



Syrian American Medical Society

White Paper:
Implementing UN Cross-Border Aid
to Syria under Resolution 2165

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Acknowledgement

This white paper was prepared for SAMS by Valerie Szybala, SAMS Advocacy Coordinator for UN Affairs with support from Kathleen Fallon, SAMS Advocacy and Communication Manager, Lucine Saleh, Director of Operations, and SAMS Advocacy Committee.

The Syrian American Medical Society (SAMS) is an independent, nonprofit, nonpolitical relief organization that represents thousands of Syrian American healthcare professionals in the United States. Founded in 1998 as a professional society, SAMS has since evolved and expanded to meet the growing needs and challenges of the medical crisis in Syria. Today, SAMS serves the surgical and medical needs of hundreds of thousands of Syrians inside and outside of Syria, and is a leading advocate for a comprehensive approach to disaster relief and the protection of healthcare in the Syrian conflict. SAMS' volunteer physicians work on the front lines of medical relief in Syria, Lebanon, Jordan, and Turkey to save lives, alleviate suffering, and ensure a safer and healthier future for those in need. From establishing field hospitals and training Syrian medical professionals to advocating at the highest levels of government, SAMS is working hard to alleviate suffering and save lives. SAMS has chapters across the US as well as offices in Jordan, Turkey, Lebanon, Washington, DC, and Ohio.

For more information please visit us on the web at www.sams-usa.net.

Contents

Introduction	4
Background	5
Implementation	6
Cross-border convoy process	
Implementation results	
Challenges & Solutions	8
Expanding Cross-Border Aid	8
Access to Besieged Areas	8
The Role of Implementing Partners	9
Security & Protection	10
Meeting Assessed Needs	11
Whole of Syria Plan and Coordination Efforts	12
Summary of Key Policy Recommendations	13

Acronyms

GoS	Government of Syria
EIHK	Emergency interagency health kit
HNO	Health needs overview
INGO	International non-governmental organization
IOM	International Organization for Migration
ISIS	Islamic State of Iraq and al Sham
MOH	Syrian Ministry of Health
MOU	Memorandum of Understanding
MSNA	Multi-Sectoral Needs Assessment
NFI	Non-food item
SAMS	Syrian American Medical Society
SNGO	Syrian non-governmental organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMM	United Nations Monitoring Mechanism
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, sanitation and hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization
WoS	Whole of Syria

Introduction

On July 14, 2014 the United Nations Security Council unanimously passed Resolution 2165, authorizing UN agencies to use cross-border and cross-line routes for humanitarian aid with the intent of increasing access to Syrians in desperate need. The Syrian American Medical Society (SAMS) is grateful to the members of the Security Council for their tremendous efforts to pass this resolution, and to UNOCHA and the implementing agencies for swiftly making the crossborder aid shipments a reality.

Resolution 2165 was a breakthrough, and a much-needed step towards improving the UN's response to the overwhelming humanitarian catastrophe in Syria. The next step is to **renew the mandate of Resolution 2165** so that the UN and humanitarian community can continue to build on its initial success.

As with any new policy, the UN's cross-border aid has encountered some challenges in its first few month including administrative hurdles, under-resourcing, and issues with coordination between and among UN agencies and hubs, international NGOs (INGOs), and Syrian NGOs (SNGOs). The renewal process for 2165 presents an opportunity to make improvements that will expand the impact of the UN's cross-border efforts and increase their efficacy on the ground. While some improvements may require changes in the text of the resolution, the majority of these recommendations can be enacted with just a broader interpretation of the existing language by UN agencies.

SAMS has served as an implementing partner for several UN agencies under Resolution 2165 for cross-border shipments from Turkey. The intent of this white paper is to share our experiences and lessons learned so that they might help to inform improvements in the process moving forward. Challenges and solutions are described in detail beginning on page 8, and a summary of key policy recommendations can be found on page 13.

Note: Since SAMS is a medical relief organization our experience under 2165 has been mostly in delivering supplies in the health sector and our participation in coordination activities through the health sector working group. Regrettably, the provision of medical aid in Syria has been politicized, and healthcare – a basic human right – has at times been manipulated as a tool of war. For that reason there have been some challenges encountered in the delivery of medical supplies under Res. 2165 that may not be applicable for other sectors. Similarly there may be experiences encountered by implementers in other sectors that are not reflected here. Additionally, although SAMS is active in southern Syria and has an office in Jordan, the process for cross-border aid shipments from Jordan appears to function quite differently than from Turkey, and we have not been invited to participate.

