uprising became militarised, with a subsequent shift in the tone and rhetoric of the movement. Early on in the uprising, demonstrating, association or even sympathy for demonstrators became criminalised and dangerous.

What later would become broader humanitarian networks began working on securing basic medical supplies and treatment for injured demonstrators. While the use of violence by security forces in coordination with militias to disperse demonstrations was confrontational and aggressive, it was the follow-up searches exercised by security forces in pharmacies and hospitals that pushed medical care for wounded protesters underground.

Security forces regularly tracked the path of those transporting the wounded, raided hospitals and interrogated pharmacists to see if anyone had come in asking for disinfectant or bandages. People wounded in a demonstration needed a house in which to recover far away from neighborhoods likely to be raided. This fostered not only fear among people who participated in demonstrations, but also prevented people with unrelated injuries from seeking medical attention. This was particularly the case if the individual was from an area of the city where demonstrations were known to be held.

The emergence of networks
Preparing for a demonstration also entailed preparing access points for medical treatment and planning ahead for injuries. This required lengthy groundwork, from securing doctors in various parts of the city where checkpoints would not be a serious obstacle, to providing basic training on first aid and more serious medical treatment. It was this initial need that prompted ordinary citizens, some well-connected, some not, to organise medical networks to secure medical professionals, equipment and locations for treatment. In essence this involved networking with doctors willing to treat wounded protesters, broadening the scope, location and network as much as possible, and included (at great risk) bringing in medical supplies (such as empty blood bags) from Beirut or Amman (buying such items in Damascus would raise suspicions), or finding ‘safe’ pharmacies to secure basic supplies.

As it was often impossible for the doctor to see patients at his or her clinic, consultations were frequently held in people’s homes. Stopping bleeding until a doctor was available became a common need. Any tool to stop hemorrhaging was used, including anti-hemorrhage bandages – some treated with homemade pastes – to stabilise the patient until formal (or semi-formal) medical treatment was available. As this expanded, first aid and more advanced medical training was organised by activists in areas where demonstrations were continuing. Small ‘field hospitals’ were established. However, while field hospitals in the demonstrations in Egypt were meant to assist on-site at demonstrations for efficiency and safety, Syrian field hospitals were usually far from the site of the demonstration and far from public view, in hopes of not being raided and patients and volunteers apprehended and punished. In addition, networks began connecting clandestinely with hospitals that agreed to take seriously ill patients through connections and personal and established trust. This became more urgent as wounds increased in number and severity.

The functions of humanitarian networks
As a result of constant activity and growing need, networks began to expand. People would reach out to others who might be sympathetic or supportive, sharing the names of doctors, assisting others with supplies and additional contacts and connecting with various parts of the city to help in mobilising for demonstrations and getting the word out (media coverage, social media and bringing in foreign reporters). As such, networks began forming mobile satellite groups. These groups had contacts throughout Damascus and were able to secure supplies or medical treatment, requested by phone, using previously agreed code words. Supplies were transported through security checkpoints, a process made less risky by sometimes apparently clichéd techniques, such as using pretty women to transport supplies or having a bottle of alcohol ready to offer as an inducement.

As these networks expanded social and medical support, their activities also widened activist networks within the city; invitations to demonstrations and community events were extended and the basic act of securing medical treatment formed and solidified strong social ties. As part of this process, activists from the area itself or from outside were also able to secure trust within communities that felt increasingly targeted and isolated. As the situation escalated, what were initially established as humanitarian networks began to mediate inter- or intra-community tensions, for example negotiating kidnappings. Humanitarian networks were able to assist in smuggling people (deserters, people evading arrest) and remained trusted members of the communities they were supporting and accessing.

Post-Homs, February 2012
The regime’s offensive on the city of Homs in February 2012 altered, refined and expanded these humanitarian networks. While previously providing small-scale food and
non-food items in parts of Damascus, activists now also needed to obtain basic items such as baby milk, diapers, bread and canned food – any item in short supply in Homs, or needed by families seeking to get by in Damascus. Secret trips were organised to homes housing Homsi families to take stock of their needs and follow up to ensure that families were taken care of.

This called for a higher level of caution to protect families who simply by having fled Homs might fall under suspicion as ‘insubordinate’. The fact that Homs was practically considered enemy territory by the regime was an additional hurdle. Some people who went to Homs to bring supplies or even in a show of community solidarity were interrogated, detained and charged with serious crimes. In many cases they were transferred to the Anti-Terrorist Court, established in 2011 following the revocation of the Emergency Law, which replaced the previous military courts with a different title and mandate, but more or less the same function.

Finding a shipping company willing to covertly transport items to Homs, as well as finding people willing to take the risky trip from Damascus with a car full of food and medicine was a significant challenge. These supplies were literally contraband.

The influx of displaced people from Homs into Damascus, in particular, did lead to a little more tolerance of humanitarian work by the government, albeit through accepted channels. Nationwide campaigns emerged to mobilise donations and support for Homs through national non-governmental organisations, and the regime organised relief operations with international agencies operating within the country. However, this aid only reached parts of Homs, and not all IDPs were comfortable or felt safe accepting and registering with Damascus-based NGOs (although many operated outside of the regime’s procedures). Activist networks were still needed to cover large gaps and support areas and residents that the regime did not consider legitimate beneficiaries of humanitarian support. Activists become frustrated at the scale of the task ahead of them coupled with the feeling that their role in the uprising had been, by default, restricted to meeting basic needs, and not the social mobilisation necessary to move the uprising forward.

At what risk?

It was clear that those who participated in these medical and support networks had a particular political inclination: they were in support of the uprising. The response of the government’s security apparatus was to aggressively pursue even purely humanitarian actions by non-violent citizens with judicial and extra-judicial violence and intimidation. Protesting had already effectively become criminalised and the denial of medical attention added to the climate of fear. The act of supplying medical help was treated as a crime; the regime dealt with humanitarian activists exactly as it would demonstrators or armed insurgents. Activists were arrested, tortured and in many cases killed while in security agency custody. For this reason, humanitarian support activists and networks maintained small and tightly-knit circles, as well as a great deal of digital security. Facebook was clearly monitored by the security services, as were other forms of online communication, so the use of internet proxies and anonymisers was the first rule of communicating and networking online. Phone lines
The Syrian refugee crisis: findings from a real-time evaluation of UNHCR’s response

Frances Voon

In the first week of March 2011, a group of schoolboys in the rural Syrian village of Dara’a were imprisoned for graffiti, after spray-painting the walls of a school with a common slogan of the Arab uprisings, ‘The people want to topple the regime’. This event sparked anti-government demonstrations that would soon spread throughout the country. The ensuing conflict between government and rebel forces, which is now in its third year, has forced over two million Syrians to seek refuge abroad, principally in the neighbouring countries of Lebanon, Jordan, Turkey and Iraq, and further afield in Egypt. The relentless pace and extraordinary scale of the Syrian crisis has generated unprecedented challenges for the humanitarian community. As the UN High Commissioner for Refugees, António Guterres, recently noted, UNHCR has been ‘stretched to the limit’.

A real-time evaluation of UNHCR’s Syrian refugee response

In early 2013, the UNHCR Assistant High Commissioner for Operations, Janet Lim, requested that a real-time evaluation be undertaken of UNHCR’s operations in Jordan, Lebanon and northern Iraq. The purpose of the evaluation was to support UNHCR’s operations in Jordan, Lebanon and northern Iraq in their efforts to respond to the mounting refugee crisis flowing from the Syrian conflict. The review was to be forward-looking and focused on the situation of refugees themselves, identifying those gaps in protection and assistance that needed to be most urgently addressed.

The review was led by the UNHCR Policy Development and Evaluation Service, with a team including members from the UNHCR Division of International Protection and Division of Programme Support and Management, and two representatives from NGO consortia, InterAction and the International Council of Voluntary Agencies (ICVA). Fieldwork was undertaken in late May and early June 2013, and a brief report was released in July 2013. A particular feature of the review was the mixed UNHCR–NGO evaluation team, which, although not uncommon for regular evaluations, is not typical for a UNHCR real-time review. This configuration not only enhanced the transparency of the exercise, but also provided an opportunity to bring to bear diverse experiences and perspectives. This may provide a model of partnership that could be replicated in future.

In such a complex and rapidly evolving crisis, there have been many developments in the months since the evaluation was undertaken. Nonetheless, the review highlighted a number of key findings and challenges for the humanitarian community.

number of key issues that remain relevant, not only for UNHCR but also more broadly. This article briefly discusses some of the main observations that emerged from the evaluation.

A primarily urban refugee emergency
The Syria crisis is remarkable not only for the enormous number of people it has displaced across the region, but also for the fact that the vast majority of those displaced do not reside in camps. While the iconic media images of the Syrian refugee situation typically depict rows of tents in a windswept desert camp, over 75% of Syrian refugees in fact live outside camps, scattered amongst host communities. Although considerable experience has been gained in recent years in assisting refugees living in urban areas, this has largely been in relatively stable refugee settings. As such, the task of responding to refugee emergencies in urban and other non-camp settings poses a range of profound challenges. These relate in particular to the sudden and massive pressures placed on local economies, infrastructure and services in an emergency setting. The scattered nature and potential ‘invisibility’ of out-of-camp refugee populations make the task of ensuring protection and assistance considerably more complex, particularly in an emergency context. In the three countries visited for this review, refugees are spread over wide geographical areas. In Lebanon, for instance, refugees are found in over 1,500 municipalities across the country.

