

The 'new humanitarian aid landscape'

Case study: MSF interaction with non-traditional and emerging aid actors in Syria 2013-14



Photo credit © Michael Goldfarb/MSF

By Jonathan Whittall

July 2014



Contents

1. Introduction	2
1.1 Syria's geopolitical landscape	3
2. Research rationale and methodology	5
2.1 Analysis of media reports	5
2.2 Archive material / primary sources	5
2.3 Semi structured interviews	5
3. Research findings	6
3.1 The parties to the conflict	7
3.2 Conduct of hostilities	7
3.3 Humanitarian implications	10
3.4 The aid environment: Two parallel systems	12
3.5 Aid delivered officially	13
3.5.1 Military tactics take priority	13
3.5.2 Managing perceived risk	14
3.5.3 Maintaining legitimacy	15
3.6 "Cross border" aid delivery mechanisms	15
3.6.1 Independent relief activists	15
3.6.2 Military social services	17
3.6.3 Political structures	18
3.6.4 Regional organisations	19
3.6.5 Effectiveness of new actors	19
3.7 Case study: MSF	21
3.7.1 MSF operational interaction with 'new' aid actors	21
3.7.2 Ideological caution	23
3.7.3 Arrogance	23
3.7.4 A standardized approach	24
3.7.5 Human resources	24
3.7.6 Slow to adapt?	25
4. Discussion	26
4.1 Humanitarianism and state sovereignty	26
4.2 The case of MSF	26
4.2.1 Lessons from MSF Interaction with other aid actors	26
4.2.2 Identity	28
5. Conclusion	29
Primary sources	30
Media	30
Interviews	32
Internal MSF documents	33
Secondary sources	32
References	34

Executive summary

The way in which the Syria war has been fought - and the regional geo-political dynamics that frame it - has resulted in a polarized aid environment. Either aid is provided officially through Damascus - and subject to huge restrictions rendering many parts of the country unreachable - or aid is provided directly into opposition controlled areas without the consent of the Syrian government and subject to massive insecurity.

The experiences of MSF in attempting to gain official access to Syria highlight the difficulties for an organisation to overcome the defining features of the Syrian governments approach to aid delivery: What MSF had to offer did not fit within the military priorities of the regime; the western roots of the organisation made it suspicious and therefore rejected based on concerns of the organisation having an alternative agenda; and finally MSF did not fit the bill of a Syrian led aid response. At the same time, MSF faced major constraints in its delivery of aid from the north of Syria due to a highly fragmented, and in some cases radicalized, armed opposition.

The gap in the overall official aid delivery mechanisms have been filled by armed opposition groups, informal networks of activists, regional organisations, political solidarity networks and newly formed foundations. MSF has established operations in northern Syria - with a permanent presence of MSF staff - and from Lebanon and Turkey through a programme of donations to medical networks in areas where MSF is unable to access. MSF was one of the only organisations from what can be described as the 'traditional' aid system present with a permanent team on the ground in Northern Syria. And arguably, MSF was also the only medical humanitarian organisation to supply the volume of donations across the border into Syria - with other organisations fearing that the networks required to achieve this were 'too political'. These operations have given MSF an overwhelmingly positive image among the medical networks providing treatment in opposition controlled areas.. Through these operations, MSF has worked alongside organisations that are 'new' to MSF, while at the same time it has established a high volume medical support programme by relying entirely on smuggling networks. Although there were many successes in this approach - there were many challenges from which to learn, which is what this research focused on.

Through a series of interviews it has been possible to identify some of these main challenges facing MSF in their interaction with non-traditional actors. MSF was often identified as being ill-adapted in its engagement with 'new' actors - swinging between a principled approach which resulted in ideological caution and a pragmatic approach which in some cases resulted in over proximity. At the same time, MSF was often perceived as arrogant in

its dealings with new aid actors - overly reliant on international staff with limited experience in the region - and its standards and protocols were seen as a barrier in some cases.

In such an environment there is an argument to be made for a more rapid internationalization of MSF - including through the recruitment of staff from the region. In addition to this, there is a need to ensure that the flexibility required to work in such an environment exists not only among the operations line management but also from both technical support departments and in the profiles of field workers recruited at all levels.

At the core of the challenges facing MSF institutionally in Syria is the reality that the aid landscape has drastically shifted, and MSF is no longer an insider to the aid system, able to criticize the failings of the system from within, while relying on certain operational alliances with NGOs that essentially have the same 'principles'. In the case of Syria, MSF was a complete outsider of the 'new aid system' which was based on political or military solidarity. This requires adaptation in terms of diversity of networks, profiles of human resources and flexibility of 'standards'.



Buildings damaged in an air raid in Idlib, northern Syria
Photo credit © Brigitte Breuillac/MSF

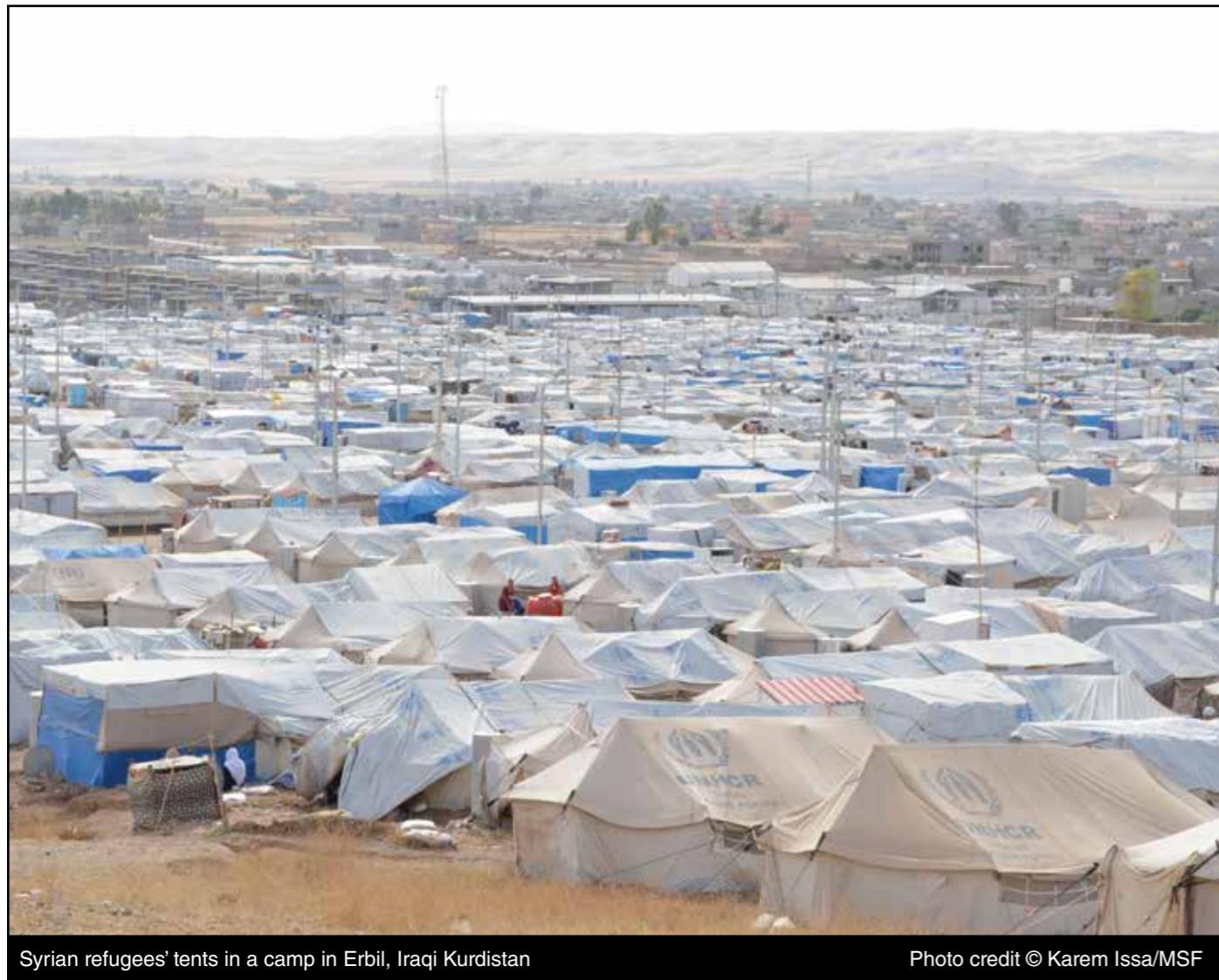
1. Introduction

Syria is an arena of power struggles that span the local, regional and global spectrum, with no global power willing or able to fully assert its hegemony. The result in Syria is multiple hegemonies competing but unable to secure their interests. Numerous fault lines currently define the MENA region and shape the war in Syria. These fault lines exist on a macro level between East and West, on a regional sectarian level between Sunni and Shia and within the Sunni bloc between different strands of political Islam. Infused into each of these fault lines is the defining political feature of the Middle East, the Arab / Israeli conflict.

Syria is the perfect example where multiple competing interests are overlaid starting with local power struggles along sectarian lines, to regional power plays between Saudi and Iran and within the opposition between Qatar and Saudi, to global power dynamics reminiscent of the cold war with tensions between Russia and the USA. It is these multiple dynamics that have created a conducive environment for the way in which the war in Syria has been

fought by the regime and the way in which this has been countered by the opposition. The resultant humanitarian needs and their response are framed by this geopolitical context and the conduct of hostilities.

Syria represents the challenges of a changing humanitarian landscape for a traditional humanitarian system that has been largely paralyzed in Syria. This research therefore examines the way in which MSF navigated a changed aid landscape where it worked alongside diaspora groups, 'relief activists' and armed opposition groups who were the primary providers of assistance. This is explored in two ways – by looking at the way in which MSF interacted with such groups on the ground in northern Syria and how MSF interacted with such groups through its remote support project from Lebanon and Turkey. This is not an evaluation of MSF operations, but rather an analysis of the challenges in its interaction with various aid actors. However, it is first necessary to explore the geopolitical landscape and the conduct of hostilities.



Syrian refugees' tents in a camp in Erbil, Iraqi Kurdistan

Photo credit © Karem Issa/MSF

1.1 Syria's geopolitical landscape

The Syrian civil war is overlaid by a patchwork of regional geopolitical interests, which are often articulated in sectarian terms. Indeed, Salloukh (2013: 34) refers to the sectarianism of the Middle East as 'geopolitics by other means'. The geopolitics of the region was most recently shaped by the US invasion of Iraq and the subsequent instability. "Washington's growing troubles in Iraq, and Iran's ability to assume a dominant role in post-Saddam Iraq, altered the geostrategic balance of power in the region, tipping it in Tehran's favour". The resultant geopolitical confrontation took the form of "a Saudi-Iranian contest over regional dominance" which played out across the region from Bahrain to Syria (Salloukh, 2013: p34-35).

Syria is possibly today's most strategic battlefield in the clash between Tehran and Riyadh. This tension is primarily a struggle for regional dominance – and is being played out with religious / sectarian overtures. Saudi views Syria as the umbilical cord linking Iran to Hezbollah and Hamas. This resulted in a campaign by the Saudis to reorient Syria away from the axis of resistance – which is the alliance of Hamas, Hezbollah and Iran against the 'Zionist entity' of Israel. This brought the regional geopolitics of the Syria conflict into alignment with a global geopolitical division. "Riyadh's determination to reorient Syria away from 'the axis of resistance' toward the Saudi-US camp developed into an overlapping regional-international geopolitical contest pitting Saudi Arabia, the US, France, Turkey, Qatar and Saad al-Hariri's Future Movement against Iran, Russia, China and Hezbollah." (ibid)

However, the bipolar division is not quite as clear as is presented by Salloukh (2013). The divisions within the Syrian opposition are a symptom of the split between the various backers of the opposition. Saudi Arabia is suspicious of the potential for the Muslim Brotherhood to gain too much ground in Syria, whereas Qatar and Turkey have a clear interest in a Muslim Brotherhood alternative to the Baath party (Becker, 2013). The result is a divided and weak opposition characterized by infighting.

Within this context, the Syrian war has three broad characteristics that shape the geopolitics of the aid response: regionalized needs in contexts of established health systems where sovereignty is used to oppose humanitarian action that attempts to operate transnationally.

Healthcare in Syria has become militarised and health needs have become regionalised (Dewachi et al, 2014). The response to these needs for MSF occur not only within Syria but across the region. In addition to this, the best way to address needs often relies on the fluidity of Syria's borders. However, although from a medical perspective a regional or 'transnational' approach to dealing with needs may be an appropriate one, it brings health workers into direct confrontation with state sovereignty. For example, in the case of Syria it has been the assertion of sovereignty that has defined the Syrian governments position against medical action from across neighbour-



Dar Al Shifah hospital in Aleppo in December 2012, after several months of fighting Photo credit © Monique Doux/MSF

ing borders into areas that are not under its direct control (Parker, 2013).

Humanitarian actors encounter with sovereignty is not something new. However, what is new is that in a multi-polar global power dynamic the assertion of sovereignty is backed up by emerging powers who are increasingly willing and able to stand up to western interventionism (Traub, 2012) and the associated western dominated system of global governance of which humanitarianism is seen as being a part (Barnett, 2011). The well-established narrative of Arab nationalism and its opposition to external intervention in the cradle of civilisation can be asserted with significant external support.

What this means practically is that "we are seeing a marked resurgence in state-based assertions of sovereignty, with increasing numbers of host states actively blocking, restricting or controlling humanitarian response on their territory. Non-Western host states increasingly want to be seen to deal with their own political and humanitarian crises – partly in line with their own responsibilities, and partly because they are skeptical about the effectiveness and intentions of the international humanitarian community" (Daccord, 2013: online).

