



# SAMS

A young boy is seen from behind, standing in a large, muddy, brownish pool of water. He is wearing a dark blue hoodie with a red and white patterned hood, dark shorts, and brown shoes. The ground is very muddy and uneven. In the background, there are some white structures, possibly tents or temporary shelters, and more muddy water. The overall scene is one of hardship and displacement.

## Northwest Syria: Winter at the Doors



## Geography and Demography

The 9,000 square kilometer area commonly referred to as northwest Syria includes parts of Idlib, western Aleppo, northern Hama, and eastern Latakia, and is home to 3 million people, nearly 2.5 million of whom are identified as being in need of humanitarian assistance. A massive influx of internally displaced persons (IDPs) coupled with continued bombardment throughout the conflict has led to increasing reliance on humanitarian aid.



The ongoing conflict in northwest Syria, as well as major offensives in other parts of the country, has caused waves of internal displacement towards safer areas along the Turkish border.



## Humanitarian Crisis in Northwest Syria

A new wave of military escalation began in northwest Syria on April 26th, 2019, causing a massive humanitarian crisis marked by the largest wave of displacement in Syria since the beginning of the conflict. **UNOCHA estimated in early September 2019 that at least 630,000 IDPs had been displaced between the beginning of May and the beginning of August.**<sup>1</sup> This represents the largest IDP movement of the 21st century, while the humanitarian response has been vastly weaker.

In addition to mass displacement, this escalation has seen the destruction of humanitarian infrastructure and targeting of health care facilities. As a result, access to life-sustaining medical services has been cut off for residents who are largely unable to return home.

**Since April 26th, SAMS has recorded 72 attacks on 51 health facilities.**



While a ceasefire was declared on August 31, bombardment has not stopped entirely, and has continued to prolong and exacerbate the humanitarian crisis. Most IDPs remain unable to return to their homes due to the ongoing insecurity. The crisis is further worsened by the looming arrival of winter.

South of the city of Armanaz in the western Idlib countryside, families from al-Ghab Plains have set up camp in an area considered relatively safe. Ghazi al-Khattab, director of al-Rayyan Camp, says: "Al-Rayyan Camp consists of 130 families, making it one of the larger camps in the area. The families who reside

here are from the towns of al-Shari'a and al-Haweez in al-Ghab Plains in the western Hama countryside. The camp is in constant need of medical services and aid in general."

Hazem Ahmed, age 27, is from the town of al-Shari'a. Injuries he sustained due to bombardment led to the amputation of his right leg. "Since that time," Hazem says, "I've been unable to move and trying to secure necessities for my household is embarrassing." Hazem is not the only one in his family whose health has been impacted by the conflict, he explains: "My 9-year-old son, Ahmed, has had cerebral atrophy since birth. He is unable to move, and my difficult situation has been made worse by my inability to provide for my son."

**Despite the security risks and ongoing aerial threats, SAMS remains the largest medical organization in northwest Syria.**



<sup>1</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/nwsyria\\_sitrep11\\_6sept2019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/nwsyria_sitrep11_6sept2019.pdf)



**SAMS operates 34 medical facilities, including the largest hospital in southern Idlib, and supports over 1,600 medical workers.**

However, due to heightened attacks on civilians and civilian infrastructure in northwestern Syria, SAMS was forced to suspend its operations in major hospitals. Ma'arat al-Numan National Hospital was one of them. The hospital used to serve an area with 300,000 residents. Between May and August 2019, the hospital provided over 69,000 medical services to more than 31,000 beneficiaries. Dr. Basel al-Asfar, a neurosurgeon at the hospital, said: "As the only hospital remaining open during the escalation in southern Idlib, we've faced an enormous amount of pressure. Despite the dire conditions and the worsening security situation, we've worked tirelessly around the clock to provide emergency response services. We received dozens of wounded civilians at a time and continued on without stopping, dazed by the endless stream of casualties. We received entire families injured by the shelling that targeted our region." Now that the hospital is no longer operational, this has exacerbated an already dire humanitarian situation.

**Thus far in 2019, SAMS-supported medical facilities in northwestern Syria have provided more than 1.2 million medical services to nearly one million beneficiaries.**

**The United Nations Office of the High Commissioner for Human Rights (OHCHR) documented 1,089 fatalities during the latest escalation in northwestern Syria, among whom were 213 women and 304 children.<sup>2</sup>**

In the face of these daunting conditions, SAMS personnel continue to work diligently to provide health services and save the lives of those injured during the escalation.

Local organizations face challenges in supporting the massive number of IDPs, the most important of which is a lack of funding. The needs of IDPs spread throughout northwest Syria are massive, especially for those residing outside the overcrowded formal camps along the Turkish border. The arrival of IDPs has also

strained already-beleaguered residents, who have borne the negative impacts of damaged and sub-par infrastructure, rising prices, and extremely limited livelihoods opportunities for years. As the large number of migrants exceeds the capacity of local organizations, international support is needed to help cope with the crisis.