In such dispersed settings, strong and effective mechanisms for registration and outreach are especially important in ensuring that refugees have access to a basic level of protection and services, yet both are significantly more difficult to deliver in this context. The real-time evaluation noted that UNHCR and its partners have made substantial progress in overcoming large registration backlogs and establishing nascent protection and outreach systems. Measures which have contributed to this have included increasing the number of registration sites and staff, establishing mobile registration teams, helpdesks and information hotlines, strengthening referral systems and establishing networks of refugee outreach workers. A priority should now be to dedicate the resources needed to scale up outreach and mass information activities, ensuring that protection systems extend to all areas where refugees reside.

Challenges in protection and assistance
The protection environment for Syrian refugees in Jordan, Lebanon and northern Iraq is broadly positive. Borders have been largely kept open, protection space has been preserved and refugees have been allowed access to basic public services. The great generosity of host governments and local communities must be clearly acknowledged. Key protection challenges remain, including social cohesion with local populations, sexual and gender-based violence, low school attendance, labour exploitation and risks to safety and security caused by armed groups. The mechanisms in place to address these must be strengthened and scaled up such that they are accessible to all refugees. In the camps in Jordan and northern Iraq, the evaluation noted that efforts were needed to ensure that international standards are met in relation to education, shelter and water, sanitation and hygiene (WASH) in particular. Measures to ensure a safe environment and to promote community ownership of camp services and infrastructure were also required. Outside camps, shelter, water and sanitation, health and education were most frequently identified as priority issues by refugees. Access to livelihood opportunities was also a major concern, particularly to meet the costs of rent and food, and to avoid falling into a spiral of debt.

In ensuring refugees’ access to services, particularly outside camps, the preferred approach is to avoid the establishment of parallel systems, but instead to strengthen existing infrastructure, which is more sustainable and equitable with respect to the host community. Yet expanding the provision of key services at the scale and speed demanded by the Syria emergency has been no easy task, due both to the sheer scale of additional demand represented by the refugee presence and to existing structural and systemic constraints. For example, in Lebanon, most health services are privatised, making healthcare expensive for locals and refugees alike, and complicating the task of ensuring consistent and equitable access. In Jordan, chronic water scarcity limits the capacity of water and sanitation facilities to meet the dramatically increased needs created by the refugee influx. Such major challenges are clearly beyond the ability of humanitarian actors to address at scale. In the face of such limitations and inevitable resource constraints, existing services have been unable to keep up with the...
steadily growing demands being placed upon them. This growing pressure on infrastructure and resources poses difficulties in ensuring that international standards for assistance are met and, importantly, has significant implications for both host communities and refugees.

**Putting host communities and development actors in the picture**

One of the major issues that the Syrian refugee crisis has brought into focus is the importance of ensuring that the needs of host communities are taken into consideration as early as possible. As well as putting significant strain on local infrastructure, the burgeoning refugee influx has increased competition for jobs, depressed wages and pushed up the cost of living. These factors have fuelled tensions between refugees and their hosts, threatening the positive protection environment that has thus far been established in all three countries.

The evaluation called for ‘a visible and tangible demonstration of international solidarity and responsibility sharing’ aimed at mitigating the political and socio-economic pressures created by the refugee situation. It is apparent that the task of responding to the immense demands being placed on host countries by this crisis is well beyond what can be achieved by host governments alone, or through traditional humanitarian responses. As such, the swift and substantial involvement of development actors and the commitment of significant additional financing to stabilise the situation are urgently required.

The notion that development actors and approaches should be engaged at an early stage of an emergency is certainly not new. Nonetheless, the enormity of the strains being placed on host countries and communities by the Syrian refugee situation demands renewed and innovative efforts on this front. The evaluation calls for the forging of a substantial and coherent strategy to address these pressures, suggesting a two-pronged approach. This would involve, first, the initiation by UNHCR of strategic discussions at a high level to catalyse the engagement of governments, donors and development actors, and second, the speedy scaling-up of projects to provide immediate and tangible benefits to refugee-hosting communities.

Since the completion of the real-time evaluation, there have been important developments on this issue. For instance, on 30 September–1 October 2013 UNHCR convened a High Level Segment on Syria at the agency’s most recent Executive Committee Meeting, which included senior ministers of states hosting Syrian refugees and officials from the World Bank, UN development agencies and intergovernmental and non-government organisations. The participants issued a call for greater responsibility-sharing and increased support to host countries and communities.

**The way forward**

The conflict in Syria has generated an ongoing refugee exodus of enormous scale, pace and complexity. While there have been several important achievements in the refugee response, the constantly shifting demands of the mounting crisis have meant that many actors have been unable to plan ahead under the pressure of immediate needs. The evaluation highlighted the need for contingency planning and preparedness based on an ongoing analysis of the situation in Syria and cross-border dynamics.

Notwithstanding the still evolving circumstances in Syria, the evaluation also emphasised the importance of developing a coherent, longer-term strategy which may orient the refugee response towards a set of common objectives. Such a strategy, which should be developed in consultation with all relevant partners, would also provide a sturdy platform for stronger and more effective coordination of the refugee response. As the evaluation noted, UNHCR was initially stretched by the need to ensure sufficient and open coordination amongst the various partners in the response. While this has substantially improved over time, more needs to be done, including through attitudinal change, strengthened coordination expertise and the development of links with non-traditional actors, such as faith-based organisations.

The humanitarian response to the regional refugee crisis has stepped up significantly in the face of a range of complex, and in many respects unprecedented, challenges. Since the evaluation, recognition has grown of the need for greater international solidarity to address the economic and social impact of the refugee crisis on neighbouring countries. Managing the interface between the humanitarian and development responses and crafting practical cooperation on assisting vulnerable local populations is likely to become a more prominent feature of the coordination landscape from now on. This will undoubtedly add to the range of new and complex issues which must be tackled in responding to the Syrian refugee situation in the months to come.

Frances Voon is Associate Policy and Evaluation Officer, UNHCR.
Refugees, host states and displacement in the Middle East: an enduring challenge

Ben White, Simone Haysom and Eleanor Davey

With over two million Syrians seeking safety in Turkey, Lebanon, Jordan and Iraq, highly political issues of citizenship, the role of the state and the status and entitlements of non-nationals are pressing questions for a large and rapidly growing number of people. The refugee crisis – one element of a larger displacement crisis affecting nearly 80% of the estimated 8.7m Syrians deemed to be in a situation of humanitarian need – is massive and affects the entire region. It is unlikely that the war in Syria will end soon, and when it does it is implausible that refugees will immediately return to an unstable country ravaged by conflict. The Syrian refugee crisis will be a serious long-term challenge to the humanitarian system.

In such a situation, a comprehensive understanding of context is crucial. In this article we argue that contextual analysis, which must of course encompass the current political situation and economic environment in affected countries, should not only focus on the present. By looking at the major challenges in Jordan and Lebanon – revolving around the value and utility of camps and how to approach assistance for self-settled populations – we explore past episodes of displacement in the region to bring a historical perspective to the current crisis.

The challenges facing the response

Although neither country is a signatory to the 1951 Refugee Convention, Jordan and Lebanon host the largest populations of Syrian refugees: around 550,000 and 800,000 respectively, as of mid-October 2013. International funding for the crisis is low in relation to the level of need (in contrast to the Iraqi refugee crisis), and host states have limited resources to fund a response. In Jordan and Lebanon only a small proportion of refugees are in camps: the majority have settled in towns and cities. Approaches to assisting displaced populations outside camps are not well developed, or have not yet been implemented at scale.

The need for camps to house Syrian refugees in Jordan (where there is one, Zaatari Camp, with another being prepared) and in Lebanon (where there are none) has been a source of debate in the sector. Over the last decade, especially as the global proportion of refugees in camps has declined, camps have been increasingly criticised as restricting the development of refugees' skills, entrenching divisions between refugees and locals and diminishing the possibilities for self-sufficiency. Advocates maintain that, while these criticisms may be justified, camps are often unavoidable because governments insist on them or, as in Jordan and Lebanon, the numbers require it and the conditions of off-camp populations are worse.²

Whatever the merits or otherwise of camps, the majority of Syrian refugees are dispersed in cities, towns and villages. A consistent concern – and criticism – has been the inability or unwillingness of humanitarian actors to deal with refugees outside of Zaatari Camp (in Jordan), or to provide effective support to both refugees and host communities (primarily in Lebanon). Often refugees are housed in squalid conditions or areas where they feel at risk due to local resentment. Agencies are struggling to reach these refugees and profile their needs, let alone provide for them. Although there is some experience within the formal humanitarian system of helping refugees gain access to public services and promoting their self-sufficiency, there is no consolidated body of knowledge or operational approaches on these topics.

In this context humanitarians need inspiration to help them develop innovative programming; help in understanding the possible consequences of their actions, including potentially negative consequences, particularly in Lebanon where the refugee crisis raises the risk of internal conflict; and arguments to motivate other actors in the international community – particularly development actors – to take on a role in responding to the refugee crisis. In this regard, we offer some examples of how previous displacement crises have played out in the region, looking at the issue of camps and the long-term impact of self-settled refugee populations. This analysis bolsters arguments in favour of approaches that avoid marginalising refugees, provides insight into processes of integration and the contributions of displaced communities to local development and highlights the pitfalls of favouring refugees above needy local communities in the provision of assistance.