At the same time, the arenas of conflict response – certainly in the Middle East -are happening more in middle income contexts such as Syria, Libya and Iraq. The

humanitarian response in middle-income countries often intersects with the rising needs of urban poor. Fueled by increased population mobility, humanitarians are increasingly forced to respond to violence and exclusion from basic services in urban centres. However, humanitarian aid is designed to provide basic survival, whereas in middle-income countries there often exists an expectation for more quality than just the mere basics. This therefore can undermine the ability of humanitarians to demonstrate their added value, which can weaken their acceptance and therefore security.

The question therefore arises as to how humanitarians can navigate in a context where an official humanitarian response remains confined by assertions of sovereignty by states supported by emerging powers and secondly where the leverage of humanitarian actors – which exists primarily in the form of what services they can offer – is weakened due to the well established social service delivery capacities of middle income countries.

MSF was rejected from accessing Syria officially, partly because of this geopolitical landscape which framed the regimes military tactic of denial of access to medical care for the opposition. However, MSF did establish operations in opposition controlled territories by crossing the Syrian border illegally. MSF's ability to work in opposition areas was because its added value increased as the needs grew out of a breakdown in the health system in certain parts of the country.

This research looks at how MSF navigated an informal space of aid delivery that opposed state sovereignty with

the implicit and explicit support of western and regional states opposed to the Syrian regime. Sovereignty was opposed by aid actors who put needs above the territorial integrity of the Syrian state and crossed the border unofficially into opposition-controlled areas. The traditional aid system however was largely absent within this environment, partly due to some being bogged down in a bureaucratic black hole within Damascus, highly controlled by the regime and unable to cross frontlines with a sufficient frequency and quantity, and partly due to a global humanitarian system dominated by the United Nations and state donors that, being a club of nations, placed respect of the one thing that defines a nation, sovereignty, above any other consideration.

This research explores the way in which MSF interacted with non traditional and emerging aid actors. This research first examines the nature of the Syrian conflict in terms of the conduct of hostilities. This has been researched through an examination of broad cross section of media reports, which have been categorized by identifying recurring themes. Based on this the humanitarian consequences are examined by drawing on MSF assessment reports and media accounts. MSF is used as a single case study out of which some conclusions can be extrapolated about the overall aid environment. An analysis of the aid environment is gained through exploring MSF interactions with non traditional / informal aid actors, - or 'relief activists' - and regional humanitarian actors. The findings for this component of the research is gained through interviews with MSF practitioners and the aid actors with which they have directly interacted.



A health worker examines a baby at an MSF-supported clinic in Al Safira camp in Aleppo province

Photo credit © MSF

2. Research rationale and methodology

The core research question is: Who are the aid actors with which MSF interacts, how are they organised and how has the Syria conflict resulted in MSF making certain operational choices in terms of who we interact with and what are the dilemmas and implications of these choices?

The objectives of this research are:

To analyse the way in which the Syrian conflict has determined the operational modalities adopted by MSF, including the alliances (or 'partners') with which the organisation has chosen to work alongside

To determine the nature of the different actors with which MSF has interacted through its different operations for Syria (from both Lebanon and Turkey)

To determine how these 'new' actors have allowed the development of, or hindered, operational responses to the Syrian crisis

The methodology of this research was entirely qualitative and had three core components: literature review, interviews and review of primary sources including internal MSF documents and media articles.

2.1 Analysis of media reports

Media reports were compiled and categorized based on the researcher's existing knowledge of the context and by manually indexing key words from a broad spectrum of media reports. This methodology was used in order to gather real time data on the conduct of hostilities in Syria. Media articles were analyzed with a mix of different types of media (regional, local and international print, TV and online sources).

2.2 Archive material / primary sources

Meeting minutes, internal reports and other internal records were reviewed as part of the research process and analysed alongside the interviews (see below).

2.3 Semi structured interviews

Semi-structured interviews were held with key representatives of international organisations, diaspora groups with which MSF works, academics, researchers, journalists and humanitarian practitioners working primarily for MSF. These participants were recruited through snowball sampling. The researcher's existing contacts – developed while working in the Middle East - were used to find ap-

propriate candidates for the interviews. Candidates were included based on their knowledge and/or proximity to the issue being studied. In order to focus the research, only those organisations or individuals who had an operational interaction with MSF teams were interviewed.

Due to the inductive nature of this research – the semi structured interviews were made up of open ended / semi structured questions. The sample size of participants for the semi-structured interviews focused on quality of information rather than quantity. The objective of the interviews was not to draw conclusions about the entire target population that they represent. A total of 17 in depth interviews were conducted. Interviews were stopped once saturation was reached (meaning the point at which no new themes were emerging)



A mask to treat burns patients at an MSF hospital in northern Syria Photo credit © Richardo Fernandez Sanchez/MSF

3. Research findings

It is essential to first understand the nature of the Syrian conflict before being able to analyse the aid environment, which is entirely adapted to the conduct of hostilities and the geopolitics of the region, which have been described in the introduction. The dynamics of the local conflict are understood first by examining the structures and approach of the Syrian army and armed opposition and then by exploring in more detail the characteristics of the conduct of hostilities in Syria.

3.1 The parties to the conflict

Before looking at the conflict dynamics of Syria – it is necessary to understand two important features of the Syrian Army. The first is that the army has been predominantly trained and equipped to fight a war with Israel. (Holliday, 2013: p 24). The second aspect of the Syrian Army – and its intelligence counterparts – is that it is fairly fragmented. There are multiple different intelligence branches and divisions within the military that help to decentralise power at the level below the immediate inner circle of the Assad family. (Bhalla, 2011; Van Dam, 2011)

The cumulative result of the above two factors is that the Syrian army is capable of fighting in an extremely heavy handed and brutal way and also in a diverse manner across different divisions. These divergences and fragmentations however are all subject to the directions given by the inner circle of the Assad government. (Bhalla, 2011) Syria has one of the strongest armies in the region (GFP, 2013) – and it is assumed that the current conflict is fought by a small percentage of the army or at least with a small percentage of the firepower at its disposal. Some military analysts in Damascus consider the army to be ‘tiptoeing’ around the current crisis, compared to its full potential. It is widely acknowledged that the 4th Division of the army – commanded by Bashar El Assad’s brother Maher El Assad – is the division responsible for the more brutal battles (Beaumont, 2012; Syrian Observer, 2013)

In addition to the armed forces, another military force at the regime’s disposal is the fragmented militia widely known as the ‘Shabeeha’ (‘Ghosts’) – which is rapidly being formalised into Iranian and Hezbollah-trained ‘neighbourhood watch’ groups. (Fulton, Holliday and Wyer, 2013) Training by Iran has also intended to reorganise the formal military into smaller groups of combatants better able to manage the volatile situations of urban warfare. (Fulton, Holliday and Wyer, 2013: p12; Economist, 2013). Indeed, the Syrian army and its supporters are relatively well organised when compared to their opponents.

The armed opposition largely began as a group of defectors from the formal Syrian army. Pro government conspiracy theorists argue that the armed opposition was in fact already present in the form of sleeper cells in

towns close to the border (Derra and Homs in particular) – where they were supplied with arms from across the borders – and mobilised as soon as the beginning of the protests. However, this has not been confirmed. What we know is that the armed opposition grew in strength initially out of defections. (Zambellis, 2013) In the beginning phases of the armed opposition’s existence, arms were sourced from the diaspora and looted from military stores by defecting soldiers – in effect, it was very limited. (White, Tabler & Zelin, 2013: p3)

The second phase of the armed opposition’s expansion was recruitment of rural youth to join the defectors. However, this was naturally limited by the challenges in gaining arms. However, arms supplies increased towards the end of the first year of conflict, as the Saudi and Qatari states funded diaspora groups to smuggle arms into Syria across all possible borders. (Zambellis, 2013)

It was only when the fighting moved to the north of the country that the third phase of the armed oppositions development was possible. As soon as areas closer to the Turkish border were ‘controlled’ by the armed opposition, this accessibility allowed more supplies to be smuggled in as well as foreign fighters who brought with them skills in fighting urban guerrilla insurgencies. (White, Tabler & Zelin, 2013: p29)

Over time the opposition has become more radicalised. Al Qaeda has failed to exert its dominance over the radicalised opposition with a fracture existing between the Al Qaeda backed Al Nusra and the breakaway ISIS.

As the opposition grew in strength, they were able to capture more military arms caches. The ‘non-lethal support’ provided by the US, in particular, was valuable in supporting the opposition and gaining ground (Hosenball, 2012)

However, the opposition has never managed to unite – instead there is a uniform opinion that they have grown in fragmented patchwork of brigades that source their funding often directly from Gulf States and the diaspora. (Lund, 2012). As the war dragged on, different tactics emerged from the Gulf backers of the opposition. The Saudis in particular chose to boost the support given to hard line Salafi groups that had proven to be far more effective in battling the Syrian army. However, as ‘Al-Qaeda linked’ groups grew in strength, concerns emerged regarding the possibility of western support given to the moderate FSA ending up in the ‘wrong hands.’ (International Crisis Group, 2012: p10–21)

Whereas the beginning of the Syrian uprising saw a massive mobilisation of civil society activists, the evolution of the uprising into an armed conflict directly impacted the role played by civilian civil society groups. In the beginning stages of the armed uprising, the need for ‘account-

ability’ from armed groups to their donors resulted in a complete acceptance by the armed opposition for the integration of ‘citizen journalists’ or activists who record battles and post them on YouTube for the diaspora to use in their political advocacy. (Maktabi, 2012)

Although large parts of the civil society opposition support elements of the armed uprising – there are still elements that remain outside of this military dynamic. A loose coalition of leftists and secularists has taken a more ‘non-aligned’ position – opposing both the government and the armed opposition. (Al-Manshour, 2013) These non aligned groups – which also often include members of religious minorities associated with the government – have been allowed to operate within Damascus. However, these groups have also been consistently sidelined by external powers who have viewed the official opposition groups in Damascus with suspicion. Most recently, sixty non-violent Syrian opposition activities, highly critical of the radicalisation of the FSA, were denied visas to enter Geneva by Swiss authorities, reportedly the result of French pressure to invalidate any alternative representative body for the Syrian opposition. (Van Muylem, 2013) In interviews with people who identify with these groups, it is often the case that they are frustrated at being sidelined and silenced (Relief activist 1, 2, 2014). They feel that it is in the political interests of the warring factions of the regime and opposition to maintain a radicalised sectarian narrative – while the secular voice of some members of the non violent opposition continues to be sidelined.

However, beyond this analysis there are objectively verifiable facts about the way in which this war is being fought by all sides. It is by understanding the conduct of hostilities that it is possible to explore the nature of the humanitarian landscape.

3.2 Conduct of hostilities

The Syrian conflict is fought with little to no regard for civilian life and infrastructure, continuing a trend in contemporary conflict where the line between civilian and combatant is increasingly blurred. (Dewachi et al., 2014; Kaldor, 1999) The UN General Assembly report produced by the independent international commission of inquiry on the Syrian Arab Republic documented government attacks on hospitals that treated wounded opposition members, notably Al-Huda Hospital, Al-Saeed Hospital in Dayr az Zawr and Tafas in Dara’a throughout 2013. (UN, 2013) According to opposition activists, the government has, in the beginning of the unrest in Syria, used hospitals to identify and arrest members of the opposition, (Harding, 2011). This was further substantiated by UN investigation as a key driver for avoidance of hospital treatment of the wounded due to regime snipers being positioned in front of hospitals to impede access. (UN, 2013a) MSF received information of patients arrested from their hospital beds and in extreme cases being executed within the hospital. Hospitals, specifically, and health care, in



MSF surgeons work in an inflatable operating theatre set up in a farm in northern Syria Photo credit © Robin Meldrum/MSF

general, have become a weapon of war (Cumming-Bruce, 2013; Dewachi et al., 2014).

The only remaining alternative was for a network of field hospitals to emerge. These field hospitals – often functioning out of basements, houses, in rural farmhouses and even in underground bunkers have in some cases been directly shelled by the Syrian Army and in other cases destroyed in the targeting of nearby opposition positions. Reportedly field hospitals in Al-Houla, Hamah, Idlib, Dara’a and Al-Qalamoun have been bombarded by the regime, killing patients and medical personnel alike and in mid-May 2013 a children’s hospital in Dar Al-Kabirah was destroyed. (UN, 2013b). In Yabrud in 2013, the public hospital was bombed after it had been warned to stop providing treatment to the armed opposition fighters from Qusayer.

However, the Syrian Army has not been the only one to show disregard for the medical mission. Members of the opposition have targeted and destroyed government hospitals – such as the Homs National Hospital on April 6 2012, Al-Salamiya National Hospital (Hama) on January 21 2013 and Al Zahrway Hospital (Damascus) on May 5 2013 (Anderson, 2014). Anderson (2014) notes the ‘Orwellian double-speak’ of western news networks (such as BBC) reporting on the bombing of Aleppo’s Al-Kindi Hospital by Jabhat Al Nusra on December 21, 2013, which killed health workers, as a strategic mission to re-occupy

a 'disused building' held by 'Assad Loyalists'. In Yarmouk, members of the armed opposition attacked and looted the 'Palestine hospital' and have abused and extorted medical professionals and opened fire in the building. (Abou Nasser, 2013) Medical supplies going into Yarmouk are subject to a 'tax' by the armed opposition. In one area of South Damascus, the opposition military council has allegedly set up a medical store of looted supplies, which are then sold (relief activist 1, 2014).