UNOCHA reports that \$38.8 million USD in emergency response is needed to cover the gap in nutrition and livelihoods, with \$36 million more needed to meet other basic needs.

**Providing shelter for those displaced in the recent escalation alone would take \$21 million.**

As part of SAMS' ongoing emergency response on the ground, SAMS partnered with Ihsan Relief & Development (IRD) to provide much needed humanitarian aid to those stranded in IDP camps with little or no access to food, shelter, water, sanitation, or healthcare. SAMS distributed thousands of food items, hygiene kits, and diapers.



## Sectoral Overview

### Health:

**The primary challenge to the health sector presented by the ongoing displacement crisis is meeting the needs of chronically ill patients.** Providing necessities such as insulin and blood pressure medication is difficult in a setting where IDPs live in hard-to-reach areas. Hemodialysis centers in the northwest already suffered from a shortage of equipment and staff, which was made worse following the destruction of one of the hemodialysis centers in southern Idlib this past May.

Reaching IDPs, who are often spread throughout rural areas far removed from city and town centers, likewise represents one of the key challenges of the current situation. Monitoring suggests that there are currently 174 informal settlements spread across northwest Syria. Mobile clinics operated by SAMS are attempting to cover the needs of IDPs in multiple settlements in southern Idlib, but many IDPs are requesting support beyond that of the mobile clinics alone.

The geographic and logistical challenges of reaching IDPs, coupled with extremely poor living conditions, may result in large outbreaks of diseases. The potential for outbreaks increases further as winter approaches. A WHO report has said that cases of diarrhea have seen a slight increase among IDPs due to a lack of access to clean water. As the situation continues to develop, IDPs exposed to the elements will likely face particularly disastrous conditions.

Mental health is an often-overlooked aspect of emergency responses. However, given the nature of the Syrian conflict and recent escalation, most IDPs and other civilians in northwest Syria have been exposed to high levels of trauma, and mental health and psychosocial support must be considered life-saving interventions. A UN OCHA report<sup>3</sup> highlighted the critical need to support six mental health centers working among IDPs.

In confronting the enormous challenges affecting IDPs, the medical sector requires funding in order to deliver services and to re-open new medical centers established to replace those closed due to proximity to military operations and/or damage from direct targetings.

Ongoing security concerns constitute another central challenge for our team. According to Dr. Mohammad Tennari, director of SAMS Idlib office, the primary problems they currently face are the security challenges associated

**Today, as health workers in Idlib struggle to deal with the challenges of inadequate medications, supplies and properly equipped facilities, they also lack the support and protection from the near-daily life-threatening targeting they face, putting their lives at risk to save others.**

with bombardment and the kidnapping of humanitarian workers by armed groups. For example, on September 3rd, Dr. Othman al-Hassan was driving to work at a SAMS-supported hospital in Idlib governorate. A group of armed individuals opened fire on his vehicle, causing him to crash, and then violently assaulting him and ultimately detaining him for a period of five hours.<sup>4</sup> The threat posed by these armed groups has led some donors to question the independence of the humanitarian operation, putting a fragile humanitarian sector in an even more difficult position. In response, humanitarian organizations have increased their monitoring and oversight mechanisms, worked with donor governments on best practices for financial oversight, and taken a strong public stand in the form of statements condemning violations of IHL by armed groups.

The recent escalation in violence has taken a hefty toll on the health sector. **Since April 28th, 51 health facilities have been exposed to 72 targeted attacks.** Twenty-six of these attacks targeted SAMS facilities, and four of our staff members have lost their lives as a result.<sup>4</sup>

<sup>3</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/nwsyria\\_sitrep11\\_6sept2019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/nwsyria_sitrep11_6sept2019.pdf)

<sup>4</sup> [https://www.sams-usa.net/press\\_release/sams-statement-on-violations-against-humanitarian-workers/](https://www.sams-usa.net/press_release/sams-statement-on-violations-against-humanitarian-workers/)





**On November 6th alone, 5 medical facilities were attacked, including the SAMS-supported al-Sahara Primary Health Center and Hama Ambulance System.**





Of particular concern is the fact that 10 attacks, including one on November 6th, have targeted maternity hospitals. This is alarming given the pre-existing gaps in reproductive healthcare and critical need for reproductive health services in northwest Syria.

The security situation complicates every aspect of reproductive care, from the training of personnel to the actual delivery of care.

On November 8th, a training course for midwifery students taking the colloquium exam, held by the Al-Amal Midwifery Institute and the Termanin Midwifery and Nursing institute in Idlib, was interrupted when students and instructors were displaced by a wave of artillery in the area. The training course had to be rescheduled and relocated, as many students were unable to successfully complete the exam.

For many new and expectant mothers, displacement disrupts continuous access to care before, during, and after childbirth. These disruptions can result in serious health complications, as the heightened risk and stress place undue threats to women and limit their access to quality care.