Camps

Lebanon has refused to set up new camps for Syrian refugees. Despite initial reluctance, the Jordanian government eventually established Zaatari Camp in July 2012, which now has a population of 150,000, and earlier this year authorised the opening of another camp at Al-Azraq. For good historical reasons many Syrians approach camp life with trepidation. Uprooted Syrians have lived their lives in close proximity to generations of Palestinian refugees since 1948. For Syrians informed by the Palestinian experience camps may represent permanent exile, exclusion from the host society and physical danger. States too are wary of setting up camps on their soil. When Palestinian refugees housed in camps started to organise themselves politically in the 1960s, their aims and aspirations clashed with those of host


governments, and ultimately threatened their sovereignty. The camps, where refugees lived in isolation from their host societies and exclusion from their political institutions, became fiefdoms of the Palestine Liberation Organisation (PLO), and it was difficult or impossible for host governments to control them – even when militants launched attacks across the border on Israel and the occupied territories. In its conflict with the PLO, Israel did not hesitate to target the states hosting it. In Jordan this process led to the expulsion of the PLO leadership, after a short but bitter conflict in 1970, to Lebanon – where the same process contributed to the outbreak of a 15-year civil war. It is little wonder that Jordan is uneasy about placing Syrians in camps, and Lebanon positively allergic to doing so.

Self-settled populations and ‘host’ communities

Given that the majority of refugees will remain outside camps, it is worth examining what this means for the communities they have settled amongst. The concentration of Syrian refugees in areas along the border and in certain towns is placing strains on services such as schooling and housing. Schools in parts of Lebanon and Jordan are resorting to double shifts to cope; rents in parts of Jordan rose 300% in the six months before April 2013. In Jordan, one of the most water-poor countries on earth, these populations also draw on state-subsidised water and electricity. Workers in both countries complain that Syrians have driven down wages – and Syrians complain that they are exploited by employers. All of these problems are expected to worsen: there is no end in sight to the conflict, no prospect of mass return – and refugee numbers are still growing. The burden on host states, host communities and refugees themselves will therefore grow heavier.

Displaced populations in the Middle East have often been able to draw on resources that are inaccessible to host populations. In the decades from 1860 to 1914, the Ottoman Empire provided land, tax concessions and agricultural development assistance to resettle millions of Muslim refugees from the Caucasus and the Balkans. In Syria after the First World War, under the French mandate, Armenian refugee camps around Aleppo were developed into middle-class quarters that had levels of municipal services – electricity and sanitation – well beyond what was provided in other parts of the city. In the 1930s, when Assyrian Christian refugees from Iraq were resettled in Syria under the aegis of the League of Nations, they received development assistance for their agricultural settlements. Here too services were far above the level available to most Syrian villages at the time, with a number of schools and a hospital built for the refugees.

Assistance given to refugees had long-term consequences for their integration into host societies, and for the economic and political development of host states. Assistance could create resentment against refugees, especially when the host society was also suffering from deprivation or political tension, as after the First World War. There were anti-Armenian riots in Aleppo in 1919, and refugee camps in Damascus were attacked during the anti-French uprising of 1925. This highlights a particular risk: when assistance to refugees is perceived as being a kind of favouritism provided by external actors, or coming at the cost of local taxpayers, tensions can quickly rise. Nationalist newspapers published many hostile articles against the
settlement of refugees. This same phenomenon was also noticeable in Amman in the early years of the last Iraqi refugee crisis, when resentment grew towards refugees and the NGOs providing services to them in areas where the people they lived amongst were equally or more needy, yet were mostly not eligible for assistance. Similar points were being made about Syrian refugees in the Jordanian parliament in the spring of this year.

In the longer term, the Syrian case in the twentieth century holds mixed lessons about the integration of refugees. Armenians living in Syrian cities generally became well integrated, though in the current conflict they are, like all Syrians, vulnerable. In rural north-eastern Syria, where Kurdish and Christian refugees formed a local majority, tensions were longer-lasting. Their settlement in the region led to agricultural development there that made it an integral part of the Syrian national economy. But the fact that Arabs were outnumbered in the area made the central government suspicious, and in the early 1960s it took steps to ‘Arabise’ it, encouraging Arabs to migrate there and using a local census to strip many Kurds of their nationality. (At the outset of the current conflict, many Syrian Kurds remained stateless.)

More generally, in the Middle East, as in Europe, assistance given to refugees helped define the services that states were expected to provide to their own populations. When foreign actors – whether the French mandatory authorities or humanitarian agencies operating through the League of Nations – offered refugees more than host societies received from their own state, host societies began to demand similar services. This pattern is likely to continue in the current crisis.

Conclusion

The Syrian displacement crisis and its response involve political, social and economic issues with deep historical resonance. The few examples cited above illustrate that the region has a long history of absorbing and integrating, as well as marginalising and expelling, displaced groups. The fact that past experiences often determine contemporary responses is widely recognised but rarely leads to substantial engagement with relevant analysis. Yet this need not be the case. When humanitarian agencies identify gaps in their knowledge, they can guide historians to do the research that will fill them. While resources in emergencies are always limited, in terms of both finances and time available, an investment in understanding past experience should be considered essential by anyone wishing to develop effective responses to the needs of people affected by conflict.

Ben White is Lecturer in Modern History at the University of Birmingham. Simone Haysom and Eleanor Davey are Research Officers with the Humanitarian Policy Group.

This article draws on a roundtable held at the Overseas Development Institute on 30 July 2013 entitled ‘Refugees and States in the Modern Middle East: What Historical Perspectives Can Offer Current Challenges’. The roundtable, organised in collaboration with the Saving Humans initiative at the University of Birmingham (www.savinghumans.org), is part of the ongoing HPG research project ‘A Global History of Modern Humanitarian Action’.

Out of the spotlight and hard to reach: Syrian refugees in Jordan’s cities

Sean Healy and Sandrine Tiller

The conflict in Syria has had very significant repercussions in neighbouring countries, including Jordan. Between July and December 2012, the number of Syrians registered as having sought refuge in Jordan quadrupled, from 38,000 to 133,000; in the subsequent six months it quadrupled again, bringing the total to just under 506,000. The government of Jordan estimates that there are now over 600,000 Syrians in the country.

Médecins Sans Frontières (MSF) has been present in Jordan since 2006, principally as a rear base for missions in Iraq. The organisation has a specialised reconstructive surgical and physiotherapy project for victims of conflict in the Middle East, based at the Jordanian Red Crescent hospital in Amman. Syrian patients currently comprise 60% of the total caseload in this project; an outpatient clinic has also been established for Syrian refugees in Amman. As the numbers of refugees increased in the second half of 2012, and responding to a request from the Jordanian Ministry of Health, MSF established a paediatric inpatient and outpatient facility at the Zaataari refugee camp in March 2013. A surgical project for war-wounded coming across the Syrian border was established in Ramtha in August 2013, and negotiations are now under way for a maternal and child health project focused on Syrian refugee families in the northern city of Irbid. Some support is also being provided to Syrian medical networks in Jordan and inside Syria.

This article assesses the humanitarian response to the refugee crisis in Jordan. It is based on fieldwork conducted by the authors, including visits to MSF medical projects in the country and interviews with international and national humanitarian agency representatives and Syrian and Jordanian medical staff.
The national response is increasingly overwhelmed

The attitude of the Jordanian authorities, and of the Jordanian population, to the influx of Syrian refugees has been largely welcoming. Despite the fact that Jordan is not a signatory to the 1951 Refugee Convention, the border has been largely open to arrivals; Syrians have been able to register for refugee status; Syrian refugees have been allowed to settle in Jordan’s cities; and registered refugees have been allowed to access government services on much the same terms as Jordanian citizens.

As the refugee influx has grown in scale, Jordanian capacities have become increasingly strained. Syrians now account for 7% of the country’s population. The continued provision of open access to public services for Syrian refugees has been particularly difficult to maintain. For example, the Jordanian health system is formally free of charge at primary level for Jordanians and for registered Syrian refugees. According to the World Health Organisation (WHO) and the Jordanian Ministry of Health, the number of Syrians in public hospitals has increased by almost 250% over the five months to June, while the number requiring surgical operations in Jordanian government facilities has increased by almost 600%. Bed occupancy rates in hospitals in the north are now higher than 95%, while reserve medicine stocks (normally at 100% of demand) are now at 30%. ECHO estimates a 40% increase in activity in the health sector. There are numerous anecdotal reports of people being turned away from health facilities. The refugee influx has reportedly put similar pressure on schools, housing and civil infrastructure such as water.

Needs covered in the camps, but not in the cities

In order to reduce the impact of the refugee influx in Jordan’s cities, in July 2012 the government approved the establishment of a large refugee camp at Zaatari (and has approved another to be opened at Azraq). The humanitarian response has focused overwhelmingly on Zaatari camp, which houses a third of all refugees in Jordan (close to 150,000 in May 2013). The camp’s first months were extremely difficult, with refugees sleeping in tents in the snow over winter. Rates of malnutrition and crude and under-five mortality are now very low, and water and sanitation, shelter and food provision are all above Sphere standards. While protection and security are still major concerns, basic needs for assistance are being met.