Opposition bases have been located close to, or in some cases in the same building as, field hospitals putting them at risk of being caught directly in crossfire or damaged in the targeting of opposition bases (MSF, 2013a). In addition to this, health workers in government hospitals have been threatened and told not to go to work. Hospitals located in so-called 'liberated zones' have been turned into 'FSA hospitals' that 'support the revolution' – therefore aligning these structures with the opposition and prioritising the treatment of wounded fighters above the civilian population. (MSF, 2013a) According to media reports and a UN Special Report, in Aleppo, the Al-Nusra brigade placed their flag above a hospital – and then arrested the doctor in charge of the hospital when the flag was removed. (UN, 2013b)

As for elements of the Public Health System, 40% of ambulances and 57% of public hospitals have been damaged, with 36% out of service, and at least 160 doctors have been killed and many hundreds jailed (Dewachi et al., 2014). In July 2013, the Syrian Minister of Health re-

ported to the World Health Organization (WHO) that 87 public health workers have been killed, 104 injured and 21 kidnapped. (WHO, 2013a)

The Syrian Army – although often targeting FSA bases in civilian areas – has generally shown a complete disregard for the loss of civilian life. Scud missiles have been used in areas of Aleppo (Saad and Gladstone, 2013) and random shelling has consistently been used in areas that have been 'liberated' by the opposition. This disregard for civilian life can be seen in the number of non-combatants treated in the field hospitals. However, there are some elements of the Syrian Army that are known to be more brutal than others. In some areas the Syrian army has warned civilians to leave an area some days before fighting began, while in other areas there seems to have been a more conscious strategy of collective punishment (Syrian refugee 1 – 5, 2013). Based on meeting minutes from a discussion with a Syrian Army officer, they considered creating 'humanitarian corridors' part of their role in certain battles for the evacuation of civilians (MSF meeting minutes 6, 2013).

However, as the asymmetry between the opposition and the government balanced out for a period (although the opposition remains far from equal in strength to the government), the evidence reveals a similar disregard from the opposition. In Damascus, opposition groups have fired mortars into densely populated residential areas such as Bab Touma in the Old City (at 5pm during 'rush hour') (Aji, 2013) and in Homs, the opposition shelled



An MSF doctor treats Syrian patients in Zaatari refugee camp in Jordan

Photo credit © Panagis Chrysovergis/MSF

the Alawite neighbourhoods where the Syrian Army had established its base (Damascus Bureau, 2013). YouTube videos emerged from both pro-government and pro-opposition sites threatening to "massacre" all the Alawites / Sunnis respectively.

In some areas of Syria – entire suburbs have come under siege. The starkest examples of this was Dier az Zol, Baba Amr and in 2013 the entire east of Damascus and parts of Aleppo. In the case of Baba Amr, the Syrian Army surrounded and recaptured the entire opposition-controlled suburb (Reuters, 2013). Electricity became erratic, water scarce, food expensive and stocks of fuel ran out. The suburb was kept sustained to a limited extent by an abandoned water pipe that entered the town underneath the Syrian Army positions. However, when the Syrian Army advanced on Baba Amr – hundreds of families attempted to flee through the tunnel which was bombed and destroyed during the clashes. Up to that point thousands of families had remained trapped in Baba Amr under almost constant shelling. Some opposition activists claimed that these families were denied the possibility to flee out of the tunnel before the battle started – others claimed that many families stayed out of solidarity with the opposition fighters. The reality was probably a mix of both. In the fighting in Al-Qusayr in 2012 – it was confirmed that some families were prevented by the opposition from leaving the area – while others that stayed were family members of the fighters (Karouny, 2012; Beaumont, 2012). According to the former head of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in Damascus, "[...] 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" (Parker, 2013).

Since the armed opposition entered the Yarmouk Palestinian camp at the end of 2012, all humanitarian efforts have been thwarted. (UNRWA, 2013) The Syrian Army repeatedly shelled the camp, bombarded hospitals and laid a siege, disallowing the entry of food and medical supplies. (VDC-Sy, 2013) Armed opposition groups have also implemented siege tactics. Humanitarian supplies leaving from opposition held territories have been blocked from entering Kurdish zones (MSF, 2013b), reportedly by clashing opposition factions (Hunter, 2013). In Aleppo, the pro-government villages of Nubbul and Zahra have been under complete siege by the opposition since October 2012 (Hendawi, 2012; Al-Alam, 2014).

One of the important tactics used by all sides to this conflict has been snipers. Snipers have played an important role in controlling the movement of populations and enforcing either a siege or protecting areas from the entry of armed groups. In all parts of Syria where there is active fighting, the presence of snipers has directly impacted on the ability of people to move from one area to another.



A patient is helped at an MSF hospital in northern Syria.

Photo credit © Armelle Loiseau/MSF

Some families who had been forced to flee their homes in the suburbs of Damascus were unable to return to retrieve their belongings due to the presence of snipers from both sides in their neighbourhood (Syrian refugee 1, 2013). On arrival in Al-Qusayr, government soldiers responsible for clearing buildings of snipers found booby trapped houses with civilians trapped inside. (Mortada, 2013)

From the beginning of the conflict, the Syrian Army made use of, or at least benefited from, the existence of 'Shabeeha' ('Ghosts') – who are local militia operating to a large extent independently from the government (but linked to the security apparatus) (Van Dam, 2011). The Shabeeha have, since the beginning of the crisis made use of exceptionally brutal techniques. Many of the massacres reported across Syria have been perpetrated by these militias. However, the Shabeeha also perpetrated kidnappings of opposition members. (Al-Jazeera, 2011) This is occasionally done for ransom but more importantly for prisoner swaps.

Indeed, the opposition also carried out killings of pro-government families and kidnapped pro-government supporters and prominent figures from local minority groups as a way to raise funds for their purchase of weapons (HRW, 2012a). Thus a cycle of kidnapping and reprisal kidnapping emerged.

With ISIS gaining in strength in the north, the conduct of hostilities associated with the armed opposition has taken a more brutal turn. Public beheadings, crucifixions,

kidnappings and a brutal enforcement of Sharia law have come to define the areas under their control.

Much of the individual brutality of the Syrian war has been captured on YouTube. Videos have circulated where one can watch the beheading of a 'shabeeha' by members of the opposition (Youtube, 2012), the mass execution of prisoners by both the Syrian Army and opposition (Youtube, 2013a; Youtube, 2013b) and in one video the tormenting of the family of a Syrian Army soldier who is then executed while his father listens over the phone (Youtube, 2013c). Pictures of detainees with Bashar al Assad tattoos on their bodies being tortured by the opposition – or having their tattoo scratched off with a nail have also emerged. Less gruesome Abu Gharib style photos have also been circulated of Syrian Army soldiers being stripped naked and humiliated. Similar stories have emerged from the Syrian regime's torture and detention centres. (Kullab, 2014). Places of detention within Syrian – maintained by the Syrian government – are largely considered to be places where systematic torture and killing takes place; a cache of evidence of 'industrial scale systematic killing' of 11,000 detainees emerged in January 2014 (Black, 2014).

The shocking way in which the Syrian war has been conducted – with complete disregard for International Humanitarian Law by all sides to the conflict – has had a direct consequence on the nature of the humanitarian needs within Syria. It is necessary to understand these needs before exploring in detail the humanitarian response landscape.

3.3 Humanitarian implications

Due to the fear of accessing public health facilities if one has sustained an injury related to fighting a network of field hospitals have been established to fill the gap. However, these field hospitals are often poorly equipped, lack personnel and operate in extremely difficult conditions close to, or directly within, areas of intense conflict. Some medical supplies reach these structures primarily from Turkey and Lebanon – but in East Damascus for example, medical supplies from either Lebanon or Turkey are not reaching areas most in need. Some cross frontline assistance is delivered to these field hospitals but this is very rare due to government restrictions and is largely insufficient. (MSF, 2013a). Government hospitals are well equipped to deal with their war wounded – however, in Damascus and other parts of the country, there are shortages in some medical supplies and mass casualty plans are missing in the case of influx of explosion related injuries.

However, it is not only the war wounded that have difficulties in access to health. Due to the presence of snipers, checkpoints or general insecurity – many people are unable to move from one area to another to access health facilities. Although the general population would be able to access a public hospital in theory – the reality is that in many places this would require crossing from opposition controlled areas into government controlled areas. The risks that this entails means that people rely on private pharmacies, private doctors or the same field hospitals used to treat the (primarily combatant) war wounded.



Fourteen-year-old Malik plays chess with anaesthetist Ben Gupta in Ramtha hospital, Jordan. Malik lost one leg and sustained severe injuries when a bomb fell on a wedding party at his family's home in Syria. Photo credit © Ton Koene

However, these structures often prioritise war wounded over access for the general population. Although many private structures have introduced some kind of subsidised rate – this is not the case in all areas and as the conflict goes on and many people no longer have a livelihood (shops closed, roads blocked etc), there is a clear financial barrier to accessing health services. (Reliefweb, 2013: p9)

As the health system came under strain, other medical needs surfaced. Outbreaks of disease, malnutrition, complications for pregnant women, lack of access to chronic disease medication, rehabilitation of war wounded are some, but not all, of the issues that the formal and informal health system has struggled to address (MSF, 2013a). The conflict has also resulted in a breakdown of routine health services in parts of the country. Vaccinations for example cannot be carried out by the Ministry of Health in some areas controlled by the opposition. (SNAP, 2013: p15) At the same time – there are reports of some vaccines being in short supply due to the general medical shortage caused by financial sanctions and destruction of factories (SNAP, 2013: p15; WHO, 2013b). There are large parts of the country where the public health system has completely collapsed. However, this is not the case throughout the country. Of course, even within the fully functional health facilities there is limited to no care for wounded members of the opposition.

Indeed, there is a major shortage of medical supplies in government health facilities and, of course, in field hospitals. One of the causes of this is the sanctions regime which has resulted in blockages of financial transactions from the Syrian government. These transactions are needed in order to purchase medical supplies from abroad. (SNAP, 2013: p15) Syria's local capacity for the production of medical supplies was destroyed and local production has fallen by 90%. (WHO, 2013c) As confirmed by an employee in one of the major pharmaceutical factories, medical supply factories in Aleppo were bombed by both government forces and opposition groups (MSF internal document 2, 2012). Furthermore, medical aid entering Syria to 'liberated' territories have increasingly suffered from government restriction at checkpoint entering these zones, due to fears that medical supplies could be used to treat wounded rebels. (IRIN, 2013)

Those who have managed to escape the fighting face extremely difficult conditions inside Syria. In Damascus, many families sought refuge in schools or community halls where some NGOs, working officially in Damascus have been able to rehabilitate and provide basic services. In Aleppo, squalid camps have emerged; largely due to the fact that the Turkish government limits the number of refugees able to cross in to Turkey (Ridgwell, 2012), a fact often overlooked in the call for an increase in cross-border aid. The poor humanitarian response prior to the winter meant that many of the displaced lived in cold and wet conditions without adequate heating.

As the conflict has intensified so too has the difficulty in transporting essential supplies such as flour for bread into

different parts of the country. This has resulted in a shortage of basic foodstuffs in many communities. Despite no sanctions on food import, financial sanctions imposed by the international community and depreciation of the national currency have affected the country's ability to import food. (Global Emergency Overview, 2012) At the same time, the Syrian Army has been accused of targeting bread distributions organised, subsidised or supported by the armed opposition. (HRW, 2012b). In government-controlled enclaves that are cut off from receiving supplies – the Syrian Army has in some locations managed to airlift essential supplies. However, this becomes more difficult as the opposition acquires more surface-to-air missiles.

As in many conflict environments, one of the first peoples to flee are the middle classes – including those who are employed as medical workers. Syria has not been an exception. Many health care providers who were either too afraid to continue working in government health facilities due to the threats from the opposition or due to the risks of being associated with the government – or were too afraid to work in the exposed field hospitals, left the areas of conflict. Many sought refuge in neighbouring countries where some of them manage networks of diaspora medical personal that send supplies into Syria (MSF, 2013a). However, the result of this has been that many hospitals and field hospitals are understaffed.

For those who end up in Syria's prisons, it is widely acknowledged that the situation is horrific. Torture is known to be widespread and living conditions abominable, with sexual violence in detention a common occurrence. The opposition has also captured increasing number of prisoners as they have gained ground – and there are reports of torture of these prisoners. As ICRC has little access in opposition areas and in government prisons, the protection of these prisoners remains a major concern. In January 2014, days before the Geneva 2 Peace Talks, The Guardian revealed a confidential report detailing the systematic torture and 'industrial scale' killing of 11,000 detainees in Syria's prisons (Black, 2014). The report assessed a dip sample of 150 separate individuals under torture in Syrian prisons and found 62% of the images showed emaciation, 55% showed ulcerations and 16% showed evidence of neck injuries (Carter-Ruck and Co. 2014).

Indeed, the needs throughout Syria are extreme. However, often the areas in most need are under opposition control where state institutions are no longer functional and humanitarian assistance is limited. The political complexity of the crisis is mirrored in the humanitarian response; the majority of aid to Syria is perceived to be on one side or the other. Without authorization to work from the government, some organisations such as MSF have nevertheless established an unofficial presence in the north of the country, while continuing to send - and sometimes smuggle - relief and medical supplies into opposition controlled territories. On the other hand, the United Nations is only able to channel aid through Damascus -



Syrian refugees in Domiz camp, Iraqi Kurdistan

Photo credit © Yuri Kozyrev/Noor

and is reliant on an unlikely security-council resolution to provide aid across borders without the government's agreement. The most active providers of aid in Syria today are diaspora networks and local communities themselves. The following section will explore in more detail these two parallel systems of aid delivery in Syria.

3.4 The aid environment: Two parallel systems

The conflict dynamics in Syria define the way in which humanitarian needs are able to be addressed. Not only does the very nature of the violence determine the extent to which aid workers can move around – but the defining feature of the aid environment is that life-saving services and supplies are incorporated into the military tactics and strategies of the parties to the conflict.

