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Introduction

Since the beginning of the Syrian conflict in 2011, humanitarian access for people in need has been a topic of debate, and subject to multiple security, military, and political constraints.

The UN Security Council acted on this matter as early as 2013, requesting the implementation of the provisions of UNSCR 2139 (2014) and the Presidential Statement of October 2, 2013 (S/PRST/2013/15) through facilitating the expansion of humanitarian relief operations, in accordance with applicable provisions of international humanitarian law and the United Nations guiding principles of humanitarian emergency assistance. The Security Council once again expressed its deep disturbance by the continued, arbitrary, and unjustified withholding of consent to relief operations and the persistence of conditions that impede the delivery of humanitarian supplies to destinations within Syria, in particular to besieged and hard-to-reach areas. Therefore, the council adopted the UNSCR 2165 (2014), which, through its subsequent renewals (UNSCR 2191 in 2014, UNSCR 2258 in 2015, UNSCR 2332 in 2016, UNSCR 2393 in 2017, UNSCR 2449 in 2018, UNSCR 2504 in 2020, UNSCR 2533 in 2020, and UNSCR 2585 in 2021) has allowed the authorization of UN agencies and their partners to use routes across conflict lines and the border crossings at Bab al-Salam, Bab al-Hawa, Al-Ramtha, and Al-Yarubiyah, to deliver humanitarian assistance, including medical and surgical supplies, to people in need in Syria. Since July 10th, 2020, Bab al-Hawa has been the only Border Crossing Point (BCP) open, as renewals in 2020 saw the removal of all other BCPs from the resolution. This remained consistent in the adoption of UNSCR 2585 (2021). and the adoption of UNSCR 2642 (2022).

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- info@syrianna.org
- Gaziantep. Turkev



Amidst steadily deteriorating conditions, humanitarian agencies working in Syria have relied on all modalities and models to provide humanitarian assistance, including direct and remote management models, cross-border access, cross-line access, and even considerably more expensive modalities such as airdrops ^[1].

However, the decrease in humanitarian access comes at a time when humanitarian needs in Syria are only increasing, exacerbated by economic decline, the global COVID-19 pandemic, and the Cholera outbreak in WoS. 14.6 million people in Syria are in need of humanitarian assistance, with an increase of 1.2 million increase compared to 2021 [2].

Based on the above, there is an increased need to reaffirm SNA's position of increased humanitarian access while avoiding the politicization and polarization of the humanitarian response, all in line with the principles and best practices of humanitarian action.

Our Position

As a group of humanitarian organizations, SNA believes that all efforts should be made to increase humanitarian access for the people in need by all possible means, routes, and modalities.

SNA members are therefore committed to ensuring the success of humanitarian aid delivery through different routes and modalities, as long as the working process of the humanitarian response is carried out in a principled, accountable, efficient, and ethical way.

Notably, regarding the process that is implemented in partnership with UN OCHA, and other UN agencies, the SNA affirms the following:

- 1. Distribution of humanitarian aid in Syria, especially in light of the current decrease of funding for the HRP ^[3], should be built on the basis of need, by conducting proper needs assessments for the situation, and by prioritizing the most urgent needs through the most appropriate modality ^[4].
- 2. Aid distribution requests from UN agencies to NGOs should happen after proper consultation, clear information sharing processes $^{[5]}$, and through protocols within the cluster coordination mechanism under OCHA $^{[6]}$. This will ensure the best utilization of resources and maintain the relevance of aid $^{[7]}$ and avoid duplications.
- 3. Interference from all parties to the conflict, including the government of Syria and the de-facto local authorities in the northwest and the northeast, should not be accepted to ensure the independence of the humanitarian response [8]. For the purposes of this paper, interference includes but is not limited to authorities deciding:
 - Which accredited Humanitarian partners are allowed to deliver humanitarian aid.
 - What quantities and types of humanitarian aid are to be distributed and to which communities.
 - How such humanitarian assistance is to be distributed and by which modality.