The majority of the refugee caseload, however, has sought shelter in urban areas. An estimated 60–80% of refugees (up to 400,000) live outside the camps, the majority in towns and cities near the border. Although levels of mortality and malnutrition among urban refugees are not known, levels of hardship, vulnerability and destitution are high and rising. CARE found that some 34% of refugees in four cities and towns in the north of the country reported having no income at all. Humanitarian assistance is insufficient. Of 80,000 families in host communities, only 12,000 receive cash assistance from UNHCR of 100 Jordanian dinars (approximately €105) a month, a third of a refugee household’s average monthly expenditure of 303 dinars. Coverage of food vouchers, worth 40–45 dinars per month, is higher: the World Food Programme (WFP) estimates that it had reached 94% of registered refugee families in cities by March 2013, although this proportion is probably lower now due to the rapid growth in refugee numbers. Levels of assistance and coverage for urban refugees are significantly lower than for camp residents for other forms of humanitarian assistance too, including school enrolments, medical consultations, mental health consultations, distributions of blankets and assistance with water supply and sanitation.
**Why the imbalance?**

There is an issue of scale and rate of growth. Since March, numbers in the camps have been dropping, while they have approximately doubled in the cities. It is also relatively ‘easy’ to work in Zaatari. The work there is principally about establishing and managing camp infrastructure, such as hospitals and clinics (as MSF has done), water points and distributions. If there is relevant work to be done in Zaatari, and it is work which is well understood by implementing agencies, then why step outside? Zaatari camp is also possibly the most visible component of the humanitarian response to the world’s largest contemporary crisis – and therefore has no lack of attention from donor governments and international media. Indeed, in the week that we were there, there was a visit from the World Bank president; the week before, actor Angelina Jolie, High Commissioner for Refugees Antonio Guterres and the Norwegian foreign minister came for World Refugee Day. The week after we left, European Commissioner for Humanitarian Aid Kristalina Georgieva and the Italian foreign minister visited. The availability of large contracts from UN agencies and a high media profile have allowed many international NGOs to build very large programmes in the camp – but those camp programmes in turn appear to have absorbed much of their management and technical capacity (and perhaps also their willingness) to respond in Jordan.

In contrast, the more difficult the needs are to reach, the less they have been covered. This applies to the urban caseload as a whole, as we see in the coverage rates in Table 1. But it also applies to the most vulnerable Syrians in Jordan, the approximately 70,000 unregistered refugees. This category includes those who did not think they would be in Jordan long enough to register, those who choose not to register for fear of security or political repercussions, those who do not know how to register and those who have difficulties travelling to a registration centre. They currently receive almost no targeted humanitarian assistance of any kind, they are not eligible for food vouchers or cash distributions and they cannot freely access most Jordanian government services (including primary health, although they can access some preventative services such as vaccination).

Finding them will require extensive community-based work, including building relationships with Jordanian and Syrian civil society associations. According to representatives of both civil society associations and international agencies that we met, only a handful of humanitarian organisations are willing to do such work. While there are examples of ‘partnerships’ between international and local NGOs, these are mainly of the subcontractor kind. Syrian doctors working in an unofficial clinic providing medical care to unregistered Syrians told us that they cannot secure funding from UN agencies or INGOs because they are not officially registered (‘we’re too busy to do that’, one doctor told us).

Jordan’s status as a middle-income country also makes its needs more complex, requiring a more sophisticated and more expensive response. Although Jordan’s health system is of good quality, it is at serious threat of collapse and needs humanitarian actors to relieve the pressure on it. This would involve providing substitution services in urban centres (such as maternal and child clinics for Syrian families) as well as supporting existing hospitals. This is not only a very large job, but also a highly technical one. The programmes we visited seemed to only manage one factor (scale) or the other (technical complexity): for example, a Gulf-based Red Crescent society ran a large programme to pay hospitals for the medical bills of those who had undergone surgery (until the financial burden became too much due to ever-growing numbers of patients needing very high-cost care). MSF, meanwhile, has its surgical programme in Amman but it is targeted at a very specific group (victims of conflict in need of surgical follow-up or reconstructive surgery). It has expanded to cover Syrian patients, but the project is reaching its own capacity limits: in 2012, its budget was €7.7 million, for an average of just under 100 surgeries per month; the number of new arrivals each month and the bed occupancy rate (at 92% in 2012) have increased dramatically. Other planned MSF projects also address particular gaps: surgery and trauma for war-wounded at a public hospital on the border, and maternal and child health for Syrian refugees in a particular city.

---

**Table 1: Numbers of recipients and coverage rates for select forms of international humanitarian assistance, Syrian refugees in Jordan, May 2013**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Indicator</th>
<th>Numbers</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Camp</td>
<td>Urban</td>
</tr>
<tr>
<td>Estimated total registered refugee population</td>
<td>111,000</td>
<td>360,000</td>
<td></td>
</tr>
<tr>
<td>Estimated total registered school-age children</td>
<td>36,000</td>
<td>94,434</td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>Children reached through child protection/SGBV activities</td>
<td>31,056</td>
<td>6,808</td>
</tr>
<tr>
<td>Education</td>
<td>School-age children enrolled in school</td>
<td>10,000</td>
<td>23,000</td>
</tr>
<tr>
<td>Food</td>
<td>Recipients of food assistance</td>
<td>103,766</td>
<td>121,581</td>
</tr>
<tr>
<td>Health</td>
<td>Medical consultations per person per year</td>
<td>3.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Health</td>
<td>Recipients of mental health services</td>
<td>1,947</td>
<td>450</td>
</tr>
<tr>
<td>Watsan</td>
<td>Blankets distributed</td>
<td>220,000</td>
<td>21,300</td>
</tr>
<tr>
<td>Watsan</td>
<td>Recipients of improved water provision</td>
<td>100,000</td>
<td>74,000</td>
</tr>
<tr>
<td>Watsan</td>
<td>Recipients of improved sanitation</td>
<td>100,000</td>
<td>46,000</td>
</tr>
</tbody>
</table>

Source: All figures are from UNHCR, *Regional Response Plan 5* (Geneva: UNHCR, 2013). Calculations of coverage rates are the authors’ own.
Another factor is the inflexibility of the humanitarian system itself. The response has on the whole been moderately effective – assistance has been provided to more than 400,000 registered refugees to meet their most pressing needs, including food, shelter, water and sanitation and health. The government of Jordan, UNHCR and the humanitarian community deserve credit for this. But not only has the billion-dollar humanitarian machine in Jordan only really managed to do the ‘easy’ things, it has done so regardless of the desires or wishes of those leading it. UNHCR has been encouraging both donors and implementing agencies to focus more efforts outside the camps than inside for the last six months (and has a strong policy on urban refugees to back up such efforts); many major and influential humanitarian agencies have produced detailed reports showing that vulnerabilities are much higher outside the camps; the Jordanian government has been complaining of the strain on its social infrastructure. But none of those actors has managed to shift the direction of the aid machine. The focus instead has remained on the more visible, and easier to manage, aspects of the crisis.

Sean Healy and Sandrine Tiller are humanitarian advisers for Médecins Sans Frontières United Kingdom. This article represents their own views and not necessarily those of MSF. The authors gratefully acknowledge the assistance of the field teams in Jordan and of this article’s reviewers.

Can Jordan’s water market support the Syrian refugee influx?

Thomas Wildman and Carol Brady

As of September 2013, the crisis in Syria had seen over half a million Syrian refugees flee to Jordan, the vast majority of them (some 400,000) living in rented accommodation in host communities. This influx – equivalent to 5% of Jordan’s population – is placing increasing pressure on service provision and infrastructure, including water. An integrated needs assessment carried out by Oxfam GB in March 2013 found that, while the majority of refugees in host communities can access water through the municipal water supply system, the cheapest source of water, this is intermittent and unreliable, and many are forced to buy water from private vendors in order to meet their needs. To supplement their access to water households can pay upwards of 80 JD ($110) a month to meet their water needs during the hot summer months, when demand peaks.

To address humanitarian needs identified through the integrated assessment, Oxfam designed a water, sanitation and health (WASH) proposal for working in the urban areas around Amman. As the construction of new water facilities in Jordan is highly regulated and the over-extraction of groundwater aquifers is a major concern, any humanitarian intervention aimed at emergency water provision for refugees will not focus on the development of new water sources, but on ensuring that refugees can access existing water systems in a fair and equitable manner. In this context, where water markets are significant, large-scale and complex, it was essential to understand how the market functions, what constraints people face in accessing water and whether the existing water market systems had the capacity to deliver an adequate quantity to refugee populations.

To develop this understanding a market assessment was undertaken in Oxfam’s operational areas (the urban areas of Balqa and Zarqa Governorates, and in the informal tented settlements around factories and agricultural land) based on the Emergency Market Mapping & Analysis (EMMA) approach. The assessment was carried out in August and September 2013. This article focuses on the findings in urban areas of Balqa and Zarqa Governorates, where Oxfam has been distributing cash grants and vouchers for hygiene items to refugees and vulnerable members of the host community (comprising an estimated 30% of targeted beneficiaries). These are densely populated urban areas where refugees typically live in rented apartments in multi-storied buildings.