Background

In Syria humanitarian aid – especially in the health sector – has at times been deliberately denied to civilians in need. The conditions on the ground, with millions of people in need, have long required urgent UN action.

In February 2014 the UN Security Council passed Resolution 2139 by a unanimous vote. Resolution 2139 attempted to address the humanitarian crisis in Syria by calling for an end to attacks on civilians, the expansion of relief operations and an end to purposeful withholding or delay of humanitarian relief, the end to sieges, and respect for the principles of medical neutrality. Resolution 2139, which contained no enforcement mechanism, saw almost complete non-compliance and had little noticeable impact on the ground. In fact, in the wake of Resolution 2139, humanitarian access decreased significantly as the Government of Syria (GoS) put additional bureaucratic hurdles in place. The monthly Secretary General reports mandated in the resolution have catalogued the continuing deterioration on the ground.

Resolution 2165, passed in July, became necessary due to the failure of Resolution 2139. By giving UN agencies clear authorization to send aid convoys into Syria without state consent, Resolution 2165 reduces the ability of the GoS to block aid delivery and thus presents a tangible method of reaching those in need.

On July 24, 2014, just ten days after the Security Council unanimously passed Resolution 2165, the first nine-truck convoy carrying aid from Turkey entered Syria through the Bab al-Salam border crossing. Initial estimates suggested that an additional 2.9 million people in need could possibly be reached with the resolution in place.¹ As of November 14, 2014, OCHA reported that 645,135 beneficiaries have been reached with UN cross-border aid from Turkey. For context, the UN estimated that there were 12.2 million people in need in Syria as of the end of October 2014.

Resolution 2165 specifically authorizes UN agencies to use four border crossings: Bab al-Salam (Turkey), Bab al-Hawa (Turkey), Al Yarubiyah (Iraq), and Al Ramtha (Jordan), as well as routes across conflict lines and other border crossings “already in use.” It established a monitoring mechanism for UN shipments crossing through the four named crossings. Three of the four named crossings have been used, with Al Yarubiyah remaining the exception due to the security challenges in the area. In practice the UN agencies have not interpreted the resolution to include any more than the four named border crossings.

To date, six UN agencies have participated in the cross-border aid program to varying degrees: UNHCR, IOM, WFP, UNFPA, UNICEF, and WHO. UNOCHA has played a central role in planning and facilitating the cross-border operations and in coordination between and among participating agencies, SNGOs, and INGOs.

¹ UN Security Council, “Security Council Weighs Effectiveness during ‘Eventful and at Times Tragic Month,’” Meetings Coverage SC/11502, 30 July 2014.