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- 4. Planning for humanitarian aid should be timely ^[9], ensuring that bureaucratic impediments do not cause delays in delivering humanitarian aid to vulnerable communities ^[10].
- 5. While the security council has linked the extension of cross-border humanitarian aid modality with the progress in cross-line access ^[11], this should not come at the price of decreasing resilience of the local communities, by replacing sustained cross-border programming with a commodity distribution-based model, which might harm the entire humanitarian operation and put these communities at higher risks ^[12].
- 6. Distribution of aid in Syria should consider ethical obligations and accountability to affected populations. Local communities should have access to information on the modalities utilized to deliver humanitarian aid to them, and their voices should be heard in the planning processes of such aid delivery [13].
- 7. Failure to share information with the local population on cross-line programming might put the implementing partners (in this case the NGOs) at higher confrontation risk with the community. In such cases, we will not compromise staff safety to meet the partnership expectations of the UN agencies. Otherwise, we would require joint security risk assessments with UN partners before the implementation of aid distribution [14].
- 8. Planning aid-delivery in Syria should also consider lessons learnt by the Humanitarian community during the last 11 years of implementation in different areas across the country, including Daraya (2012–2015); eastern Ghutah (2013–2018) [15]; Yarmouk (2014–2016); Al-Waer district (Homs) (2014–2017); Madaya and Zabadani (Rif Dimashq) (2015–2017); Nubl and Zahra (Northern Aleppo) (2012 2016), Fu'ah and Kafraya (2015-2017); Dayr al-Zawr (2014-2017); and eastern Aleppo city(2016). These areas where subject to sieges that lasted for years, and have led, in some instances, to shortages of food, water, and medicine often due to the Government's deliberate obstruction of aid access which have led to acute malnutrition and deaths among vulnerable groups, including children, the elderly and the infirm [16]. While the situation in Rukban camp is still ongoing, with 12,000 persons without UN humanitarian access, and continue to live in dire conditions, with limited access to food, water, health care and other basic services [17]. We believe that, if aid modalities other than cross-line were available for these areas, the risk of aid obstruction would have been significantly reduced.

End of Document

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- [1] UN News: Syria: UN airlifts bring humanitarian lifeline to the northeast governorate of Al Hassakeh 11 July 2016
- [2] Humanitarian needs overview -Syria (2022)
- [3] FTS Syria Country snapshot for 2022 43.6% as of December 2022, compared with 54.3% funded in 2021, and 58% funded in 2020.[4] UNOCHA Humanitarian principles Impartiality principle "Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class, or political opinions."
- [5] Global Humanitarian Platform, Principles of partnership: Transparency "Transparency is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information.
- Communications and transparency, including financial transparency, increase the level of trust among organizations."
- [6] <u>Core humanitarian standards</u> 6th commitment: "Communities and people affected by crisis receive coordinated, complementary assistance."
- [7] Core humanitarian standards 1st commitment: "Communities and people affected by crisis receive assistance appropriate and relevant to their needs."
- [8] <u>UNOCHA Humanitarian principles</u> Independence principle "The Principle of independence implies that all humanitarian partners, must be autonomous from the political, economic, military, or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented."
- [9] <u>Core humanitarian standards</u> 2nd commitment: "Communities and people affected by crisis have access to the humanitarian assistance they need at the right time."
- [10] JOINT AGENCY BRIEFING PAPER NRC/OXFAM <u>Hard lessons Delivering assistance in government-held areas of Syria</u> July 2020
- [11] UN security council resolution 2585(2021) UN Security council resolution 2642 (2022)
- [12] <u>Core humanitarian standards</u> 3rd commitment: "Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.."
- [13] Core humanitarian standards 4th commitment: "Communities and people affected by crisis know their rights and entitlements, have access to information, and participate in decisions that affect them."
- [14] Based on the recommendations from the Humanitarian outcomes: NGOs and Risk: Managing Uncertainty in Local-International Partnerships: Good Practice & Recommendations for Humanitarian Actors March 2019
- [15] Human Rights Council- Thirty-eighth session 18 June 6 July 2018 The siege and recapture of eastern Ghouta
- [16] Human Rights Council Forty-sixth session 22 February–19 March 2021 Report of the Independent International Commission of Inquiry on the Syrian Arab Republic
- [17] Security council S/2021/1029 Report of the Secretary-General <u>United Nations humanitarian operations in the Syrian Arab</u> Republic 15 December 2021