Key findings: water supplies in Balqa and Zarqa Governorates

The market assessment analysed both the water market system and the factors determining access to water. People obtain water from a variety of sources; water for domestic use is obtained from either the piped system or privately owned wells, directly or via water transporters. However, this water is not seen as suitable for drinking, and drinking water is typically purchased from supermarkets or small shops.

Over 98% of households in Balqa and Zarqa are connected to the municipal water supply system. Although municipal water sources operate at virtually full capacity year-round, they are not sufficient to meet people’s needs. As an uninterrupted water supply is not possible, water is supplied on a rotating basis in 24-hour blocks; during the summer months, different areas receive water anywhere from once every ten days to three times per week. During the winter months, when demand is lower, supply improves to 1–4 times per week. The availability and reliability of the municipal system has recently improved with the construction of a 325-kilometre pipeline to convey water from the ancient Disi aquifer in southern Jordan to Amman. Since the pipeline was commissioned, Zarqa Governorate has received an additional 1,500m³ of water a day, with an additional 500m³ available when additional wells become functional. At current estimates, this should ensure that almost all households receive water a minimum of 1–2 times a week.

Given the deficiencies of the municipal supply, private wells are a critical part of the water market system. These
wells, which are privately owned and operated, sell water to the Water Authority, to supplement supplies in the piped network, and to businesses, water transporters (water trucks) and individual households. Demand at private wells fluctuates between the summer and winter months; the majority of wells operate at full capacity during the summer, and then scale down by 50% during the winter. Balqa and Zarqa have a total of 39 private wells; water is sold at 0.7–1 JD per m$^3$ ($1–1.4), and there are no limits on how much can be extracted. This is substantially more expensive than water obtained through the municipal supply, which is charged at a flat rate of 2.1 JD (around $3) for the first 18m$^3$, equivalent to 0.12 JD per m$^3$ if all the water is used.

The private water transportation market consists of an estimated 5,500 water trucks, ranging in capacity from 3–20m$^3$. Truck owners are the largest buyers of water from the private wells, selling it on to households and private businesses. Virtually the entire population uses the water trucking market during the summer, with prices ranging from 4–7 JD per m$^3$ ($5.65–9.9), based on the distance the water is transported and the level of demand. Water trucks also supply small shops, which filter and bottle drinking water into 20-litre containers. Nearly all households (of all socio-economic levels) in the Greater Amman area purchase bottled drinking water, even though it is the most expensive source by volume, ranging from 0.5–1 JD per bottle. Booklets of vouchers are commonly available for sale at these shops, with each voucher redeemable for a bottle of water. Voucher booklets are pre-paid and a small cost saving is earned through this purchase.

The market assessment established that poorer groups pay significantly more for water (per unit volume) than the better-off. Poorer households are only able to access a limited amount of water from the piped network because they tend to live in areas with low water pressure, and have limited storage capacity. As there is a blanket fee of 2.1 JD for the first 18m$^3$ of water accessed from the piped system, those who extract less water actually end up paying more per cubic metre than those who can store greater quantities. Truck operators tend to have a set of regular customers whom they serve first. Refugees may often not have access to truck operators, and rely on their neighbours and landlords to make contact with them. As clients must purchase the entire volume of water in the truck (typically 3–10m$^3$), they must purchase the entire volume of water in the truck (typically 3–10m$^3$), households with smaller storage capacity organise themselves into groups to share the water. Refugees with limited contact with their neighbours struggle to set up these types of arrangements. Even if these households manage to access truck operators, they may not have the capacity to store all the water that they have paid for. Finally, in prioritising bottled water, poor households end up purchasing less non-drinking water, and so reduce the frequency with which they bathe, wash and flush toilets in order to set aside money for drinking water. This has an impact, not only on those households directly affected, but also on the city’s infrastructure. According to the Water Directorate in Ayn Al Basha, the reduced flushing of toilets has led to increased blockages in sewer pipes.

In summary, the market assessment established that access to water for poor households (in particular refugees) is primarily determined by purchasing power and the availability of adequate water storage capacity within the household. More fragmented social connections also restrict access to the water trucking market.

A problem of supply and demand
Overall the water problem in Balqa and Zarqa (and in Jordan as a whole) is a supply issue, as water is not sufficient to meet demand. This is perhaps unsurprising in a country ranked the fourth most water-scarce on the planet. However, it is also a demand issue in terms of conditions of access – people do not possess the necessary purchasing power and links to market actors to obtain an equitable share of the water that is available.

The market analysis showed that the market can cover the unmet drinking and domestic water needs of the target population as water can be made available in sufficient quantities from water shops and private wells, and transportation capacity is sufficient to bring domestic water from water points to users. This means that the response can rely on the market, as long as the main limiting factors – purchasing power and access to sufficient water storage – are addressed.
The market analysis enabled a range of response options for immediate implementation.

**Increasing access to drinking water through water vouchers linked to local water vendors.** Water vouchers (commodity vouchers) for bottled drinking water are distributed to beneficiaries, to be redeemed from contracted vendors. Vouchers are already an important part of the market system; extending their use should not create a parallel system, and vendors have already designed and printed vouchers with anti-counterfeiting measures in place. Beneficiaries will be given a central role in the choice of the shops.

**Increase access to drinking water by providing household water filters.** The distribution of water filters to individual households is a viable solution. Filters are available on the local market, and beneficiaries have requested them.

**Increase households’ water storage capacity.** The extra water being supplied by the Disi pipeline allows all users to fill a minimum tank size of 3m³, and so the aim is to increase the storage capacity of households possessing less than this. The type of storage tank distributed will depend on beneficiary choice, the type of dwelling and the space available (roof tanks, smaller tanks that fit inside the home, etc.). Tanks will be portable, so that people can take them with them if they move.

**Increase domestic water access through vouchers linked to local water transporters.** In areas of high vulnerability, blanket targeting of refugee and host community households may be used to supply water vouchers to redeem with local water trucks pre-selected by beneficiaries. Blanket targeting will ensure that nearby households can group together and share a truckload of water. It is critical that Oxfam does not distort the existing market or take away business from water trucks normally operating in intervention areas. Payment would be made by Oxfam to contracted trucks upon receipt of the vouchers. This response option would, again, form part of the longer-term exit strategy. The present project includes the facilitation and support of mixed community groups (refugees and host community residents). Priority activities with these groups will include the development of water conservation strategies at the household and community level, and the design of communication and promotional materials.

The market assessment confirmed that, for the urban areas of Balqa and Zarqa, the market system is vital for water access. In water-scarce and densely populated areas such as these there are few viable options for WASH programming. Critically, the market assessment was able to analyse the functionality, capacity and scope for expansion of the market system, making possible a range of short- and longer-term responses to help refugees to access water in an equitable manner and at a fair price, without stretching the market beyond its capacity.

**Future outlook and follow-up**

Refugees typically experience a shortfall between their income and their expenditure, which they cover by drawing on savings, selling assets and using remittances from abroad; as these resources become depleted, so their ability to purchase water and other essentials is likely to decrease. Electricity tariffs have risen recently, and water tariffs are predicted to rise in the near future. The Disi pipeline has substantially increased the quantity of water available in the piped network in both Balqa and Zarqa, reducing demand for water from private wells and water trucks, and as a result these market actors will have the capacity to expand to meet needs arising out of future refugee influxes. The scope of this expansion is finite, however, and is difficult to measure with precision. It is likely that any additional inflows that match or exceed what Jordan has seen to date would stretch the capacity of the system to its limits once again.

**Thomas Wildman** was the WASH Regional Advisor for Oxfam in the Horn of Africa. **Carol Brady** is Market Communication and Administration Officer at Oxfam GB.

---

**Schooling in a crisis: the case of Syrian refugees in Turkey**

**Selin Yildiz Nielsen and Mark A. Grey**

The Syrian civil war has created one of the largest and most intense episodes of human suffering of the early twenty-first century. The uprising against the regime of Bashar al-Assad, which began in March 2011, was widely recognised as part of the ‘Arab Spring’ that saw popular uprisings against dictatorships in Libya, Tunisia and Egypt. When the rebellion began it was limited to relatively small, local skirmishes, but as the fighting has intensified so the numbers of internally displaced people and refugees have risen sharply.

Turkey, which shares a 900-kilometre border with Syria, began receiving refugees in small numbers in the summer of 2011, but it did not take long for these numbers to escalate; by June 2013, the Turkish Foreign Ministry estimated the total number of refugees who had registered or who had appointments to register had reached 387,883, with 200,039 living in government camps and 164,143 living in rented apartments, with friends and relatives or, in some cases, in informal camps in border towns. With no end in sight to the civil war, the UN High Commissioner for Refugees (UNHCR) anticipates the displacement of 3.5 million Syrians, with as many as 1m seeking refuge in Turkey by 2014.

Turkey’s efforts to meet the needs of refugees have been spearheaded by the Afet ve Acil Durum Yönetimi...
Baskanligi (AFAD, the Disaster and Emergency Management Presidency of Turkey). Between 2011 and the summer of 2013, AFAD built 20 camps in ten provinces, at a cost of about $1.5 billion. Some are tented, while others comprise 8mx3m prefabricated containers containing two rooms and a bathroom. As is typically the case, the majority of refugees are women and, especially, children; of the 200,000 refugees in Turkish camps, about 60% are children.