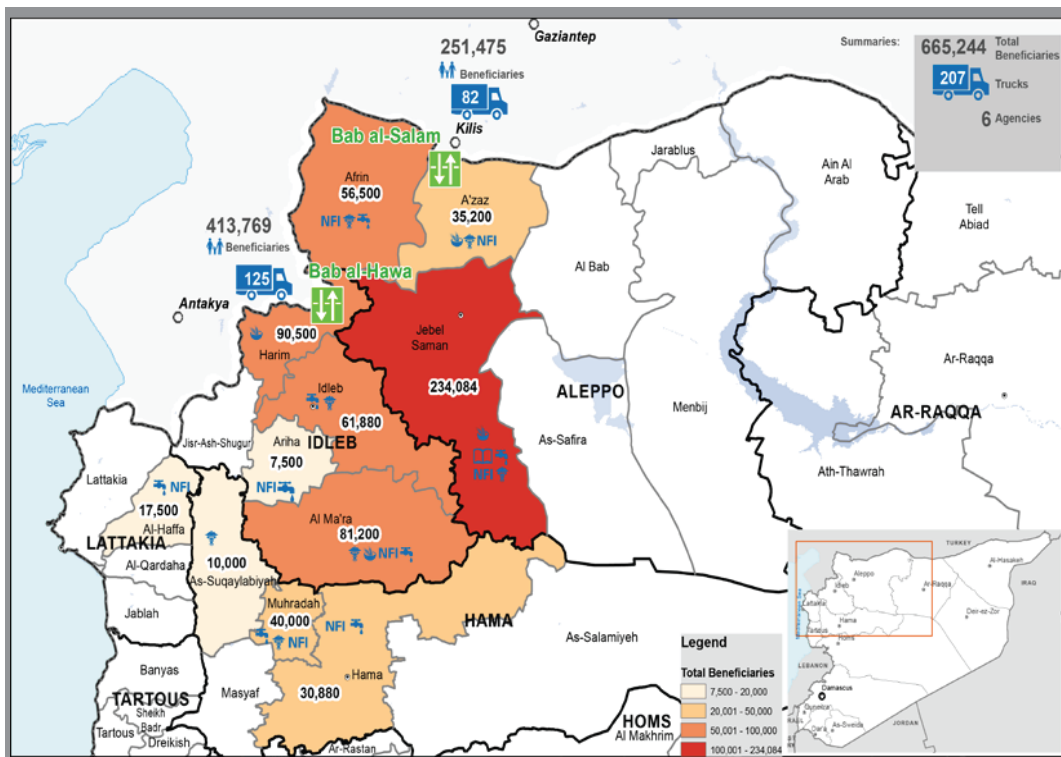
Implementation

Cross-Border Convoy Process:

1. There has been no clear standardized procedure in place across the UN agencies for initiating a shipment of cross-border humanitarian aid from Turkey. In most of the cases that we are aware of both from our own experience and in discussions with other implementing NGOs, the process has started with a UN agency approaching an NGO with specific supplies in hand, and asking the NGO to determine a location where those supplies are needed.
2. Once a destination is determined, the parties negotiate and sign an MOU. The most common MOU that we have encountered thus far is for a length of one month, designed to cover one specific shipment of goods. Agencies may be moving towards longer MOUs that cover multiple shipments. For many implementing SNGOs, the MOU process involves an intermediary INGO. For some SNGOs this process involves a search for external funding to cover logistical costs, which can be over \$10,000 per shipment.
3. The UN agency informs OCHA of its shipment 72 hours in advance.
4. OCHA notifies the Syrian Ministry of Foreign Affairs 48 hours before a convoy is to be sent. This notification includes general information about the type of supplies, the number of trucks, and the destination to the district level. The notification is not supposed to include information on implementing partners or specific destinations.
5. The UN agency ships the supplies to a transshipment hub near the selected border crossing in Turkey. There, the goods are loaded onto the implementing partners' Syrian trucks, go through Turkish customs procedures (sometimes causing undue delays), and are inspected and sealed by the UN Monitoring Mission (UNMM).
6. The partners' trucks enter Syria and proceed to distribution points/warehouses where the supplies are offloaded for onward distribution to the intended beneficiaries, or directly to the receiving beneficiary. Partners are responsible for the full costs and risks associated with transportation.
7. The implementing partner provides final reporting, receipts, and photo documentation of the delivery as per the terms of the MOU.

Implementation Results

From July until November 21, 2014, there were 207 trucks of UN humanitarian aid sent across the Turkish border. Just under 40% of this aid went through Bab al-Salama and the remainder went through Bab al-Hawa. By comparison, the Turkish Red Crescent facilitated 297 trucks of humanitarian aid outside of the UN shipments during the two-week period of November 6 - 20, 143% of all of the UN cross-border aid since July.²



Map of UN Cross Border Assistance from Turkey as of November 21, 2014

OCHA, "Humanitarian Bulletin Syria operations from Turkey," Issue 07

While the volume of humanitarian aid shipped under Resolution 2165 remains low compared to the total volume of aid entering Syria from Turkey, it appears to be increasing over time. This is a positive indication that the agencies involved may continue to scale up their shipments in the future.

Of the four priority sectors (food, NFI, WASH, and health), food aid has the highest amount shipped across border by volume, and health sector supplies have been the lowest.

² OCHA, "Humanitarian Bulletin Syria operations from Turkey," Issue 07, 21 Nov 2014.