The first evidence of this was seen in the inability of patients to access health facilities during the beginning of the unrest and the subsequent emergence of underground medical facilities, which were then targeted as a way to deny health care to 'terrorists'. This approach to the denial of medical care to 'terrorists' has expanded to include other components of relief (Relief activist 3, 2014)

The result of this is an institutionalized framework of control that has emerged to govern the way in which aid can be delivered officially from Damascus (MSF internal

document 2, 2012). The official aid architecture in Damascus is controlled through a series of administrative and bureaucratic procedures (Parker, 2013). The limitations of aid delivery in an official way and the criminalization of the provision of aid to areas controlled by the opposition or under siege, resulted in a parallel aid delivery system that used smuggling networks or entered the country through opposition controlled border crossing points. Although some aid crossed frontlines from Damascus (50% of WFP food convoys in 2013 for example) the two modes of delivery were entirely dependent on one or the other party to the conflict.

The two parallel aid delivery mechanisms in Syria today have given rise to a heated debate around the merits of cross border assistance versus cross frontline assistance (UN official 1, 2014). The reality is that most of the greatest needs in Syria today can be found in opposition controlled territories (MSF, 2013b). Therefore, the question arises as to what was the best way for humanitarian aid to reach those communities. Based on the current aid modalities, which will be explored in more detail below, the options that existed were either for official aid to be channelled across frontlines from government controlled territories, or to be sent across borders without the consent of the government, or ideally a combination of the two.

3.5 Aid delivered officially

The Syrian government and security apparatus maintain a high level of control over the official aid delivery mechanism at all levels of distribution. When operating officially in Syria, aid that is delivered must pass through a number of pre-authorized national NGOs (Parker, 2013). The one with the biggest capacity is the Syrian Arab Red Crescent Society (MSF internal report 2, 2012). All aid organisations that travel outside of Damascus, any supplies that are delivered, or activities implemented, require the written approval of the government – who receives the green light from the security apparatus (Parker, 2013). These mechanisms ensure that aid delivered through Damascus fits firmly within the framework of the government's approach to aid, which – based on a review of minutes of meetings between MSF and the Syrian government, as well as a review of certain literature - can be characterised in the following way.

3.5.1 Military tactics take priority

Firstly, the provision of aid is of secondary importance to the primary goal of the Syrian state to deal with "terrorists" (Meeting minutes 1, 2012). In a statement to the OHCHR, the Syrian Permanent Representative to the UN stated that "the eradication of terrorism is the only proper way to deal with the root causes of this humanitarian suffering in a number of areas in Syria" (Syria Arab Republic Permanent Mission to the UN, 2013). Based on this, the provision of aid cannot undermine the immediate military strategy of the Syrian army, which uses strategies of siege and does not recognize armed opposition members and their supports as being entitled to receiving lifesaving humanitarian aid (MSF internal report 2, 2012, Meeting minutes 1, 2012).

According to one senior Syrian government official; "The Syrian government health facilities do not distinguish between civilians and opposition. However, in accordance with international law – the Syrian government is entitled to question patients once they have been treated. The terrorists, criminals and insurgents turn houses into clinics to avoid this questioning. Wherever we go – we find these clinics in houses. The Syrian government will not destroy its own facilities" (Meeting minutes 1, 2012). Thus receiving healthcare identified who becomes a legitimate target of the state.

The Syrian government argues that "the obligation each party has to allow access is subject to it being satisfied that the consignments will not be diverted from their destination; that control over the goods is effective; and that the enemy's military efforts or economy will not accrue a definite advantage as a result of the aid." (IRIN, 2013)

The desire to prohibit treatment from reaching opposition fighters and their supporters is based on a logic that "these terrorists are not human" (Meeting minutes 5, 2012). As a result of this, the Syrian army destroys these makeshift



A patient with major burns is treated at an MSF hospital in northern Syria, July 2013 Photo credit © MSF

field hospitals and restricts the delivery of supplies to areas under the control of the opposition where supplies could be used to equip such structures. This has resulted in what some refer to as an "assault on the health system" and a "weapon of mass destruction" (Sparrow, 2013)

Concretely what this means for official aid delivery is that "The Syrian government has increasingly restricted the delivery of medical supplies to opposition-controlled areas in recent months [...] refusing to approve medical deliveries; taking medical supplies out of aid convoys; and requiring case-by-case negotiations for the delivery of surgical kits" (IRIN, 2013: online). This was confirmed by the previous head of OCHA who commented that "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" (Parker, 2013: 4).

In addition to this, aid has been used as a bargaining chip in negotiations for surrender with armed opposition groups that are operating in areas under siege (Syrian refugee 6, 2014). The government has offered the delivery of essential supplies to besieged communities in return for the surrender of armed opposition groups (*ibid.*).

3.5.2 Managing perceived risk

The second defining feature of the governments approach to aid delivery in Syria is one of risk management. Aid is viewed with extreme suspicion by the Syrian government and international workers are seen as a risk in terms of undermining the sovereignty of the state by advancing an agenda of destabilization (through, for example, spying). This observation is drawn from a number of researched sources. For example, according to one senior government official, “The government has a lot of suspicion towards the agendas of western organisations. The humanitarian needs would not even be there if the west and neighboring countries were not pouring arms and money into radical extremists.” (Meeting minutes 1, 2012)

This suspicion and resentment toward the west was only fueled by the precedent set by Libya, where humanitarian concerns were used to justify a military intervention against the Libyan government. As Parker points out, “With memories of the UN mandate which authorized 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 delegitimize the state, develop contacts with the opposition and win international support for military intervention” (Parker, 2013: 3).

This has resulted in a restriction on the visas given to international staff workers in Syria and obstruction for particular nationalities (UN official 1, 2014) and a denial of cross border assistance (the denial of which is also linked to the governments military strategy). According to a letter from a group of lawyers, submitted by the Syrian representatives to the United Nations, “The sole purpose of the initiative [a resolution for cross border aid delivery] is to use United Nations auspices for the delivery of logistical backing to the terrorists, in preparation for the establishment of “humanitarian corridors” under the protection of those very States that brought terrorism onto Syrian national territory. The corridors would assist the terrorists as a prelude for an attack on the Syrian State, using the pretext that the latter has violated the resolution that those parties are now trying to obtain from the Council. The proposed resolution uses humanitarian pretexts to conceal an aggressive intent that is inconsistent with the Charter and with United Nations counter-terrorism resolutions. Moreover, many of the terrorists are of non-Syrian origin, as evidenced by the letters and supporting documents sent to the Security Council by the Permanent Representative of the Syrian Arab Republic to the United Nations. We therefore support the Syrian State in standing up to such schemes” (Syria Arab Republic permanent Mission to the UN, 2014)

3.5.3 Maintaining legitimacy

The final characteristic of the government’s approach to aid delivery identified through this research is that the provision of aid should in no way demonstrate that the government is unable or unwilling to respond to the needs of its population. This is partly due to a high level of pride in the ability of the Syrian government to provide subsidized bread, education and healthcare to its population while at the same time manufacturing large quantities of its own medical supplies and exporting health workers in the region (Meeting minutes 5, 2012). Therefore the Syrian identity of aid provision is preserved at all times.

In a recent communication to the UNOHCHR, the Syrian Permanent Representative to the UN noted that “Syrian domestic efforts account for 75% of needed humanitarian aid to the Syrian people, as opposed to barely 25% provided by international organisations” (Syria Arab Republic permanent Mission to the UN, 2013).

This translates into a reality where the Syrian Arab Red Crescent (SARC) society is the “coordinator and gate-keeper” of other humanitarian agencies (Parker, 2013: 4). “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” (Parker, 2013: p4)

Within this context, Syrian diaspora networks, opposition activists and concerned citizens have created alternative mechanisms to address the needs that are created by the conduct of hostilities and the gaps left by the official mechanisms of aid delivery. MSF has been working in Syria since August 2011 – and in the absence of official approval by the Syrian government – it has chosen to work through and alongside many of the parallel, or unofficial, aid delivery mechanisms that have emerged to provide assistance to areas under the control of the armed opposition and even into areas still under the control of the Syrian government. However, access has also been attempted to Damascus. The experiences of MSF in attempting to gain official access highlight the difficulties for an organisation to overcome the three defining features of the Syrian governments approach to aid delivery identified above. What MSF had to offer did not fit within the military priorities of the regime; the western roots of the organisation made it suspicious and therefore rejected based on concerns of the organisation having an alternative agenda; and finally MSF did not fit the bill of a Syrian led response.

This research therefore focused on the new aid actors encountered by MSF in its unofficial operations in Syria. MSF has been one of the few – if not only – international humanitarian organisations, not from the region, with



A Syria boy with asthma recovers after arriving at an MSF hospital with severe breathing difficulties. Photo credit © Robin Meldrum/MSF

a permanent presence of international staff in the north of Syria. At the same time, MSF established a significant cross border supply programme, unofficially supporting a number of field hospitals.

3.6 “Cross border” aid delivery mechanisms

The nature of the Syria conflict has given rise to a number of aid providers that are considered by the traditional humanitarian system to be ‘new’. Indeed, many of these actors are ‘new’ in the sense that they were formed out of the crisis and work exclusively for Syria. However, others are not at all new, but rather are new actors for the traditional aid system to have to engage with. The presence of civil society actors responding to humanitarian needs is also not a new phenomenon. However, what is new potentially is the extent to which MSF had to rely on these networks for its operational impact.

According to an ACAPS and MapAction report (2013: 11), “Most assistance for civilians in opposition - controlled areas reportedly comes from 3 sources: the Syrian diaspora, countries supporting the opposition, and political and religious solidarity networks. A part of the funding is directly linked to the political and religious background of the actor.”

However, this dichotomy simplifies the reality on the ground. This research has identified a further dichotomy that needs to be made of the kinds of ‘new actors’ pro-

viding aid in Syria, and that is amongst those that work directly on the ground in responding to needs, and networks or newly established foundations, political solidarity groups or NGOs that support these networks from outside of Syria. Based on this field research, a number of categories of relief providers have been identified. Each of them has both a direct component of aid delivery inside Syria through certain networks – with varying degrees of effectiveness – and an external component of sourcing funding and / or coordination. The categories that have been identified are: Independent relief activists, military social services, regional organisations and political structures. Finally, many of the actors inside of Syria are linked with their supporters outside of Syria through a network of smugglers or armed facilitators of supplies. Each of these categories are explored below.

3.6.1 Independent relief activists

Within Syria, a network of relief activists, including medical personnel, and citizen journalists emerged in the beginning of the uprising to document the conduct of hostilities and to provide relief to communities often under siege. Abdelwahid argues that “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 (Abdelwahid, 2013: p15). However, according to one activist interviewed for this research, in the early days of the unrest in Damascus, the provision of relief was not

this reason, humanitarian support activists and networks maintained small and tightly-knit circles, as well as a great deal of digital security (Abdelwahid, 2013: p17)

Although many activist networks for the provision of relief were entirely against the state, they found - through relief services - a way to be involved in the uprising without taking up arms (Abdelwahid, 2013). Due to the high level of restrictions on aid provision by the state, local aid initiatives usually happened in secret and on a small scale. "Usually aid is provided by friends who come together. We find people who are willing to donate money or supplies and we transport it in small quantities. When we get stopped at a checkpoint we say that the food for example is for our house only" (Relief activist 3, 2014). According to one relief activist interviewed for this research, "civil society groups involved in the provision of relief were in most cases focused on civilians because there is a belief that the FSA and other armed groups have their own resources" (Relief activist 1, 2014)

However, the line between civilian aid providers and armed actors is often not clear. Recently in the suburbs of Damascus, when 90% of the population had left an area, those who were providing relief supplies took up weapons to "defend their town from a regime offensive" (Relief activist 1, 2014). Those who were involved in relief before the offensive on the town, "had to carry weapons for the first time" (Ibid.). Indeed, these relief actors have varying degrees of political and military affiliation. "In some areas, the community has established the structures itself, while in other areas assistance is provided and coordinated by systems established by the Syrian National Coalition or (some) other opposition groups" (ACAPS and MapAction, 2013: 1)

One of the best organised networks of medical actors on the ground in Syria is supported by the diaspora medical coalition known by its French acronym UOSSM (Union of Syrian Medical Relief Organisations) which is an umbrella of different diaspora medical organisations that play a facilitation role between outside donors (primarily from the Syrian diaspora) and the Syrian medical community on the ground in Syria. Although the UOSSM is criticized by some donors for being overtly political (Donor representative 1, 2014), it has a stated policy of operating regardless of "political affiliation, religion, ethnicity, or any other factor" (UOSSM, 2014: online). The organisation works through medical committees on the ground and has a policy of dealing directly with doctors and not with armed groups (Diaspora NGO 1, 2014). However, it is up to the doctors on the ground to manage the relations with the armed group in the areas in which they operate (Ibid.).

Those aid actors that chose complete independence from armed actors face significant risks in their delivery of aid. (Relief activist 2, 2014). These risks come in addition to the well-established risks if caught by the regime. "We can't work in public. All relief activities are dealt with as if we are funding terrorists. Even the IDPs are considered to be the families of the terrorists" (Relief activist 3, 2014).



A patient with shrapnel wounds is treated at an MSF hospital in northern Syria, April 2012 Photo credit © MSF

exclusively an 'opposition' activity. "We started as small groups of civil society. Many of us were pro opposition and many still supported the regime. It didn't matter in the beginning" (Relief activist 1, 2014). However, there was a shift that seemed to take place linked to the regime crackdown on relief activities. "People started to get arrested and questioned about where their money was coming from for their relief activities. People became scared and it was more those that supported the revolution that continued to provide relief" (Relief activist 1, 2014)

This social support was not only to the wounded, but also to areas under siege or areas neglected by the official mechanisms of aid delivery controlled by the state. However, these activists were treated by the regime in the same way as armed actors: "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 criminalized 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

The provision of medical supplies is even more dangerous to be involved in. "Medical supplies are like guns. If you are caught with medicines it is the same as if you are caught with weapons" (Ibid). "We lost a lot of people. Our warehouses have been shelled, we have been attacked by armed groups and the army, we have had people arrested and some have been tortured to death because of their involvement in the provision of relief" (Relief activist 2, 2014)

In the face of such extreme risks and challenges, many relief activists turned to armed opposition groups for protection (Relief Activist 1, 2014). At the same time, many opposition fighters began to realise the value of providing assistance in the areas under their control.