Frequent movement from one facility to another poses logistical and operational difficulties as well. In one such case, an internally displaced woman about to give birth was experiencing complications, and was unable to receive a diagnosis or treatment at many facilities due to the decreased staff skills and capacity in reproductive health. Only after several visits were doctors at SAMS-supported Al-Salam Hospital and Ma'arat al-Numan National Hospital able to diagnose her condition and

provide the necessary surgery and treatment, from which the patient thankfully recovered.

Sabah Misto, a nurse working at SAMS-supported Al-Atareb Maternity & Pediatric Hospital, said: "I was afraid of working in the health sector in northern Syria because of the dangers and risks involved for medical staff in the hospitals there, from bombings and ground offensives. But I broke through the barrier of fear and decided to overcome those difficulties once my own city was bombed and medical personnel were needed to cope with the heavy flow of injuries." Sabah continued: "When the planes start flying near the hospital, we don't know what to do. It's our responsibility to protect the infants in the incubators and the children in the pediatric wing and take them down to the lower floors. At the same time, we also have to protect ourselves from getting hurt."

A large number of medical facilities targeted in Idlib participated in the UN OCHA-led deconfliction system mechanism.

**Despite this, they have continued to be subjected to deliberate targeting and violations of international humanitarian law.**

In many cases, facilities were forced to suspend work due to the bombardment. In July 2019, the UN Secretary General announced the formation of a Board of Inquiry tasked with uncovering the facts behind targeted attacks on civilian infrastructure in northwest Syria. This Board represents an opportunity to reach definitive conclusions as to the perpetrators of alleged attacks on health, which in turn could lead to real accountability and a significant deterrence for future attacks.



## Education

A report from Save The Children<sup>5</sup> says that 87 schools have been destroyed or damaged, while over 200 schools are being used as shelters for IDPs. Those schools that are able to operate during the new school year can absorb 300,000 children out of a total of 650,000 school-aged children.

### More than half of school-aged Syrian children in Idlib are unable to receive an education this year.

Of the school<sup>6</sup> facilities still functioning, the vast majority only provide primary education. In surveys conducted by REACH in August and September, while 89% of assessed communities reported having functioning primary education facilities, only 44% said they had functioning secondary facilities and only 54% said all children accessed education. This gap in secondary education greatly limits the employment skills and opportunities of the next generation.

In communities that reported difficulties in accessing education, the most common obstacles were distance (45%), lack of teaching staff (42%), and a lack of school supplies (37%).

Teachers in NWS have repeatedly organized strikes in response. On November 9th, protests ran for three full days, citing discrimination and selectivity in NGO funding. Given that their range of available livelihood opportunities is more restricted, women are disproportionately affected by cuts in funding for teachers' salaries.

The situation of the IDPs increases this gap between the capacity and the needs in the education sector, as a result of the rapidly increasing population of northern Idlib, in addition to the conditions in the informal settlements that lack adequate infrastructure.



<sup>5</sup> <https://www.savethechildren.net/news/more-half-children-idlib-syria-could-miss-out-school-year>

<sup>6</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/REACH\\_SYR\\_Factsheet\\_HSOS-Regional-Factsheet\\_Northwest-Syria\\_August2019.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_SYR_Factsheet_HSOS-Regional-Factsheet_Northwest-Syria_August2019.pdf)



## Shelter and Livelihoods

According to a Shelter/NFI Cluster report released at the beginning of September, 18% of the residents of northwest Syria live in informal settlements, while 5% live in partially-destroyed homes. The rest are spread amongst formal camps, homes, and residing out in the open. **The low quality of such shelters increases the level of need for better-quality shelter, nutrition, and non-food items in the area.**

With winter approaching, providing winterization assistance is a priority for those who live in extremely difficult conditions. The lack of supplies and fuel for heating could result in fatalities due to the freezing conditions, particularly for IDPs in informal settlements or who are living in open fields.

Providing insulated tents and infrastructure for these camps is one of the biggest challenges faced by the humanitarian field today in northwest Syria, as gaps in funding hinder a timely response.



## Recommendations

The international community, concerned by the devastating impacts of the escalation in northwest Syria and seeking to protect civilians, should:

- Support diplomatic efforts to secure a permanent cessation of hostilities in northwest Syria
- Renew authority for cross-border operations for the entirety of 2020
- Contribute additional funding for an emergency response prioritizing the shelter, WASH, education and health needs of the newly displaced, with an emphasis on winterization efforts
- Support the UN Board of Inquiry in northwest Syria, expand its mandate to identify the perpetrators and advocate for its findings to be made public, and consider linking it directly with the OCHA de-confliction mechanism
- Publicly condemn attacks on civilian infrastructure, especially when deconflicted facilities are targeted, and call for all parties to the conflict to adhere to international humanitarian law
- Allocate additional health funding to the provision of chronic care to ensure that life-saving services and medications are available to all
- Allocate additional health and protection funding to the provision of MHPSS services, especially for the newly displaced, who have experienced severe levels of trauma
- Continue to prioritize support for the provision of reproductive health, especially for training nurses, midwives, and OBGYNs