Challenges & Solutions

Expanding Cross-Border Aid

Since Resolution 2165 was passed, the Secretary General's implementation reports indicate that the UN's ability to access parts of the northern and southern provinces has increased, but is still only a small portion of the total amount of humanitarian aid being sent into Syria. SAMS and other humanitarian NGOs welcome the continued scaling up of the volume of the UN cross-border aid efforts, and encourage significant increases in order to meet the high level of need that all will face this winter and in the coming funding cycle.

The issue of the limited customs capacity at the two Turkish crossing points currently in use can be overcome by expanding the number of border crossings used for UN cross-border aid. The Turkish Red Crescent routinely uses six or more border crossings for the aid efforts that it facilitates and has already established many zero point centers for aid transfers. The UN cross-border aid shipments can be expanded to additional crossings either by listing these crossings in the text of the renewed resolution or with a broader interpretation of the original language by participating UN agencies. The UNMM should be expanded to include additional border crossings.

It is important that agencies cover at least the costs of transportation and delivery of the UN goods shipped cross-border under Resolution 2165, especially for smaller Syrian NGOs. This will ensure that the partners best positioned to deliver this aid are able to do so financially, and prevent them from diverting funds needed for other assistance to the logistics UN convoys. Providing small implementing NGOs with additional funds to cover overhead and administrative costs associated with the shipments will further expand the pool of available UN partners and build SNGO capacity over time.

As the cross-border program grows we encourage the UN to expand supporting efforts to complement the goods that are delivered. WASH kits are only helpful if there is water available and medical supplies are little use without trained medical staff. Supplies alone are not enough; they need to be integrated into a larger plan for management and services.

Access to Besieged Areas

One of the most critical needs in Syria remains the access to civilians in besieged areas. Unfortunately the call to lift all sieges and allow humanitarian aid to enter these areas that was made by the Security Council in Resolution 2139 has been ignored. In Resolution 2165 the operative paragraphs refer back to the need to comply with Resolution 2139, but otherwise do not specifically address the besieged areas. According to the Secretary General's reports on implementation of Resolutions 2139 and 2165, access to the hundreds of thousands of civilians in besieged areas across Syria has actually decreased since the Resolution 2165 was adopted.

The official UN estimates from the 21 November Secretary General's report indicate 212,000 civilians remain trapped in besieged areas, but the real number is much higher. Population estimates extrapolated from vaccination efforts suggest that the figure in besieged Eastern Ghouta neighborhoods alone is greater than the entire UN estimate. Additionally, the UN numbers do not include besieged or nearly-besieged areas in Homs province such as Talbiseh and Al Waer. Nearly-besieged areas in which pro-government forces have surrounded a neighborhood but left one single access point that is strictly controlled generally suffer from the same unacceptable conditions as entirely-besieged areas, and should be included in the figures and acted upon with urgency.

The ongoing siege of civilian areas in Syria is illegal and inhumane, causing catastrophic conditions including but not limited to death from starvation, the resurgence of infectious diseases, and malnourishment among the majority of newborns. The UN must not settle for increased access to some parts of the country at the expense of further efforts to access those trapped in abhorrent conditions in besieged areas.

The Role of Implementing Partners

Syrian NGOs form the front lines of aid delivery efforts, sending in direct assistance and working as implementing partners for larger INGOs, and now the United Nations. SNGOs and INGOs have been sending in cross-border assistance to Syrians in need from the beginning of the conflict. Many of the areas termed “hard to reach” in UN reports are difficult for the UN agencies to access due to bureaucratic barriers erected by the Government of Syria, but have long been served by hardworking humanitarian NGOs. NGOs like SAMS have established valuable processes, channels, and relationships in the incredibly complex and dangerous working environment in Syria.

The aid that is now being delivered under 2165 complements – but does not replace – NGO-led operations from Turkey, which remain a crucial lifeline for tens of thousands of civilians in northern Syria. Accordingly, the UN should do more to acknowledge the critical role played by implementing NGOs and make greater efforts to support them with funding, security measures, capacity building and technological assistance, and efforts to facilitate their participation in coordination activities. As a step in the right direction, the ninth Secretary General’s report on implementation released on 21 November acknowledged the tremendous efforts of NGOs for the first time since this reporting began earlier in the year.