3.6.2 Military social services

There are currently believed to be as many as 1,000 armed opposition groups functioning in Syria (BBC, 2013, White et al, 2013). Many of these groups incorporate service delivery as part of their activities (Sayigh, 2013). In some cases this is out of necessity, in other cases it comes with the responsibility of controlling an area, and in other cases there is a clear programme to build administrative structures - in some places (such as in Raqqa) as part of a broader strategy to build an Islamic state in Syria or even a global caliphate.

Armed groups certainly have a degree of access and acceptance of risk taking that is not the case for civilian aid providers. "Several opposition groups provide food, medicine and evacuate people from conflict affected areas.

Often this relief is provided in areas of intense conflict where no other groups can operate" (ACAPS and MapAction, 2013)

The administrative and coordination function of armed groups is clear in areas where they are in control and therefore have a function of ensuring basic services are met as a way to maintain or build support. "The Al Nusra Front for instance reportedly coordinates flour provision in opposition controlled areas in Aleppo city. The success of Islamist groups in winning strategic battles, often around key civil infrastructure such as water supply dams and electricity plants mean that they also have a key, if indirect, role in critical service provision that such infrastructure provides" (ACAPS and MapAction, 2013).

However, in many cases there is a broader agenda of service delivery as a key component to a governing authority in an area under the control of an armed group. "In March 10, 2013, Islamist groups including Jabhat al-Nusra formed a "religious authority for the Eastern region in Syria" to administer daily life in Deir ez-Zor, with bureaus for humanitarian relief, services, and reconciliation and dispute resolution—as well as religious da'wa and fatwas—as well as an executive police force." (Sayigh, 2013: 19)

The organisation of the armed opposition groups, and their capacity to facilitate and deliver aid is in stark contrast to the political structures of the Syrian opposition which are coordinated primarily from outside of Syria and therefore lack not only local oversight but also legitimacy in the eyes of the population and armed groups (Shaw, 2012).



The surgical team at one of MSF's hospitals in Syria examine a patient's X-ray.

Photo credit © Anne Surinyach/MSF



Syria, January 2013: MSF anaesthetist Hans Gerber examines a patient before surgery to remove a bullet lodged in his abdomen. Photo credit © Nicole Tung

3.6.3 Political structures

Formalized opposition structures have attempted to increase their coordination of relief activities in line with their desire to create a government in waiting. The Syrian National Council was the first coalition of opposition groups, and later became the Syrian National Coalition after what was largely considered the failure of the Council to unite the diverse opposition.

Within the national coalition, an aid coordination unit was established to coordinate the delivery of services in areas under the control of opposition forces. “Attempts have been, and are continuing to be made to standardise relief provision by the adoption of formal opposition governance through the Syrian National Coalition and the ACU (Assistance Coordination Unit), the opposition structure seeking to coordinate relief efforts. In practice, this is a work in progress and an aspirational framework. At a local level, Local Administrative Councils, Local Relief Committees and Local Coordination Committees work with varying levels of effectiveness in different areas to manage practical relief planning and distribution.” (ACAPS and MapAction, 2013:9)

The SNC was never able to establish itself as a provider of relief and had even failed to establish a logistics support base in South Eastern Turkey (Sayigh, 2013). However, the subsequent National Council has managed to build over time a mechanism for which donors feel there is sufficient control over the coordination and facilitation of aid delivery (Donor representative 1, 2014)

The National Coalition Aid Coordination Unit (ACU) initially received “\$8 million from Qatar, which it distributed to the fourteen provincial councils in Syria, and smaller amounts from Saudi Arabia and the United Arab Emirates for refugee relief” (Sayigh, 2013: 20). These provincial councils are opposition groupings that coordinate the activities of the political opposition within Syria. In February 2013, Qatar announced that it had donated 100million USD to the ACU (*ibid.*)

The ACU has been promoted as a body that supports the moderate opposition and arguments have been made that channelling aid through the political structures of the ACU can be used as a way to both weaken Assad and Al Nusra, “We need to take a leap of faith [in supporting the ACU],” Mr. Debeuf [former advisor to the Belgian Foreign Minister] said. “Of course things will go wrong, but what we are doing now, is going very, very wrong, and we are only making two people stronger: Assad and Jabhat al-Nusra.” (McTighe, 2013: online). DFID even placed an advisor within the ACU to support its institutional development.

However, the ACU – like the political structures of the National Coalition – have faced major questions around its legitimacy in coordinating aid delivery when many of their structures are based outside of Syria. According to one relief activist interviewed, “the ACU pretends to be there but it is only on paper” (Relief activist 1, 2014). The activist went on to say, “you can’t depend on any Syrian political group in the opposition. Everything they do will just be about the media stunt and how the donors will respond to them” (Ibid).

3.6.5 Effectiveness of new actors

The fragmentation of the Syrian opposition is not only a political and military weakness, but it also hampers its ability to effectively deliver aid (MSF internal document 3, 2011). Competition among different aid actors weakens the ability to effectively ensure a coordinated response to needs on the ground (Ibid, Relief activist 2, 2014).

According to one MSF field visit report, “the opposition is extremely fragmented... including within the medical community. Numbers between various factions of the opposition are often disputed. Activists inside Baba Amr for example are militantly opposed to diaspora activists – and even the political structures within Homs (Homs Revolutionary Council) are skeptical of the tactics used by the media activists. There is a fragmentation within the medical networks – with different groups competing against each-other, others refusing to work together, and some trying to divert supplies to structures within their network. Information being provided by activists and the medical community within Homs is often exaggerated (by their own admission) as part of the media war – making it extremely difficult to get reliable information from outside the country” (MSF internal document 3, 2011). This lack of reliable information makes it difficult for actors such as MSF from outside of the region to understand and engage in effective support to different networks.

The unstructured nature of the opposition has not fitted with the modus operandi of the traditional aid system that requires its ‘implementing partners’ to have a level of ‘accountability’ that is measured through an inflexible set of criteria and standards (MSF HQ staff 1, 2014). The result is that aid delivery takes on increasing layers between the donor and the recipient of aid. “Today we have to work through 4 layers in order to reach people from the donors to the person who receives the assistance” These four layers are the donor, the INGO, the local foundation or NGO and then the local network on the ground that aid from the foundation is channeled through” (Relief activist 2, 2014)

According to one donor interviewed, the concern of channeling aid to local groups is the fact that they are so “overtly political” (Donor representative, 2014). Reference was made to their ‘political statements’ and the fact that they lack ‘humanitarian principles’ (ibid). “In other contexts we are able to elbow these groups out of the way. However, in Syria this is not possible due to their level of operationality” (Ibid).

Faced with the demand from donors to professionalise in order to meet the donors due diligence criteria, there has been a trend of some groups formalizing their structures. “We started to make foundations because we were told by donors and some foreign organisations that they could not support us unless there is an official status of the organisation. MSF was the only one willing to work with groups that do not have some kind of official status” (Relief activist 1, 2014).

The criticisms are not limited to the ACU. There has been an emergence of many organisations, some of which have strong links to the Muslim Brotherhood. “We discovered when the uprising began that these foundations that we thought were independent are actually the political hand to influence people. It is something that destroyed our revolution and it destroyed our civil society” (Relief activist 2, 2014). However, the reality for many of the independent organisations is that funding is more readily available to advance the hearts and minds campaigns of various political agendas. “we are independent, but nobody is funding us. Independent activists – not only those that give relief – are all isolated”. (Relief activist 2, 2014)

3.6.4 Regional organisations

The regional or international organisations working to provide support to Syria, often in the form of regional foundations or newly founded NGOs created out of the Syria crisis, broadly mirror the categories explored above (independent relief activists, political and military structures).

Much of the aid provided by armed groups and the ACU is channelled from the political backers of those specific groups. External donors have been involved in funding both the armed opposition and the relief activities that would help these groups to provide assistance in the areas where they were attempting to establish their presence. For example, the Turkish government has been instrumental in establishing the Islamic armed movement in Syria known as the Islamic Front (Lund, 2014). The Islamic Front is a coalition of different Salafi armed groups, excluding the Al Qaeda affiliated Jhebat al Nusra (Zelin, 2013). The humanitarian activities of the Islamic Front in the areas under its control was partially subsidized by NGOs close to the governments of Turkey and Qatar. “SIF activity, though, is not limited to military operations. It has also pumped extensive resources into humanitarian and other social activities. Part of this has been subsidized in cooperation with government-funded NGOs from Turkey (Turkish Humanitarian Relief Foundation [known by its abbreviation IHH]) and Qatar (Qatar Charity). The SIF has acknowledged this in video releases highlighting such patronage” (Zelin and Lister, 2013: online)

Indeed in the video announcing the creation of the SIF, its fighters can be seen delivering assistance with the logos of on Turkish NGO clearly visible. (Jihadology, 2012).” Additionally, in early January, SIF posted a video to YouTube depicting its members picking up aid from IHH in Yayladagi, Turkey, that was to be distributed in Syria. Other boxes and flags in SIF’s December video belonged to Qatar Charity, which used to go by the name Qatar Charitable Society (Gartenstein-Ross and Zelin, 2013: online).

The understanding of this approach taken by international NGOs is that “we know that the countries where these organisations are from won’t let them come”. (Relief activist 2, 2014). The same relief activist pointed out that “even when areas started coming under full opposition control, where restrictions on aid by the opposition were not in place, relief actors did not arrive. They preferred to still work through partners” (Relief activist 2, 2014). Another relief activist interpreted this approach by many humanitarian organisations as being “chicken”. “They are too afraid to work with us in Syria – so they pretend that we know best and that they should support us.” (Relief activist 1, 2014)

But the criticism was clear: “Some of the INGOs that are not related to political decisions should have done more. If they were operational we could have saved resources, and more importantly the local people on the ground would be able to avoid pressure from local military groups”. (Relief activist 2, 2014)

In summary, there are clearly a number of non-traditional aid actors that are providing a massive volume of aid in the absence of the traditional mechanisms for aid delivery and the scale up of assistance in Syria in the current political environment needs to utilize these mechanism. However, these groups are often plagued by the same political tensions that can be seen throughout Syria: factionalism, sectarianism and a deep divide between internal and

external actors. Despite the challenges, the traditional aid community has failed to adequately engage with these actors in order to deliver assistance. Instead, the aid agencies have opted for the same model of ‘implementing partners’ which requires established entities to sign contractual arrangements with donors or their INGO contractors. The result has been a growing gap between the provision of funds and the delivery of services, with multiple layers of bureaucracy either slowing down or hampering entirely any adequate response.

However, some of the MSF operational centres have managed to engage with these new actors. This has resulted in large scale operations being implemented from Lebanon and Turkey working entirely through networks. In places where MSF has been able to establish its own operational presence, in the North of Syria, it has worked alongside actors that are ‘new’ for its operational teams to encounter. Both of MSF’s interactions with non-traditional aid actors have had varying degrees of success, which will be explored in the following case study.



A Syrian refugee with diabetes is treated in Lebanon, November 2014

Photo credit © Sophie Wodon/MSF

3.7 Case study: MSF

3.7.1 MSF operational interaction with ‘new’ aid actors

MSF began working in Syria soon after the uprising began (MSF, 2013a). Attempts were made to have an official presence of MSF within Damascus, but when this failed, MSF quickly moved to establishing support programmes from across the border (*Ibid.*). Initially, the donation of medical supplies across the border was organised from Lebanon – with some flash visits into Syria from Lebanon. It was only in late 2012 that the first assessment was possible for the MSF Operational Centre Brussels from across the border in Turkey into opposition held territory in Northern Syria that resulted in the permanent presence of MSF on the ground (*Ibid.*).

In Northern Syria it became possible to establish a full operational presence of MSF with surgical capacity in 4 different provinces (*Ibid.*). At the same time, MSF continued to provide medical supplies to areas that could not be reached from Northern Syria, such as the suburbs of Damascus, Homs and Deraa. (*Ibid.*)

MSF’s operational response, and the volume of its aid provision – combined with the fact that there were so few other organisations willing to work across the border – gave MSF a very prominent profile among members of the opposition in Syria, as well as among activists, diaspora and regional organisations (International Organisation Representative, 2014). “MSF is seen as the hero, willing to do things that nobody else dares to do” (*ibid.*). Indeed, the success of MSF operations are numerous – clearly visible from the very fact that the organisation managed to establish a permanent medical presence in Syria for 2 years and was able to send without the permission of the government a massive volume of medical donations – including into areas under siege. However, there were also numerous challenges in implementing these projects. It is these challenges that this research has focused on.

In the course of the cross border activities, both from Turkey and from Lebanon, MSF encountered many of the actors mentioned above and in the case of Lebanon entirely based its operations on collaboration with these groups.

Operational alliances were created with independent ‘relief activists’ who supported MSF in smuggling medical supplies deep into areas under control of the opposition – and even in some cases areas that were largely under siege and in other cases into government controlled areas (MSF HQ staff 2, 2014) MSF’s medical support was only possible under two main conditions: having a good/permanent internet connection and having skilled medical staff in the field (Email correspondence 1, 2014)

In the beginning days of MSF operations – some supplies were transported in close collaboration with the FSA – using FSA escorts at a minimum (MSF HQ staff 2, 2014).

However, as the relief networks became more organised, they developed their own smuggling networks, which MSF was able to tap into and utilize (*Ibid.*). However, as these networks exist within the areas under opposition control, there was always a clear proximity of MSF to the various opposition groups (MSF field staff 3, 2014). In this context, proximity meant that MSF could easily be associated with, at a minimum, the logistical supply chain of the armed opposition. Later on in the conflict, MSF’s interaction with the armed opposition group’s social services branch has been focused on the reinforcing a negotiated access and acceptance, rather than relying on their logistical capacity.