Given the large number of children in the refugee population, camp directors recognised early on the need to establish schools for Syrian children of all ages. To provide education, a number of critical challenges had to be met. The first was the physical establishment of schools themselves. As the director of the Nizip Tent Camp told us, when he arrived at the camp in the spring of 2012 the space designated for his school was an empty, dusty lot located in a former construction site for a dam on the Euphrates River. It was left to him to find tents, wooden flooring, carpets and paving bricks, desks, chairs, drawing boards, teaching aids and, of course, textbooks. ‘When I started here,’ he reflected, ‘there wasn’t even a chair for me to sit on.’ Many of the resources were acquired through AFAD channels and the Turkish Red Crescent; others were found by calling in favours and, to use his own word, ‘begging’. The result was a set of ten large tents with floors, electricity, drawing boards and, in some cases, computer projectors. Climate control consisted of large fans when the heat of the Turkish summer kicked in.

Education directors in other tent camps we met faced similar challenges in setting up the physical infrastructure for schools. In Islahiye Camp, large tents were set up in a former warehouse, whose concrete walls blocked the sun and heat. Electric lights were installed to compensate for the darker location. The pre-school director in Islahiye Camp used empty office and storage space in the warehouse to house five rooms full of loud young children. Indeed, in all of the camp schools we visited the preschools enjoyed the largest proportion of age-group participation.

Although the camp schools are administered by Turks, their curricula are not recognised or sanctioned by the Turkish education authorities, and so licenced Turkish teachers cannot be assigned to them. The lack of qualified Turkish teachers means that camp education directors rely heavily on volunteers from among the refugees themselves. Some were teachers in Syria, but most are not. As volunteers they are not bound by hard and fast schedules or any particular curriculum, so their time and instruction with the children is often inconsistent. Some volunteer teachers receive periodic in-service training, including training on trauma.

Even if qualified Turkish teachers were assigned to camp schools, they would not be able to teach in Arabic, the language spoken by refugee children and their parents. One of the principal challenges for refugees and the Turkish authorities alike has been the lack of Syrians who speak Turkish, and Turks who speak Arabic. There is little incentive for parents to commit their children to learning a new language which will be of little help to them when or if they return to Syria. Nor is there any guarantee that learning and studying Turkish will advance their children’s education or career in Turkey.

Closely related to the issue of language is the curriculum. Even if the camp schools use elements of the official Turkish curriculum, students from camp schools cannot readily transfer to commensurate levels to at Turkish schools. Conversely, if the curriculum and instruction in the camp schools were recognised by the Turkish authorities, the language and curriculum are not accepted in Syria. Teenage students in the camps generally do not have access to the secondary schooling that would help them enter universities in Turkey or, for a variety of reasons, in Syria. Indeed, one source of tension between Syrian parents and the Turkish authorities has been the Syrian demand for special classes for advanced students whose preparations for university entrance exams were interrupted by the war.

In light of the limitations of the camp schools, Syrian schools have opened outside of the camps with funding from the local government, using the Syrian curriculum and books salvaged from Syrian schools and reproduced. The best examples are in Gaziantep, where elementary and secondary Syrian schools were opened to serve the needs of educated and well-off refugees and their children. In theory,
these parents, while enjoying the relative comfort of not living in crowded refugee camps, are hedging their bets that, at some point in the near future, their older children will be prepared for university entry exams in a ‘New Syria’.

The emergence of some private Syrian schools in Turkey is another point of contention between Syrian refugee parents and Turkish education officials, namely Syrian demands for the separation of the sexes in classrooms. Most Syrian parents do not approve of the Turkish insistence on placing boys with girls in the same classroom, especially teenagers. Syrian parents also tend to insist that their daughters wear headscarves (hijab) in public and in schools, while it is illegal for Turkish teenage girls to cover their hair at school. With their own private schools, parents can control the separation of the sexes, and insist that girls wear the hijab.

Tensions over the separation of the sexes, curriculum and language of instruction are compounded by the politics of Syrians’ refugee status. As Syrians poured into Jordan, the Jordanian government asked UNHCR to recognise and register these newcomers as refugees. By contrast, the Turkish government chose not to officially recognise the Syrians as refugees as defined by UNHCR, and did not ask UNHCR to register the newcomers as refugees. To officially designate Syrians as refugees would limit Turkey’s involvement in the Syrian civil war, when in fact the Turkish government has taken a decidedly anti-Assad stance. Indeed, Turkey has allowed arms and non-lethal aid through its territory to supply the Free Syrian Army (FSA). There is also some evidence that Turkey has allowed the FSA to maintain rear bases on Turkish soil.

Despite the insistence on calling Syrian newcomers ‘guests’ rather than ‘refugees’, many Turks resent the money and resources spent on the Syrians. There are also concerns that Syrians, desperate for income, take jobs at lower wages than Turks. Even guests can outstay their welcome, and with no end in sight to the civil war and no prospect of a return of Syrians to Syria, Turks are beginning to question how long they can sustain their assistance. It is significant, then, that in June 2013 AFAD began accepting offers of financial and other aid from outside agencies, including UNHCR and the UN Educational, Scientific and Cultural Organisation (UNESCO).

Conclusion

The schools developed in Syrian refugee camps in Turkey provide valuable models for establishing schools for rapidly growing refugee populations. They perform a vital service in the short term by providing at least rudimentary instruction for young students, keeping up Arabic academic skills and providing instruction in Turkish. But with no end in sight to the Syrian war, the number of new refugees will grow, and those already living in Turkey are unlikely to be returning to Syria in the near future. The next critical challenge for Syrian education in Turkey is what to do with the growing number of Syrian teenagers who need to finish their high-school studies at accredited schools in order to compete for places at universities in Turkey or elsewhere. Meeting this challenge is not just about providing space and teachers for these students. Turkish is the official language of instruction in Turkish schools and Turkish education authorities are very unlikely to grant accreditation to Syrian schools providing instruction in Arabic. One potential remedy, at least temporarily, is to allow international organisations such as the UN Children’s Fund (UNICEF) to accredit Syrian schools on a provisional basis. Without some accommodation of the present generation of Syrian students, caught between not finishing their studies in Syria and not graduating from accredited Turkish schools, we will see the creation of a disenfranchised generation of young Syrians without degrees, who do not speak Turkish and who will be largely unemployable.

Selin Yildiz Nielsen recently served as a visiting Assistant Professor of Education at Zirve University in Gaziantep, Turkey. Mark A. Grey is Professor of Anthropology at the University of Northern Iowa.

Lessons from assessing the humanitarian situation in Syria and countries hosting refugees

Nic Parham, Leonie Tax, Lynn Yoshikawa and Kevin Lim

In mid-2012, 18 months into the crisis in Syria, most actors agreed that the picture of the humanitarian situation was incoherent and fragmented: displacement flows, the scope and depth of humanitarian needs and the longer-term impact on infrastructure and livelihoods were largely unknown. Much of the problem revolved around the sensitivities associated with gathering and sharing information on the affected population and restricted access to the field. In neighbouring countries hosting hundreds of thousands of refugees, responses diverged and were not based on a coordinated and harmonised needs analysis.

The Syria Needs Analysis Project (SNAP) was established in December 2012 to strengthen shared situation awareness among humanitarian actors responding to the Syrian crisis. SNAP conducts independent analysis of the impact of the crisis in consultation with stakeholders in the region, providing regular briefings that focus on prioritising needs, lessons learnt and assessment and information gap analysis. Available to all, SNAP’s reports promote inter-agency information exchange and joint needs analysis.

In addition, SNAP provides technical services to humanitarian actors. In early 2013, SNAP supported three inter-agency
assessments in northern Syria by providing technical input on methodology design, training, analysis and reporting. In August 2013, SNAP consulted with various humanitarian actors to capture some of the lessons identified to date in undertaking assessments in the Syrian context, within Syria and in Lebanon and Jordan. This paper summarises the key findings and recommendations.

Key findings

- There is a lack of coordination of assessment activities amongst humanitarian actors.
- Assessment fatigue is an issue, especially where delivery of assistance is limited or non-existent.
- Political and personal sensitivities hamper data collection.
- The translation of questionnaires and methodology is challenging and time-consuming.

Recommendations

While the multiplicity of actors, security constraints and a continuously evolving humanitarian situation present many challenges, three overarching recommendations can be drawn from the experiences to date to improve assessment practice:

- Assessment Working Groups in each country should actively encourage and foster a culture of coordination by:
  - Agreeing on key information needs to be included in every assessment.
  - Encouraging the sharing of assessment plans, data and findings, at least amongst participating organisations.
  - Promoting and facilitating joint or harmonised assessments, wherever possible.
- The establishment of countrywide monitoring systems would also contribute to a shared understanding of trends and patterns and reduce assessment fatigue among the population.
- Assessment methodologies, international standards and questionnaires should be adapted to the local context, and should have regard to the respondent and the enumerator’s safety. When formulating questionnaires, training enumerators and analysing results, careful attention should be paid to the nuances of Syrian Arabic compared to that spoken in neighbouring countries.