UN agencies should consistently include funding for the logistics/transportation costs of the shipments that they provide to go across the border. In the initial cross-border shipments that SAMS delivered as an implementing partner there was no support provided for logistical costs associated with transportation. Other SNGOs from various sectors have reported the same experience. The burden of covering these costs is significant and forces the implementers to divert funding from their other aid efforts, incur delays while searching for external funding, or to turn down the UN agency providing the goods. In our experience, the UNFPA has proven to be a welcome exception, covering all relevant costs for UN cross-border shipments.

The burden in manpower, time, and cost (transportation to/from meetings in other cities) that it takes to be a trusted partner of the UN agencies and have a voice in regional coordination at the working group level is too heavy for many of the smaller SNGOs and prevents their full participation. NGOs that feel alienated from coordination efforts are less likely to share information and add valuable data to needs assessments. The fact that many active humanitarian NGOs are only partial participants hurts everyone, as these groups are often have the greatest impact on the ground.

A representative of one Syrian NGO that has not expressed interest in participating in the UN’s cross-border aid program told SAMS: “Why would we want to play under the UN rules? Our system works fine.” That same NGO has experienced an 80% drop in private donations since the ISIS beheading videos came to light in August and September, and struggles with the high transportation costs for its shipments into Syria. If the international community is serious about helping Syrians in need, then it is essential that organization like this one are fully engaged in sector coordination and funded and operating at full capacity to take advantage of their expertise and reach on the ground for maximum impact. An additional benefit of increasing SNGO participation is the concurrent increase in organizational capacity that SNGOs experience working more closely with UN actors in terms skills such as monitoring and evaluation and proposal writing.

All steps that can be taken to ameliorate the burden of engagement in the international crisis response should be seriously considered. In the health sector, one simple improvement that can be made is to set a fixed location for working group meetings instead of alternating between cities. In all sectors, assessment tools should be simplified to meet the realities of a conflict environment and standardized to lessen inconsistency and subjectivity in responses.

While SAMS has signed MOUs directly with UN agencies to transport cross-border shipments, we seem to be an exception. Other small Syrian NGOs that work across the Turkish border are engaged to transport shipments under 2165 only through sub-agreements with large INGOs. This additional layer of bureaucracy can cause delays and extra costs in the process. In some cases smaller SNGOs may not have the level of organizational capacity desired by the UN to be a direct implementing partner, but additional efforts should be undertaken to assess SNGOs in this respect, so that when possible this extra bureaucratic layer can be removed.

Security & Protection

The intentional targeting of medical facilities and personnel in Syria has led to a severe lack of medical personnel in the places where they are needed the most, and discourages civilians from seeking treatment when they are sick or injured, further endangering civilian lives and decreasing the impact of humanitarian aid efforts. Ongoing attacks on healthcare workers and infrastructure are in flagrant violation of international humanitarian law and UN Resolution 2139 and have a direct impact on the efficacy of all relief efforts, including those carried out under Resolution 2165. The 21 November Secretary General's report, which covers the period of 18 October - 16 November 2014, described five attacks on medical facilities during the reporting period and the death of 19 medical personnel. Four of the facility attacks and all 19 medical personnel killings were perpetrated by government forces. The party responsible for the fifth facility attack is undetermined.

For SAMS this issue is critical: every single medical facility that SAMS supports inside of Syria has been targeted by an air strike or barrel bomb at some point in time and every month we lose additional medical personnel in targeted attacks. The very first time that SAMS signed an MOU with a UN agency to deliver a shipment of aid under 2165, our designated delivery truck was destroyed in a targeted air strike shortly before the shipment of UN supplies was scheduled to arrive. We were able to replace the truck in a timely fashion carry out the delivery as planned.

We strongly encourage the UN to provide some sort of protection for UN shipments and the partners who delivery them inside of Syria. The Syrian personnel working on the ground are the unsung heroes of both the UN cross-border aid process and all other humanitarian aid deliveries. Currently there are no measures in place to provide any sort of security for implementers, and the partners must agree to take responsibility for the safety of the UN aid once it crosses the border. Since humanitarian workers in Syria are routinely targeted, the lack of protection under the UN program must be reconsidered.