However, as the conflict evolved and MSF became more connected into the Syrian community in Lebanon, the organisation began interacting with a more diverse range of informal groups of ‘relief activists’ to smuggle medical supplies into areas where these relief activists had networks of medical doctors (MSF HQ staff 2, 2014). Later on, this relationship evolved to creating a strategy of which medical networks inside of Syria to support and working with the civilian relief activists to ensure that they were supplied but also that there was a medical link between the doctors and the MSF team in Lebanon.

From Lebanon, most of these relief activists were also medical personnel – whereas from Turkey they were all medical - which helped to better define the purely medical nature of the activities. Other relief activists were also involved in the distribution of supplies. In other cases, MSF interacted more with the religious minority community to create links with medical networks in government-controlled areas (MSF HQ staff 2, 2013).

MSF has largely kept its distance from using ACU networks for the delivery of assistance within Syria – partly due to the ineffectiveness of the structure and partly due to its overly politicised approach to being a government in waiting. However, pragmatic interaction has taken place in the exchange of data (MSF HQ staff 1, 2014).

In the few instances where MSF worked through more established diaspora organisations, the experiences were mixed. The more formalised diaspora groups often also had a more formalized link to political agendas in the gulf (MSF HQ staff 2, 2014). As the opposition fragmented, this posed limitations as these groups became aligned with the military factions that were also supported by their regional backers (*ibid.*). This resulted in difficulties in MSF becoming overly aligned to such structures. .

The activities of MSF from Lebanon represent the most significant in terms of operationally working with non-traditional aid actors (MSF HQ staff 2, 2014). These partnerships allowed for a significant deployment of aid. In 2013, MSF-OCB provided on average 3 Tons of donations per day into 7 governorates of the country (Email exchange 1, 2014).

hile MSF from Lebanon utilized these networks as the main focus of their operational response, in the North, MSF teams worked alongside and in some cases directly in partnership with regional NGOs and Red Crescent Societies such as IHH, PAC and UOSSM.

In the north, MSF supported health structures that were managed by UOSSM, sometimes in the same areas of operation as MSF teams. MSF also worked in the same hospital as the Qatari Red Crescent. Information was shared actively with PAC and IHH in the areas where MSF teams encountered them. These actors were all seen as credible operational counterparts in the field for MSF teams.

However, in all of MSF interactions with non-traditional and emerging aid actors there were certain challenges that were identified. Through a series of interviews it has been possible to identify some of these main challenges facing MSF in their interaction with actors that do not constitute the 'traditional aid system'. These operational encounters caused a number of dilemmas – real and perceived – as well as highlighting a number of areas where MSF was ill adapted in comparison to these other actors.

On an operational level, MSF has been attracted to collaborating more with these actors in the absence of an ability to work directly. However, this collaboration has caused internal debate. How far does MSF control the quality of services once donations have been made? Is MSF encouraging unqualified personnel to practice medicine? Is MSF supporting the war economy in Syria by donating supplies that could be sold? Is MSF compromising on one of its core approaches in such conflicts, which is based on proximity?

Many of these questions emerged not out of MSFs interaction with non-traditional aid actors, but rather out of the operational choices that had been made to work through such actors in the implementation of medical programmes that relied extensively on a strategy of donations. The donation strategy remained in place over three years (at the time of writing) for two core reasons: donations were provided in the absence of any other operational alternatives; and life saving medical needs were being addressed in a conflict with massive needs; and finally MSF was filling a gap by supplying and providing a medical strategy and medical oversight to networks who had the ability to link MSF with medical practitioners but who did not often have the means or experience to develop a medical strategy.

However, on an ideological level there was significant reluctance within some MSF sections about MSF's engagement with non-traditional aid actors due to a perceived divergence of principles and political affiliations of the various groups. In addition to this, MSF's modus operandi in this environment has been in some instances incompatible with developing operational alliances. This is due to MSF's emphasis on international staff presence, which often limited the possibilities for interaction with non traditional aid actors who relied primarily on local or regional staff, all of whom were Arabic speaking (MSF field staff 1, 2014). At the same time MSF projects often became large and inflexible which resulted in field teams overlooking the possibility for punctual collaborations (*Ibid*). This has resulted in, what some of the research participants felt, were missed opportunities.



Children study in a mosque at a transit camp in Aleppo province near the Turkish border Photo credit © Anna Surinyach/MSF

3.7.2 Ideological caution

There was a strong sense of ideological caution that was recounted by many of the MSF field staff that were interviewed, that was often attributed to messages received from some of the organisations headquarters to be cautious about an association with regional NGOs or local networks who do not work in the same way as MSF (MSF field staff 3, 2014; MSF field staff 2, 2014; MSF field staff 4, 2014).

One research participant pointed out that one organization was “doing whatever they want in Syria and I would like to work with them. But I was told, no, they are a Saudi organisation. But how can this be a reason not to collaborate? What are we going to do when we are surrounded only by organisations who have different approaches, who use religious principles. How much does it affect our neutrality? And when we weigh access with neutrality, what is the point of hanging on to our neutrality if we could have access?” (MSF field staff 3, 2014).

A research participant from another MSF section pointed out that they had received instructions from their Headquarters to only try to develop operational relationships with civil society organisations that had existed from before the crisis (MSF field staff 4, 2014).

However, in feeding back these research findings to a broader group of MSF staff, it was felt by staff in one of the MSF headquarters that “the cautious positioning regarding possible associations with regional NGOs or local networks was mainly expressed by field workers than HQ, fueling regular tensions between project and coordination teams, in addition to a complete opacity regarding support programs. From a general perspective, HQ impact on support programs have been quite in-existent and the Emergency Unit is not informed of the networks engaged or disengaged by the field” (Email correspondence 1, 2014).

Indeed it was felt that when it came to the support programmes – as opposed to those projects where MSF had a direct field presence – it was not the HQ showing reluctance to engage with new networks, but rather in some cases field teams that were sometimes not adapted to working in such a way. “It is often the field teams that struggle to be innovative. When you have to go out of the box, there is often little experience to do it. There is a cultural reluctance to change. This is often due to a lack of sharing. People in coordination positions didn't always have their whole team behind them because there was a culture of underground operations and secrecy” (*Ibid*). However, this was certainly not the same perspective across MSF sections.

The dilemmas faced by one field team in collaborating in an operational way with non traditional aid actors can be illustrated in the debate that was created around one MSF section signing a Memorandum of Understanding with

the QRC. The QRC and MSF-H signed a Memorandum of Understanding in Raqqa for the sharing of a medical facility (MSF field staff 2, 2014). This caused some tension within MSF (MSF HQ staff 2, 2014). Some in the organisation felt that the signing of an MoU was going a step too far in publically aligning MSF with the Qatari foreign policy (MSF HQ staff 2, 2014). Immediately after the MoU was signed a press release was issued by the QRC (Qatar Red Crescent Society, 2013: online) “The Qatar Red Crescent is also welcoming the arrival of the organization “Doctors Without Borders (MSF) who as of July 1 2013, is running a pediatric (sic) ward in the same hospital building as the Qatar Red Crescent”.

According to some MSF field staff, the agreement with the QRC was a purely pragmatic one (MSF field staff 3, 2014) and no different to a decision to sign an MoU with the Syrian Arab Red Crescent Society in Damascus (Email correspondence 1, 2014). However, others felt that such a public alignment with the QRC would cause problems. In addition to this, the biggest concern raised about the collaboration with the QRC was in terms of its perception for MSF internationally and in the eyes of the government who are particularly sensitive to public associations such as what the MSF/QRC became (MSF HQ staff 2, 2014). The argument by those who saw this is problematic was that Qatar was clearly a party to the conflict. (*Ibid*)

These principled dilemmas, or at least questions over perception of certain alliances, were often overshadowed by what some considered to be an inability at the field level of MSF to adapt itself to working in collaboration with certain aid actors (MSF field staff 3, 2014).

3.7.3 Arrogance

One of the biggest challenges facing MSF was what most interview respondents referred to as the institutional and individual arrogance in engaging with actors. One of the most interesting findings of the research was that most MSF international staff interviewed made the comment that “this is not Africa” when talking about the challenges of working in Syria. Although this probably says more about the problematic ways in which MSF approaches its work on the African continent, it highlighted the way in which many participants felt that MSF lacked the ‘tools’ and experience of working in a context like Syria.

One international staff respondent pointed out, “We still don't have the right language and approach to working in these environments. We have to up our game in these kinds of environments. We simply can't be so arrogant”. (MSF field staff, 2014) “The MSF expats come to work here, and they know that our operations is completely dependent on networks. But they cannot deal with networks. They come with dogma and they talk to people like they are idiots. They are suspicious of our networks because they don't fit into the box of what MSF people are taught about the humanitarian system”. (MSF field staff 4, 2014). Thus, the need to adapt in such an environment is

hampered by the “MSF way” of doing things, which can be classified into two key characteristics: the standardized approach to certain operations and the use of ‘expat’ (internationally recruited staff) to staff key positions.

3.7.4 A standardized approach

In the north of Syria, some interview respondents pointed out the challenges that MSF faced in working with the Syrian medical community. “We are having to deal with very experienced hospital managers who want to manage themselves. They are not willing to hear that our protocols are better than theirs, especially when they see how basic our protocols are” (MSF field staff 3, 2014)

Indeed, the focus on a standardized way of working, particularly among technical staff (medical and non medical) was often identified as a barrier to the organisations ability to engage with different kinds of actors, who are often more adaptive to setting their standards in par with local expectations. “Our protocols are often based on what is the simplest approach in resource poor settings. The quality of what is being demanded is much higher than what we can provide. This is not only demanded by the medical community but also the patients” (MSF field staff 3, 2014).

According to one research participant, the problem was that “Everything is put in the framework of Europe. This is problematic. How do we define expertise? By measuring MSF experience? MSF experience means nothing here. Take your MSF experience and put it in a garbage can” (MSF field staff 4, 2014). One HQ worker defined the problem in a more nuanced way in relation to the project from Lebanon, “we have never done a large scale donation project before. This requires a new methodology and a new way of working, which we don’t have today” (MSF HQ staff 3, 2014)

The perceived arrogance of MSF expertise created a barrier between the organisation and the community, and set the organisation apart from other actors. “Organisations like QRC are better accepted than us because they don’t speak down to the Syrians. They are empowering and accepting of local standards – not trying to impose their way of doing things. Basically, they are not so arrogant.” (MSF field staff 3, 2014)

The issue of who is the ‘point of comparison’ is an important one. “MSF may be considered rigid and inflexible because the organisations that are around it are responding to political agendas that require them to be extremely responsive and accommodating to requests” (MSF field staff 6, 2014). In addition to this, “organisations with political agendas don’t wonder whether they should be working in Syria, whereas MSF has a lot of questions about its approach. It is important to be self reflective, but sometimes it slows us down in comparison to the others” (Ibid).

Another person interviewed for this research commented, “we need to adapt our package of activities and approach in this environment. We are always looking for internal expertise without tapping into expertise around us”. The



An MSF nurse carries a newborn child at an MSF hospital in northern Syria. Photo credit © Anna Surinyach/MSF

person went on to point out that “we ignore the qualifications of people on the ground who are often better qualified than MSF expats” (MSF field staff 4, 2014).

3.7.5 Human resources

Another component of the ‘MSF arrogance’ that was referred to is that of the organisations approach to human resources. The ‘expat model’ although valued for its ability to create a distance with the political pressures of aid provision – was still considered by many research participant a liability in its inflexibility

There were clear criticisms made of MSF in their ability to work and navigate this kind of environment.

In one of the established MSF projects in the north of Syria, one field worker commented that “The expat in MSF has to please their technical referent in Europe. They are not encouraged to challenge and to work according to the context. They become scared of failing”. (MSF field staff 4, 2014)

However, there was also a more practical criticism of western expats being a bigger constraint to being able to work in certain areas. The regional organisations with which MSF encountered were often seen to be better placed to respond to the needs in the north of Syria because of their de facto human resource pool and non western organizational identity. “PAC and QRC are better

suitable for this kind of environment because they have the right human resources. They have never had access problems” (MSF field staff 3, 2014).

However, this analysis on the better capacity of others to respond due to their identity and resource pool was anecdotal and therefore can only be considered indicative of a feeling amongst numerous field workers interviewed that there were other organisations able to operate more freely than MSF.

The positive aspect of MSF human resources in the region was its ability to accommodate outliers – and in the case of some projects – to allow for innovation and risk taking. “Our programme would never have been possible without the old school MSF people willing to take risks and back each other up. The new generation of expats work more by the book” (MSF field worker, 2014)

3.7.6 Slow to adapt?

However, MSF was criticized by some of those interviewed for being slow to adapt to a new kind of aid environment. “We have been behind in adapting ourselves in this kind of context. We never anticipated this, and now that we are dealing with it we are still being slow to adapt. We are not gearing ourselves to what a future aid world will look like, and the future is already here” (MSF field staff 3, 2014)

When presenting these findings to Headquarters Staff, there was a feeling that the analysis of some in the field was too harsh and that there was insufficient evidence to claim conservatism at headquarters when in fact there was a feeling that many programmes had been given extensive freedom (email exchange 1, 2014).

However, regardless of these differing opinions, the reality of a reluctance to work with certain aid actors – in particular in the north - resulted in what some consider to have been missed opportunities. (MSF field staff, 2014) When MSF did manage to work alongside and through local networks, there were often challenges posed by the political dynamic of the groups. There was a criticism of MSF in its ability to understand the internal political dynamics of aid providers on the ground and how this interlinks with their ability to reach certain communities (Relief activist 1, 2014; Relief activist 2, 2014).