Findings

Coordination

A multitude of actors are operational in the region and, whilst the quantity and scope of assessments continue to increase, coordination of these assessments is too often inconsistent. Furthermore, not all assessments follow international standards; there is little joint analysis of results at a sector-working group level; and information is often not shared in a timely manner. Consequently, the information available is often patchy, it is difficult to make comparisons between different sets of information and information does not contribute to a country or region-wide picture of needs. Potential explanations for this lack of coordination include concerns about sharing data for security reasons; the challenging environment, which results in resources being focused on response rather than coordinated assessments; and a lack of dedicated experts in the region.

This lack of coordination contributes to assessment fatigue – an issue both within Syria and in host countries, especially where the organisation undertaking the assessment provides no visible assistance. In Jordan, assessment fatigue has led to a significant number of refugees refusing to participate in assessments. However the highly dynamic situation makes frequent assessments necessary. Increased sharing of information, joint and inter-sectoral assessments and combining assessments with aid interventions were mentioned as possible ways to relieve the burden of assessments on the population.

Assessing the needs of the Syrian population

Although the humanitarian situations in Syria and refugee hosting countries vary significantly, some issues are relevant region-wide. A major task is ensuring that enumerators are able to communicate clearly with respondents and record the data so as to accurately convey the information that the assessment is designed to collect. The communication challenges identified in the Syrian context fall into two categories: respondent sensitivity and language use.

Syrian communities are often reluctant to share information due to the highly political or personal nature of certain topics. Minimising the risk (perceived or real) to respondents when taking part in an assessment is essential to encourage participation. Any methodology must therefore clearly frame the assessment as humanitarian, and avoid, as far as possible, any political connotations. Designing the questionnaire so that it does not elicit politically sensitive answers; training enumerators in humanitarian codes of conduct; and clearly introducing the assessment to the respondents will help minimise the perceived threat to them. For instance, organisations assessing protection concerns have avoided questions related to the perpetrator of a violation, so as not to jeopardise the security of the enumerator or the respondent.

Discussing sexual and gender-based violence in one-on-one surveys with Syrians is extremely challenging, particularly if the agency concerned does not provide related services. One organisation recommended that, when working on protection issues, agencies should train service delivery staff and those with existing relationships with interviewees to conduct surveys, rather than training enumerators on protection issues, to maximise the quantity and quality of information shared. Hygiene-related questions, including how many times hands are washed or people shower per week, can also be sensitive as such questioning might infer poor hygiene practice in a culture that values high standards of hygiene. The lack of legal status in a host country, registration with the UN High Commissioner for Refugees (UNHCR), relationships with host communities, areas of origin for IDPs and the power structures within IDP camps are all highly sensitive topics.
The translation of questionnaires and methodologies from English into Arabic was mentioned several times as an issue requiring careful attention. As the Arabic spoken in Jordan and Lebanon differs from Syrian Arabic, a translator familiar with Syrian Arabic and the humanitarian vocabulary is required. Not only can the nuance of a question get lost in translation but definitions of key terms used within Syrian communities sometimes differ from definitions used by international organisations. Examples of terms requiring special attention include:

- ‘Household’: Syrians often live together with not only their nuclear family but also part of their extended family (uncles, brothers, the elderly). Hence, the specific ‘humanitarian’ meaning of the word ‘household’ or ‘family’ should be clearly explained to the respondent at the start.
- ‘Orphan’: in the region, an orphan is culturally recognised as a child who has lost his father, not necessarily a child who has lost one or both parents.
- Child labour and child marriage are common in Syria and families may not recognise these as issues. Furthermore, some families may deny their occurrence for fear of losing assistance or out of embarrassment over not sending their children to school.
- Estimation of averages: questions related to the average time or money spent on activities or goods are not always understood. Instead of working with averages, enumerators should specify a timeframe such as ‘this week’.
- Protection terminology is difficult to translate. Some standard operating procedures have been established in Jordan, yet some misinterpretation is to be expected as there is debate among Arabic speakers on the meaning of terms involved.
- Within Syria, the concept of rights, including human rights and child rights, is very sensitive because of the Syrian government’s restrictive approach towards human rights. The word ‘rights’ should therefore be avoided during any assessment in Syria to avoid endangering enumerators or respondents.

Assessment methodology – in neighbouring countries

A range of issues should be considered when designing any assessment in the countries neighbouring Syria. Humanitarian actors should reflect on the type, scope and timing of coordinated assessments on the situation in each country. Designing a situation monitoring system should be explored at district or sub-district level in affected areas to follow up on humanitarian conditions, trends and patterns over time, provide strategic information and trigger more in-depth or targeted assessments as necessary. Distinction should be made between the various groups making up the humanitarian profile to allow for comparison of needs between those groups (i.e. refugees in host communities versus refugees in camps). All assessments should be cleared by the host government and enumerators provided with proof of government approval. Visiting local governance structures before assessments are undertaken is also important – in Lebanon, local municipalities are not always notified of nationally approved assessments.

Identifying the vulnerable amongst refugees and host communities in non-camp settings is very difficult.
and there is no accepted methodology to identify and sample these families. In Lebanon, identifying Syrian key informants able to represent or speak directly on behalf of the refugee community has been found to be a challenge, partly because of the diffused displacement of refugees. In Jordan organisations suggest working with key informants and local organisations as vulnerable Jordanians among host communities may refuse to participate, being too proud to identify themselves as vulnerable.

Enabling the participation of all vulnerable groups is also challenging. Although Syrians do not seem to ‘hide’ disabled family members, they will speak on their behalf. Similarly, male household members often talk on behalf of female members. Hence, mixed-gender survey teams should be used to speak with minority groups directly, wherever possible. Syrian minorities, such as Christians, Assyrians and Kurds, are also difficult to identify and might not be willing to identify themselves as part of a minority group.

Security arrangements should be in place prior to any data collection. Some organisations in Jordan only undertake assessments in guarded public facilities, such as distribution sites, schools or health facilities, to reduce the risk of security incidents. This, however, may make interviewees more reluctant to speak openly: one organisation in Lebanon reported that Syrians speak more freely when assessed within their homes rather than in public. Conversely, while people are hesitant to share personal information, the deteriorating humanitarian situation increasingly forces them to seek assistance. Thus, some respondents may exaggerate their vulnerability.

A number of tools and assessment methodologies have been successfully adapted in the region. However, several issues remain: there is no accepted methodology to identify and sample (often invisible) vulnerable groups, including unregistered refugees; in Lebanon, the government and UNHCR are still working to harmonise unique identifiers for administrative areas; and there is no consensus concerning the types of employment categorised as child labour as it depends on different variables and varies by country. This needs to be clearly indicated in any assessment.

An educated workforce is available in the region and it is relatively easy to find and train enumerators. However, most need training in humanitarian principles, jargon and assessment ‘etiquette’– explaining to people the purpose of the assessment, being respectful and not entering someone’s home unannounced. Moreover, there are local institutions that could support assessments, including the Central Bureau of Statistics of Lebanon and the American University of Beirut. Such bodies can not only provide enumerators, but also help with assessment contextualisation and results analysis.

Assessment methodology – within Syria

In Syria, the complexity of the situation, the dynamism of population movements, the limited time validity of the information collected and difficult access to the field (government restrictions and security constraints severely hamper humanitarian assessments, especially at the household level) significantly inhibit assessments. This calls for a differentiated approach in those areas where assessments are possible and those areas where access is more restricted, but where there is still a need to capture main trends and patterns. Assessments undertaken to date have made use of key informant interviews, focus group discussions and remote assessment practice (questioning

---

**Key resources for undertaking an assessment**


new arrivals in host countries on the situation in the area they recently fled).

Civil society actors in Syria have the capacity to undertake assessments and should be involved because of their contextual knowledge and ability to access different areas. The importance of involving Syrian organisations in assessments was highlighted by multiple actors. Facebook, e-mail and Skype are widely used in Syria with limited awareness of the related security risks: appropriate security measures should be in place when communicating with individuals inside Syria. As for assessments in host countries, enumerator teams should combine residents and non-residents of the area assessed. Locals can better identify endemic socio-economic problems, political dynamics that may not be immediately evident and access areas; non-locals help ensure objectivity.

Nic Parham is the Assessment Expert and Project Lead for the Syria Needs Analysis Project (SNAP). Leonie Tax, Lynn Yoshikawa and Kevin Lim are SNAP Information Analysts.

---

**Syria: a child protection crisis**

**Key findings from a 2013 interagency assessment of child protection trends inside Syria**

The Child Protection Working Group

The humanitarian situation in Syria has dramatically deteriorated since the onset of the conflict in March 2011. Fighting across large parts of the country has led to massive and repeated internal displacement and mounting refugee outflows. Over 100,000 people have been killed since the conflict began. An estimated 6.8 million people in Syria, or almost one-third of the entire population, now require humanitarian assistance, including 4.25m internally displaced people. About 3.1m, or some 50% of those who require assistance, are children. Restricted humanitarian access inside Syria means that limited information is available to humanitarian decision-makers on the child protection needs and capacities of affected communities. This makes it difficult to establish the necessary evidence base to support targeted and appropriate child protection interventions.