One creative recommendation that we propose is that the UN certifies hospitals as “UN-designated humanitarian locations” where medical neutrality is enforced. Initial facility verification and ongoing monitoring could take place remotely – similar to the way that the OPCW remotely verified chemical weapons destruction at hard to access Syrian facilities – or with the deployment of a small number of UN monitors to each of the certified medical facilities.

Ongoing monitoring efforts would:

1. Ensure that facilities are not militarized after initial certification;
2. Verify that all patients continue to receive unhindered access to treatment regardless of affiliation, and;
3. Provide verified documentation of attack or interference that could be admissible as evidence in future criminal proceedings.

Certifying a few hospitals as “UN-designated humanitarian locations” falls short of the full protection that civilians in Syria deserve, but would be a small step in the right direction with many potential benefits. One goal of this proposal is to remove any presumed rationale that parties to the conflict use to try and justify their continued targeting of medical facilities, and provide hard evidence if the UN-designated locations are attacked, which will support accountability efforts. Additionally, a program like the one proposed could increase the number of civilians who feel safe enough to seek treatment for injuries or illness, prevent humanitarian supplies from being destroyed, save the lives of medical personnel and those who support them, and increase the number of medical professionals who remain in the country. All of these impacts will save lives.

Meeting Assessed Needs

To be effective, humanitarian aid sent across the border must be based on realistically assessed needs, resourced to meet these needs in all sectors with full participation from relevant agencies, and distributed without discrimination or interference from parties to the conflict.

The initial convoys of aid under 2165 consisted largely of existing contingency stock not tailored to local needs. These goods were sent into Syria in order to get the cross-border program moving quickly as delays could allow additional bureaucratic challenges to develop. Participating UN agencies are already working to improve in this area and we are confident that with the time that has been put into needs assessments and the Whole of Syria plan for the 2015 response that this will not be a significant problem in the future. We encourage all participating agencies put in the time and effort needed to tailor goods to beneficiary needs.

Different UN agencies have participated in the cross-border aid program at varying levels, which do not necessarily correspond with sectoral need. For example, although Syria’s health care system has collapsed and medical supplies are urgently needed in much of northern Syria, the WHO has barely participated in the cross-border aid program and has no plans to increase its participation in 2015. Medical sector goods such as trauma kits – which only the WHO can supply among the UN agencies – are in desperate need.

The WHO needs to participate in the delivery of cross-border aid. Trauma kits are needed in northern Syria and should be supplied in the aid program. The WHO has indicated that its decision not to scale up its participation in the coming year or send supplies across the border from Turkey was due to a lack of resources. In this case we strongly urge the donors to increase funding to the WHO specifically for trauma kits in northern Syria, and call on the WHO regional office to send additional staff members to support this effort. Sending only cross-line aid is not enough to help many of those in need.

Whole of Syria Plan and Coordination Efforts

The Whole of Syria (WoS) plan is an attempt to better coordinate cross-border and cross-line humanitarian aid in order to maximize impact and minimize inefficiency. Among other things the plan seeks to increase information sharing, identify gaps, and reduce overlap. A two-month limited roll out began in four provinces in October and November—Daraa and Quneitra in the south, and Idlib and Aleppo in the north – in advance of nationwide implementation in 2015. The sectors covered in the two-month plan are WASH, food security, health, and NFI/shelter. This is a sensible approach that is moving in the right direction, but one that has some tremendous challenges to overcome. WoS must be discussed in an assessment of the UN's cross-border aid shipments since it will play a significant role in guiding the aid deliveries in 2015.

There is concern about the lack of inclusion of the SNGOs in discussions about the Whole of Syria approach, and in the health sector there is particular concern about the predominance of the input from the Damascus hub. Unfortunately, there have already been incidents encountered during the two-month plan that have stoked fears that the Government of Syria will try to take control of the Whole of Syria planning efforts and minimize the role of Syrian NGOs in the north. As the GoS has no presence in many areas, it is absolutely critical that the actors who do reach these areas – the SNGOs – are included in planning efforts. Without their input the Whole of Syria approach, and the UN's 2015 cross-border aid efforts, will fail to accurately account for the needs of the millions of Syrians living in areas outside of the Government's control who are in need of assistance.