Others criticized MSF of working through only a limited number of channels and not expanding its network of civilian relief providers that are working in different ways “there are a lot of secular civilian organisations working in different ways in Syria – some in opposition controlled areas, others helping the displaced in regime controlled areas. But MSF is not working with them. Why?” (Relief activist 2, 2014). According to one MSF research participant, “what has often happened is that as soon as we get comfortable with one network – we over rely on it. We don’t diversify enough. This is strategically dangerous” (MSF field staff 4, 2014).

However, others felt that the approach of MSF – at least from Lebanon – had been thought through in terms of relying more on actors directly on the ground rather than politically affiliated organisations. Of course, there were individual doctors supported by MSF on the ground in Syria that had political affiliations – but it was felt that this was an acceptable situation compared to supporting the clientalism of more formal relief organisations (MSF field staff 6, 2014)

However, there was a criticism of the reluctance of the MSF teams to use the data that they collected through these local networks for public communication purposes (Email exchange 1, 2014). The reason for this was sighted as being linked to the proximity of MSF to a number of networks that were vulnerable to significant security risks (email exchange 2, 2014). It was easier for headquarters staff to take the decision for MSF to speak out than for field based staff that were often close to the networks (ibid).

Therefore although MSF showed innovation in its willingness to work through different networks in response to the needs in Syria, it also displayed in some cases an institutional conservatism at worst, and mostly uncertainty, at both a field and headquarters level at navigating a political landscape of actors that, although were not necessarily new, were new to MSF.



Surgeon Steve Rubin operates on a patient in a MSF hospital in northern Syria. Photo credit © Robin Meldrum/MSF

4. Discussion

The geopolitical landscape of the Syrian war has created a more obvious enabling environment for a conduct of hostilities that shows no respect for civilian lives and infrastructure. With no dominant external power able or willing to exert its full interests – but remaining involved, the parties to the conflict have been left to escalate the conflict on both sides but with no apparent ability of either side to break the stalemate. The relative unity of the regime compared to the complete fragmentation of the opposition is also a reflection of the regional dynamics of the powers supporting each side. Those supporting the opposition have competing interests, which have resulted in fragmentation and infighting that has been exploited by the regime.

The result of these dynamics is a conflict that has been able to escalate unabated with the brutal tactics of warfare being employed with little to no consequences. Populations have been put under siege, medical structures and workers have been targeted, and civilians have been attacked with chemical weapons. At the same time, due to the geopolitics of the region, the Syrian government has been enabled to block and restrict humanitarian aid – as part of its military strategy. This has been made easier by the polarization of aid delivery that has put those who work outside of the respect for state sovereignty in the same camp as the perceived western and regional political agenda of destabilization.

4.1 Humanitarianism and state sovereignty

The nature of the conflict and the way in which aid is used on both sides of the divide has fundamentally shaped the response. The blockages in access for humanitarian organisations is an extension of the regimes military strategy. However, it is also a clear indicator of the regime's retreat to the protective confines of state sovereignty. All forms of interference, be it benign humanitarian aid or the presence of foreign fighters, has come under the full force of a sovereign defense mechanism.

Instead of understanding this conflict in its regional political context, most of the focus from aid workers, including MSF – and the media – has been on the fact that the Assad regime has employed brutal tactics in fighting its opponents. The targeting of medical workers for example has been explained as if it were an end in itself – “the war against health workers”. The result has been to decontextualise the geopolitics of the war and the location of humanitarian action within the regional dynamics. In exploring in more detail the broad range of conflict dynamics, this research has demonstrated that the targeting of health care workers was not necessarily an end in itself but rather part of a conduct of hostilities that had no limit. There is no special status – be it as a target or as something to be respected – for humanitarian workers.

MSF was denied access not only because it was a health organisation but also because it was seen by the regime to fall on the opposite side of the geopolitical fractures of the region.

A politically decontextualised response meant that humanitarian organisations have played into the either or status quo: Either you provide aid ‘through the regime’ and therefore come under a system where a military logic prevails; or you provide aid in ‘liberated’ zones – thus serving in many instances the hearts and minds approach of the armed opposition. Neither option reaches all of those in need in Syria.

4.2 The case of MSF

MSF has had to navigate this landscape. Initial blockages by the Assad regime – even prior to the outbreak of the conflict – resulted in MSF taking a decision to launch cross border aid operations which brought the organisation into confrontation with the full force of the Syrian regime's Russian and Iranian backed assertion of sovereignty.

While the UN maintained its operations officially through Damascus, most of the needs went unmet throughout the country. However, communities and diaspora groups established mechanisms to meet the unmet needs in the most efficient way possible. At the same time aid actors from the region – primarily the gulf – mobilised their own responses to the needs that could be met through a physical presence in northern Syria.

Although these informal relief structures and solidarity networks were the only viable option for the delivery of aid to certain parts of Syria, the approach of working through such groups was seen with high levels of skepticism by some MSF sections – while other MSF sections fully embrace working through these structures as the only effective option in responding to large scale needs.

4.2.1 Lessons from MSF interaction with other aid actors

From Lebanon – MSF established its support project to medical facilities throughout Syria – reliant entirely on working through civil society, diaspora and solidarity structures – and in the north of Syria where MSF was able to be on the ground, teams found themselves working alongside regional NGOs and red crescent societies.

Although MSF's disregard for state sovereignty had placed it in the camp of the opposition, the interaction by some MSF sections with non-traditional aid actors – particularly in the North of Syria – still used a ‘principled’ benchmark for engagement. In the north, some MSF teams interaction with regional NGOs was characterized by sus-



MSF logistician John Bunnell loads a truck with blankets to distribute to Syrians living in tents. Photo credit © Nicole Tung

picion for the wrong reasons. Regional medical networks and aid actors were viewed with suspicion because of their political links. Some MSF headquarters warned field teams to keep a distance, while others gave their teams full autonomy. In one case where pragmatism prevailed – all caution was thrown to the wind and a full MoU was signed with the Qatari Red Crescent. It seems that there was difficulty for the teams to find the balance between operational alliances and a necessary distance in a highly polarized conflict.

From Lebanon, the initial stage of the response was characterized by an overly cautious approach due to the security concerns and a subsequent over reliance on a single network. This once again brought with it an over proximity to the political agendas of specific actors, something that was later remedied through a more extensive networking process – with the use of better suited human resource profiles – and a diversification of contacts.

The engagement of some MSF teams has swung between principles – which has translated into isolationism and in some cases inaction – and pragmatism, which has resulted in over proximity to certain groups – which had implications on the ability of the organisation to work in other areas. The lesson for MSF in this environment is therefore that principles cannot be an end in itself, and neither can pragmatism come at all costs. In a new aid landscape the guiding principles of humanitarian action have shifted, and what constitutes a compromise has to be re-evaluated.

I would argue that the experiences of MSF-OCB in Syria is that the compromises to independence and to some extent neutrality was outweighed by a regionalized approach to impartiality – whether this was by design or default. What this regionalized impartiality meant is that instead of only responding to needs in opposition controlled territory – MSF also smuggled supplies into regime controlled zones so as to meet needs wherever they may have occurred. ‘Principles’ meant nothing in Syria – where MSF's way of working is largely unknown and suspicion is high – without being able to operationalise a response to needs on all sides of the conflict.

In addition to this, there is a case to be made to a macro level consistency that locates humanitarian action within a regional context. MSF had violated the sovereignty of the Syrian state and in so doing was being painted with a brush of supporting the primarily Sunni Syrian opposition. However, MSF had taken the same approach in Bahrain and was accused of supporting the primarily Shia opposition. This balance is critical in a context where sectarianism has become geopolitics by other means. It is also necessary to proactively and strategically (subtly) communicate this, something that was missing from the MSF regional communications.

In the classical aid environment, MSF has largely defined itself as the ‘insider outsider’: part of the system but critiquing it as an outsider. In the changing aid environment, MSF will not have this prized place and it will need to find

a new way of defining its interaction in a context where it has become the outsider.

Interaction with ‘new’ actors needs to be pragmatic in order to meet concrete operational needs but should also be weighed with an understanding of how over proximity to certain groups will impact regional access and even local access in a highly fragmented context.

The lesson learnt from the Lebanon programme is that it is often more relevant to work through the informal ‘new’ aid actors rather than officially established groups that are often more driven by political positioning than responding effectively to needs. This however requires greater investment in local level networking. MSF should certainly see itself as playing a central role in this, whereas other NGOs will preference trying to find organisations with which they can sign neatly defined Memorandums of Understanding.

The neutrality of health facilities and the approach of working through medical networks should be defended on grounds that MSF’s chosen bias or affiliation is toward the most vulnerable. There can therefore be a benefit in shifting the concept of ‘neutrality’ from a passive avoidance of politics – which is often translated by field teams into isolationism – toward a more active assertion of solidarity with the most vulnerable – which might more easily facilitate a broader networking on operational grounds.

4.2.2 Identity

The western identity of MSF, the primarily European expat model and the strict adherence to MSF standards are three aspects of MSF that could evolve to be better functional within this changing landscape. Many of the interview participants with whom MSF interacted pointed to the organisations arrogance, lack of adaptability and its standards which were often below what was expected by both patients and fellow health professionals.



MSF’s Dr Haydar Alwash and his team in Ramtha, Jordan, visit patient Mohammed Jamus, who was wounded in the arm, chest and leg in the war in Syria. Photo credit © Ton Koene

5. Conclusion

What the case study of Syria has demonstrated is that the traditional aid response to the massive needs of the Syria crisis has largely been crippled by the conduct of hostilities. In its place has been a massive mobilization of non traditional aid actors and networks with which MSF has interacted with varying degrees of success.

MSF has managed to deploy large quantities of aid across the borders from Lebanon through the use of diaspora networks and solidarity groups, and has managed to establish projects with full international staff deployment in the north of Syria – often working alongside non traditional aid actors from the region – and in so doing has developed a solid reputation amongst these networks as an organisation that is willing to act and to do things that others are not willing to do.

Through a series of interviews it has been possible to identify some of the main challenges facing MSF in their interaction with non-traditional actors. MSF was often identified as being ill-adapted in its engagement with ‘new’ actors – swinging between a principled approach which resulted in ideological caution and a pragmatic approach that in some cases resulted in over proximity to certain groups or networks. At the same time, MSF was often perceived as arrogant in its dealings with Syrian aid actors – overly reliant on international staff with limited experience in the region that were unable to build trust – and its standards and protocols were seen as a barrier to collaboration in some cases.

At the core of the challenges facing MSF institutionally in working with Syrian aid actors is the reality that the aid landscape has drastically shifted, and MSF is no longer an insider to the aid ‘system’, able to criticize the failings of the response from within, while relying on certain operational alliances with NGOs that essentially have the same ‘principles’. In the case of Syria, MSF was a complete outsider of the ‘new aid system’, which was based on political or military solidarity. In addition to this, MSF is not well known in the region more generally, adding another layer of complexity. The existence of such solidarity networks is not unique to Syria, but the dependence of MSF on these networks for its operational response could be considered unique. This requires adaptation in terms of diversity of networks, profiles of human resources and flexibility of ‘standards’.

The recent experiences of MSF’s support programme from Lebanon show how many of these obstacles can be overcome. This can be achieved with the right profile human resources – often from the region or with a flexibility to take risks. At the same time, - In an environment where MSF is an outsider of the aid response ‘system’, there is a danger of an over selective approach to networking – requiring instead a more proactive approach and a diverse range of contacts and possible operational allies across

the multiple fractures of the region, with a preference for informal networks that are directly operational. However, to facilitate the building of trust, an adapted package of medical supplies needs to be put in place to fit the reality of the context.

On a technical level MSF needs to implement tools to being able to work in large scale donation programmes that rely entirely on networks. These tools need to ensure that information is readily available on the nature of MSF interaction with networks and concretely, what support MSF is providing as well as the overall strategy that is being pursued.

For MSF more broadly, in such an environment there is an argument to be made for a more rapid internationalization of the organisation– including through the recruitment of staff from the region. In addition to this, there is a need to ensure that the flexibility required to work in such an environment exists not only among the operations line management but also from both technical support departments and in the profiles of field workers recruited at all levels. MSF operations in the region could benefit from a regionalized operations management located in the region.

Practically for MSF this means:

- More regionally recruited staff and staff recruited from non-western states
- An end to the construct between ‘national’ and ‘expat’ – instead opting for a competency based structure that takes into consideration the value of international staff but does not place this at the centre of all engagement with external actors
- An adaptable set of protocols and standards that are flexible to evolving in a context where patients demand different standards even if deemed not medically necessary.