At the request of the international humanitarian organisations working in the child protection sector, the global-level Child Protection Working Group (CPWG) initiated an assessment to determine the scale and scope of child protection issues in Syria. The assessment covers the period February–May 2013, and serves as a snapshot of child protection issues in an evolving situation. The assessment aimed to gather information to inform planning, programming, advocacy and fundraising. This article outlines the methodology for conducting the assessment and its key findings.

**Overview of the assessment methodology**

Given the access constraints inside Syria, a remote assessment methodology was used, comprising three components:

1. A desk review of literature covering agreed thematic areas, including a combination of pre-conflict and conflict information.
2. Interviews with refugees from Syria newly arrived in neighbouring countries, using an Arabic-language questionnaire field-tested in Jordan prior to the assessment.
3. Interviews with Syrian and international aid workers working or having worked inside Syria.

Structured interview questionnaires were designed, derived from the global child protection rapid assessment tool, with a focus on the following key thematic areas: psychosocial wellbeing, physical violence, children associated with armed forces and armed groups, child marriage, sexual violence, child labour, separation from caregivers and access to basic services and information.

The assessment applied purposive sampling criteria – interviewing refugees who had crossed the border over the preceding month. The core data set comprises data gathered through a total of 648 interviews with refugees carried out in Jordan (334), Lebanon (232) and Iraq (182), in camp and host communities. Interviewees were asked to speak about the situation of children in their home community or area of departure in the two months prior to the assessment.

---

1 Detailed information on the assessment methodology, as well as the key findings and recommendations, is contained in the Syria Child Protection Assessment report, produced by the CPWG. For a copy of the report, see http://cpwg.net/assessment-topics/syria.
to displacement. Using a quota sampling methodology, a sufficient number of interviews were conducted to adequately cover the governorates of Aleppo, Al-Hassakeh, Damascus, Daar’a, Homs, Idleb and Rural Damascus.

The assessment methodology aimed to limit potential bias by careful design of the sampling strategy and the structure of the questionnaire; training of surveyors on interviewing techniques; and use of the desk review and humanitarian worker interviews to triangulate data.

Summary of findings
Key findings from the assessment are summarised below according to the thematic areas of inquiry pursued in interviews.

Physical violence
Respondents identified civil/political/armed violence, explosive remnants of war and torture in detention as the main threats to children’s physical safety. Throughout the conflict, children have been among the reported victims of massacres and executions, and at risk of being killed or maimed by sniper fire. As of the end of April 2013, according to the UN, more than 6,500 children had been killed in the conflict. The risk of death or injury to children from explosive remnants of war is high and will persist long after the conflict ends.

From the risks they identified, half of all respondents believed that children were specifically targeted in the conflict. When asked why, most respondents stated that violence against children was used to pressure and threaten others, including parents.

Respondents were also asked to identify the places where children were most likely to be killed or injured. The results indicate the places where many children spend most of their time: homes and schools. Both of these locations were also named as the places where recruitment and sexual violence were most likely to take place.

Children associated with armed forces and groups
Most respondents (71%) believed that the recruitment and use of children by armed forces and armed groups was increasing, with a sizable number (40%) stating that they personally knew children who had been recruited. Most (77%) of respondents believed that recruitment mostly affects teenage boys.

Sexual violence
Most respondents (74%) indicated an increase in sexual violence; 56% of respondents indicated that children would seek help from those around them in the event of sexual violence, but 80% said that they did not know where survivors of sexual violence could get professional support.

Child labour
More than two-thirds of respondents believed that there had been an increase in children working outside of the household since the onset of the crisis, with indications that some of these children are involved in the worst forms of child labour, e.g. children working with armed forces and armed groups. Many children working outside of the home are believed to be doing so to pay off family debts.

Separated and unaccompanied children
Some 74% of respondents reported that children were being separated from their usual caregivers, and 40% reported that they were aware of unaccompanied children as a result of the conflict. Separation was usually due to the death of parents and during movements to safer areas. Respondents also described deliberate separation, with families sending children out to work or to stay with relatives outside Syria, for reasons of safety, economic
hardship or to avoid their children being used by armed forces and armed groups.

Access to basic services and information
Three-quarters (74%) of respondents said that they believed there were no basic services designed specifically for children. Where services were available respondents identified health and education services. Access to services was impeded by a range of factors including disability, age, sex and displacement.

Psychosocial wellbeing
Deterioration in the psychosocial wellbeing of children was reported by 98% of respondents. Respondents indicated that children were prone to unusual crying/screaming, disruption in sleep patterns, sadness, bedwetting and reluctance to go to school. Caregivers tend to limit children's mobility outside of the home and are not always able to provide attention to children's needs. Respondents reported the main sources of stress for caregivers as security/conflict, meeting basic needs (food, electricity, water and livelihoods), children's safety and access to healthcare. Almost 80% of respondents reported lack of access to education and recreational services for children. This disruption of children's routines may be a major cause of stress.

Recommendations
The following recommendations constitute an initial response to the assessment findings from humanitarian organisations working in the child protection sector, and are to be considered in conjunction with the inter-agency Minimum Standards for Child Protection in Humanitarian Action (CPMS), which provide detailed guidance on standards, key actions and indicators for those working on child protection in humanitarian settings.2

Advocate for the immediate cessation of violations against children perpetrated by armed forces and groups
All parties to the conflict must commit to upholding the legal protections for children outlined in national and international law, and take immediate measures to fulfill these commitments. In particular, parties must ensure the immediate cessation of violence against children, including killing and maiming of children; the recruitment and use of children; sexual violence against children; and the detention and torture of children. Parties must ensure the immediate and unconditional release of all children who are illegally detained or who are associated with armed forces or groups (including those who have joined voluntarily).

Integrate child protection considerations into all sectors of the response in Syria
Engage child protection staff in humanitarian programmes to maximise child protection outcomes in other sectors. This includes working with education colleagues to ensure that routes to school are safe, removing barriers to retaining girls in school to delay marriage, training teachers to provide basic psychosocial support and rolling out education packages on physical safety in hostile environments and mine-risk education.

Expand specialist child protection programming inside Syria
Wherever possible build on and strengthen existing child protection systems, such as addressing causes of stress for children through activities that seek to restore normality (e.g. access to school and community-based psychosocial activities) and training personnel to detect and support children experiencing psychosocial distress.

Ensure effective coordination of child protection responses inside Syria
This will help generate, share and use learning in relation to the specific challenges of the context; facilitate the most efficient collective response possible; and allow for common advocacy on urgent child protection issues and for a coherent interface with other sectors of the response. Strong inter-sectoral coordination should also be ensured.

Monitor and further investigate child protection issues inside Syria
This includes deepening understanding of critical issues in the assessment by analysing root causes and dynamics, and establishing a simple system to monitor the nature, volume and patterns of child protection issues, drawing on existing sources of data where possible. This information should be used to inform all aspects of the humanitarian response, including advocacy.

Conclusion
Through this process, the CPWG has learned that a well-structured assessment can identify hard-to-measure child protection needs and provide a sense of their scale, in order to target responses more effectively. Child protection actors are reaching children across Syria with psychosocial support and community-based child protection services, but more is needed to mitigate and respond to the full range of child protection issues facing girls and boys inside Syria today.

Further details on the methodology, findings and recommendations from the Syria Child Protection Assessment are contained in the full report at http://cpwg.net/assessment-topics/syria.

Humanitarian Practice Network

The Humanitarian Practice Network (HPN) is an independent forum where field workers, managers and policymakers in the humanitarian sector share information, analysis and experience.

HPN's aim is to improve the performance of humanitarian action by contributing to individual and institutional learning.

HPN's activities include:

- Occasional seminars and workshops bringing together practitioners, policymakers and analysts.

HPN's members and audience comprise individuals and organisations engaged in humanitarian action. They are in 80 countries worldwide, working in northern and southern NGOs, the UN and other multilateral agencies, governments and donors, academic institutions and consultancies. HPN's publications are written by a similarly wide range of contributors.

HPN's institutional location is the Humanitarian Policy Group (HPG) at the Overseas Development Institute (ODI), an independent think tank on humanitarian and development policy. HPN's publications are researched and written by a wide range of individuals and organisations, and are published by HPN in order to encourage and facilitate knowledge-sharing within the sector. The views and opinions expressed in HPN's publications do not necessarily state or reflect those of the Humanitarian Policy Group or the Overseas Development Institute.

Funding support is provided through the HPG Integrated Programme by the Australian Agency for International Development (AusAID), the British Red Cross, the Canadian International Development Agency (CIDA), the Ministry of Foreign Affairs (MFA) Denmark, the Ministry of Foreign Affairs (MFA) Netherlands, Oxfam GB, the Swedish International Development Cooperation Agency (SIDA) and World Vision International.

This edition of *Humanitarian Exchange* was edited by Wendy Fenton, Ben Parker and Matthew Foley.

Humanitarian Practice Network (HPN)
Overseas Development Institute
203 Blackfriars Road
London, SE1 8NJ
United Kingdom

Tel: +44 (0)20 7922 0300
Fax: +44 (0)20 7922 0399
HPN e-mail: hpn@odi.org.uk
HPN website: http://www.odihpn.org

Typesetting Design To Print Solutions Limited
Printed and bound in the UK by Charlesworth.
ISSN: 1472-4847

© Overseas Development Institute, London, 2013.