Greater balance can be achieved by inviting SNGOs to all planning meetings and giving them the opportunity to provide meaningful input into the development the Syria response strategic objectives. Additionally, future regional coordination meetings should be held in neutral locations since Beirut poses safety challenges and visa restrictions that restrict the ability of Syrian partners to attend. A series of important WoS meetings was held in Beirut in September, October, and November of this year, despite repeated requests from SNGOs that regional meetings to discuss the Whole of Syria plan be held in more secure neutral locations like Istanbul or Cyprus. Despite limited SNGO attendance and input, important decisions were made at these meetings regarding sector objectives, costing, and monitoring.

Similarly, the Jordan hub is a more appropriate neutral actor to handle tasks such as the consolidation of data from Damascus (primarily WHO) and Turkey (primarily SNGOs/INGOs through the health sector working group). Humanitarian aid in the health sector remains controversial in Syria, and delegating the tasks of information management and hub coordination to Amman instead of Damascus will enhance confidence in the process from humanitarian actors in the north and will ensure that their input is appropriately included. This format was agreed to by a health sector meeting that included all relevant stakeholders in August in Beirut, but has not yet been implemented and coordination activities remain in Damascus. Additionally, as the health sector working group transitions into a formal cluster it is important that the cluster retain a non-WHO co-lead to ensure that humanitarian actors in the north are represented.

Responsibility for areas of Syria to be assisted via cross-border assistance versus areas to be assisted from Damascus should be clearly mapped out based on proximity and access. Having a clear map of coverage by hub is an easy way to reduce confusing overlap and identify the party responsible for meeting assessed gaps. Many parts of northern Syria are better served from Turkey due to security concerns, the type of medications available, distance, and strong relationships between local actors and implementing NGOs. As a general rule, territory not controlled by the Government of Syria is more easily accessed with cross-border aid to avoid unnecessary bureaucratic obstacles. It is the responsibility of the UN and the WHO to continue to push for the approval of cross-line medical aid – many of which continue to be ignored or rejected by the GoS—and to ensure that medical supplies and equipment not be removed by the authorities from humanitarian convoys originating from Damascus.

Summary of Key Policy Recommendations

The goal of Resolution 2165 is to reach more vulnerable Syrian civilians with life-saving humanitarian assistance. The humanitarian crisis caused by the ongoing bloodshed in Syria is the largest and most complex in the world. We recognize that improvements in the international response will be incremental and there will be challenges along the way. All Syrians in need, without discrimination, must be reached with humanitarian assistance by all means necessary, and increased coordination and cooperation between humanitarian actors is the best way to achieve this goal.

It is in this spirit that we present the following recommendations:

- UN cross-border aid is now a fact on the ground and it must be maintained and expanded. The UN Security Council must renew the mandate of Resolution 2165 for a period of at least 12 months.
- Donors must increase funding for cross-border aid efforts to match the scale of the crisis, and UN agencies including the WHO should scale up their cross-border shipments to meet the assessed needs in quantity and type of supplies.
- The situation in besieged areas has continued to deteriorate and access has decreased since UN Resolutions 2139 and 2165. We urge the UN Security Council to swiftly take further action to gain access to these areas in light of non-compliance with the original demands of Resolution 2139.
- We encourage UN agencies to broaden their interpretation of Resolution 2165 beyond just the provision of supplies to include things like protection and services, so that the aid being sent in can be integrated into a comprehensive humanitarian assistance strategy.
- As implementing partners, NGOs are critical to the success of UN cross-border aid efforts. UN agencies should consistently support them with funding for operational costs associated with the shipments.
- Syrian NGOs must be included in needs assessment and planning processes, coordination meetings should be held in neutral locations to facilitate SNGO participation, and inputs from Damascus and Turkey should be harmonized by the Jordan hub to ensure balanced representation. These steps will serve to increase trust and strengthen cooperation between actors.
- There is an urgent need for trauma kits and other medical supplies in northern Syria. We urge the World Health Organization to take advantage of Resolution 2165 and send these medical goods across the border to reach civilians in need who cannot be accessed through cross-line aid.
- The UN must provide protection for its aid and the partners who deliver it. Certifying hospitals as “UN-designated humanitarian locations” where medical neutrality is enforced and monitored and violations are documented is one proposed way of strengthening protection efforts.



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