Primary sources

Media

1. Abou Nasser M (2013). Palestinian medical workers in Syria struggle to provide basic services. *The Electronic Intifada* June 7 2013. Accessed at <http://electronicintifada.net/content/palestinian-medical-workers-syria-struggle-provide-basic-services/12517>
2. Al-Alam (2014). Syria rebels may lift deadly siege on Aleppo's villages. *Al-Alam*. Accessed at http://en.alalam.ir/news/1560228?utm_medium=twitter&utm_source=twitterfeed
3. Aji A (2013). Damascus in grips of fear as mortar bombs rain down. *The Daily Star* November 30, 2013. Accessed at <http://dailystar.com.lb/News/Middle-East/2013/Nov-30/239422-damascus-in-grips-of-fear-as-mortar-bombs-rain-down.ashx#axzz2rQE3q2s9>
4. Al-Jazeera (2011). 'Scores dead' in Syria after kidnappings. *Al-Jazeera*. Accessed at <http://www.aljazeera.com/news/middleeast/2011/12/201112616188773705.html>
5. Al Jazeera (2014). Turkish Police Raid Charity Aiding Syria. Accessed at <http://www.aljazeera.com/news/middleeast/2014/01/turkish-police-raid-charity-aiding-syria-201411411543616402.html>
6. Al-Manshour (2013). We stand behind the Syrian People's Revolution – No to Foreign Intervention. *Al-Manshour* August 31, 2013. Accessed at <http://www.al-manshour.org/en/statement-by-rev-socialists-marxists-on-us-attack-on-syria>
7. BBC (2013). Syria Crisis: Guide to armed and political opposition. Accessed at <http://www.bbc.com/news/world-middle-east-24403003>
8. Beaumont P (2012). Syrian rebels retreat from Baba Amr district of Homs. *The Guardian* Friday 2 March 2012. Accessed at <http://www.theguardian.com/world/2012/mar/01/syrian-rebels-retreat-baba-amr-homs>
9. Black I (2014). Syrian regime document trove shows evidence of 'industrial scale' killing of detainees. *The Guardian* January 21, 2014. Accessed at <http://www.theguardian.com/world/2014/jan/20/evidence-industrial-scale-killing-syria-war-crimes>
10. Carter-Ruck and Co. (2014). A report into the credibility of certain evidence with regard to Torture and Execution of persons incarcerated by the current Syrian regime. Accessed at <http://static.guim.co.uk/ni/1390226674736/syria-report-execution-tort.pdf>
11. Chussodovsky, M. (2014). SYRIA: Who is Behind The Protest Movement? Fabricating a Pretext for a US-NATO "Humanitarian Intervention". March 15, 2014. Accessed at: <http://www.globalresearch.ca/syria-who-is-behind-the-protest-movement-fabricating-a-pretext-for-a-us-nato-humanitarian-intervention/24591>
12. Cumming-Bruce (2013). UN Reports Syria uses Hospital Attacks as a 'Weapon of War'. *The New York Time* September 13, 2013. Accessed at http://www.nytimes.com/2013/09/14/world/middleeast/un-panel-accuses-syria-of-attacking-hospitals.html?_r=0
13. Damascus Bureau (2013). Alawite families in Homs "Between the fire of the opposition and the fire of the regime." *The Syrian Observer* 24 July 2013. Accessed at <http://www.syrianobserver.com/Features/Features/Alawite+Families+in+Homs+Between+the+fire+of+the+opposition+and+the+fire+of+the+regime>
14. Economist (2013). A turning point for Bashar Assad? *The Economist* June 8th, 2013. Accessed at <http://www.economist.com/news/middle-east-and-africa/21579055-fall-qusayr-boost-regime-far-decisive-turning-point>
15. Gartenstein-Ross and Zelin. 2013. Uncharitable Organisations. *Foreign Policy*. Accessed at http://www.foreignpolicy.com/articles/2013/02/26/uncharitable_organizations
16. Gladstone R and Doubi H (2013) Assad Sends Letter to Emerging Powers Seeking Help to End Syria's War. *New York Times*. Accessed at http://www.nytimes.com/2013/03/28/world/middleeast/syrias-developments.html?_r=1&
17. Global Emergency Overview (2012). Disaster Needs Analysis. Accessed at <http://geo.acaps.org/docs/428>
18. GlobalFirePower (2013). Middle Eastern Countries Ranked by Military Strength. Accessed at <http://www.globalfirepower.com/countries-listing-middle-east.asp>
19. Harding, L (2011). Wounded Syrian protestors being tortured in hospital, claims Amnesty. *The Guardian* 25 October 2011. Accessed at <http://www.theguardian.com/world/2011/oct/25/wounded-syrian-protesters-torture-hospital>
20. Hindawi H (2012). In Syria, Sunni rebels besiege Shiite villages. *The Daily Star* October 18, 2012. Accessed at <http://www.dailystar.com.lb/News/Middle-East/2012/Oct-18/191947-in-syria-sunni-rebels-besiege-shiite-villages.ashx#axzz2sHYfrNQW>
21. Hosenball (2012). Exclusive: Obama authorizes secret U.S. support for Syrian rebels. *Reuters*. Accessed at <http://www.reuters.com/article/2012/08/01/us-usa-syria-obama-order-idUSBRE8701OK20120801>
22. Human Rights Watch (HRW) (2012a). Syria: Armed Opposition Groups Committing Abuses. *Human Rights Watch*. Accessed at <http://www.hrw.org/news/2012/03/20/syria-armed-opposition-groups-committing-abuses>.
23. Human Rights Watch (HRW) (2012b). Syria: Government Attacking Bread Lines. *Human Rights Watch*. Accessed at <http://www.hrw.org/news/2012/08/30/syria-government-attacking-bread-lines>
24. Hunter I (2013). On the ground, aid workers face kidnapping and stolen food baskets. *Syria Deeply*. Accessed at <http://beta.syriadeeply.org/2013/09/ground-aid-workers-face-kidnapping-stolen-food-baskets/>
25. International Crisis Group (2012). Tentative Jihad: Syria's Fundamentalist Opposition. *Crisis Group Middle East Report No 131, 12 October 2012*. Accessed at [http://www.crisisgroup.org/~media/Files/Middle%20East%20North%20Africa/Iraq%20Syria%20Lebanon/Syria/131-tentative-jihad-syrias-fundamentalist-opposition.pdf](http://www.crisisgroup.org/~/media/Files/Middle%20East%20North%20Africa/Iraq%20Syria%20Lebanon/Syria/131-tentative-jihad-syrias-fundamentalist-opposition.pdf)
26. IRIN (2013). Analysis: Syrian government increases restrictions on medical aid. *IRIN Humanitarian News and Analysis*. Accessed at <http://www.irinnews.org/report/98537/analysis-syrian-government-increases-restrictions-on-medical-aid>
27. Jihadology (2012) New video message and statement from the Syrian Islamic Front: "Announcement of the Syrian Islamic Front". Accessed at <http://jihadology.net/2012/12/21/new-video-message-and-statement-from-the-syrian-islamic-front-announcement-of-the-syrian-islamic-front/>
28. Karouny M (2012). Smell of death filled Syria's Baba Amr: residents. *Reuters* March 6 2012. Accessed at <http://mobile.reuters.com/article/worldNews/idUSTRE8250DY20120306>
29. Kaldor, Mary (1999) *New and Old Wars: Organized Violence in a Global Era*, Polity Press, Oxford
30. Kullab S (2014). Refugees remember horrors of detention. *The Daily Star* January 28, 2014. Accessed at http://www.dailystar.com.lb/News/Middle-East/2014/Jan-28/245514-refugees-remember-horrors-of-detention.ashx?fb_action_ids=10151930168053652&fb_action_types=og.recommends&fb_source=other_multiline&action_object_map=%5B478129385642425%5D&action_type_map=%5B%22og.recommends%22%5D&action_ref_map=%5B%5D#axzz2sHYfrNQW
31. Maktabi R (2012). Syria 2012 sees the rise of citizen journalists. *Al Arabiya News*, 30 December 2012. Accessed at <http://www.alarabiya.net/articles/2012/12/30/257860.html>
32. McTighe, K. 2013. Syrian Insurgents Say Aid Isn't Getting Where it Needs to Go. *New York Times*, Accessed at http://www.nytimes.com/2013/03/07/world/middleeast/syrian-insurgents-say-aid-isnt-getting-where-it-needs-to-go.html?_r=0
33. Mediciens Sans Frontieres (MSF) (2013a). Syria Two Years On: The Failure of International Aid. *Doctors Without Borders*. Accessed at http://www.doctorswithoutborders.org/publications/article_print.cfm?id=6669
34. Mediciens Sans Frontieres (MSF) (2013b). Letter to the Member States of the High Level Group on Syria. *Doctors Without Borders*. Accessed at http://www.doctorswithoutborders.org/publications/article_print.cfm?id=7228
35. Mortada R (2013). Syria: Opposition's Booby Trap Blueprint for Qusayr. *Al-Akhbar English* May 23, 2013. Accessed at <http://english.al-akhbar.com/node/15885>
36. Qatar Red Crescent Society (2013) Qatar Red Crescent continues to provide urgent healthcare in Tal Abyad, Syria. Accessed at <http://reliefweb.int/report/syrian-arab-republic/qatar-red-crescent-continues-provide-urgent-healthcare-tal-abyad-syria>
37. Reuters (2013). Syrian army recaptures symbolic Baba Amr district in Homs. *Reuters* March 26, 2013. Accessed at <http://www.reuters.com/article/2013/03/26/us-syria-crisis-homs-idUSBRE92P07U20130326>
38. Ridgwell H (2012). For refugees who flee Aleppo, Turkish camps await. *Voice of America*. Accessed at <http://www.voanews.com/content/refugee-flee-aleppo-turkish-camps-await/1454286.html>
39. Saad H and Gladstone R (2013). Scud Missile Attack Reported in Aleppo. *The New York Times* February 22, 2013. Accessed at http://www.nytimes.com/2013/02/23/world/middleeast/scud-missile-aleppo.html?_r=0
40. Sparrow A (2013) Syria's Assault on Doctors *The New York Review of Books* Accessed at <http://www.nybooks.com/blogs/nyrblog/2013/nov/03/syria-assault-doctors/>
41. SNAP (2013). Regional analysis Syria 30 October 2013. *Reliefweb*. Accessed at http://reliefweb.int/sites/reliefweb.int/files/resources/part_i_syria_0.pdf

42. Syrian Observer (2013). Maher Assad, Fourth Division involved in Homs Assault. *The Syrian Observer* Wednesday 3 July 2013. Accessed at <http://www.syrianobserver.com/News/News/Maher+Assad+Fourth+Division+Involved+in+Homs+Assault>
43. United Nations, General Assembly (2013a). Report of the independent international commission of inquiry on the Syrian Arab Republic. Geneva: Human Rights Council 5 February 2013. Accessed at http://www.ohchr.org/Documents/HRBodies/HRCouncil/CoISyria/A.HRC.22.59_en.pdf
44. United Nations, General Assembly (2013b). Report of the independent international commission of inquiry on the Syrian Arab Republic. Geneva: Human Rights Council 16 August 2013. Accessed at <http://www.du.edu/korbel/middleeast/media/documents/6thReportofCommissionofInquiryonSyria9-11-13.pdf>

45. UNRWA (2013). Statement by the Commissioner-General on Palestine: Refugees trapped inside Yarmouk. *UNRWA*. Accessed at <http://www.unrwa.org/newsroom/official-statements/statement-commissioner-general-palestine-refugees-trapped-inside>
46. Van Muylem S (2013). Conference of the Democratic and Pacifist Syrian Opposition. *Vrede* 29 January 2013. Accessed at <http://www.vrede.be/english/69-news/839-conference-of-the-democratic-and-pacifist-syrian-opposition>
47. Violations Documentation Center in Syria (VDC-Sy) (2013). A special report on the siege of Yarmouk Camp. *Violations Documentation Center in Syria*. Accessed at <http://www.vdc-sy.info/pdf/reports/1379660373-English.pdf>
48. WATAN (2013). About Watan. Accessed at <http://www.watansyria.org/en/about-watan>
49. WHO (2013a). Syrian Arab Republic, Jordan, Lebanon, Iraq. *Situation Report, Issue No. 17*. Accessed at http://www.emro.who.int/images/stories/syria/SitRep17_final__1-Aug_edit.pdf
50. WHO (2013b). Donor Update: Syrian Arab Republic September 2013, Quarter Three Report. *World Health Organization*. Accessed at http://www.who.int/hac/syria_donorupdate_18102013.pdf?ua=1
51. WHO (2013c). Health Syrian Arab Republic 2013. *World Health Organization*. Accessed at http://www.who.int/hac/syria_dashboard_6june2013_final_small_.pdf?ua=1
52. Youtube (2013a). 18+ FSA Free Syria Army War crimes – Execution of prisoners of war, young Syrian soldiers. *Youtube*. Accessed at <http://www.youtube.com/watch?v=00IgDLrk0sg>
53. Youtube (2013b). 18+ Syrian army mass execution in Aleppo. *Youtube*. Accessed at <http://www.youtube.com/watch?v=3TD8qm0G4kw>
54. Youtube (2013c). Syrian soldiers last words; Forgive me dad, they're going to behead me. *Youtube*. Accessed at <http://www.youtube.com/watch?v=5pvHPICw4Dw>
55. Youtube (2012). Beheading of alleged shabiha. *Youtube*. Accessed at <http://www.youtube.com/watch?v=j0hZnuL8bn4>
56. Zelin and Lister. 2013. The Crowning of the Syrian Islamic Front. *Foreign Policy. The Middle East Channel*. Accessed at http://mideastafrica.foreignpolicy.com/posts/2013/06/24/the_crowning_of_the_syrian_islamic_front

Interviews

- | | |
|------------|---|
| 18/02/2013 | Syrian refugee 1, 2013 |
| 18/02/2013 | Syrian refugee 2, 2013 |
| 18/02/2013 | Syrian refugee 3, 2013 |
| 18/02/2013 | Syrian refugee 4, 2013 |
| 18/02/2013 | Syrian refugee 5, 2013 |
| 21/02/2014 | Relief activist 1, 2014 |
| 24/02/2014 | MSF field staff 1, 2014 |
| 26/02/2014 | Relief activist 2, 2014 |
| 27/02/2014 | MSF field staff 2, 2014 |
| 11/03/2014 | Relief activist 3, 2014 |
| 13/03/2014 | MSF field staff 3, 2014 |
| 15/03/2014 | MSF field staff 4, 2014 |
| 02/04/2014 | UN official 1, 2014 |
| 03/04/2014 | MSF HQ staff 1, 2014 |
| 02/04/2014 | MSF HQ staff 2, 2014 |
| 09/05/2014 | Donor representative 1, 2014 |
| 09/05/2014 | Diaspora NGO 1, 2014 |
| 09/05/2014 | Syrian refugee 6, 2014 |
| 27/06/2014 | MSF HQ staff 3, 2014 |
| 27/06/2014 | International Organisation representative, 2014 |
| 20/03/2014 | MSF field staff 5, 2014 |

Internal MSF documents

- MSF internal document 1, no date
- MSF internal document 2, 2012
- Syria Arab Republic permanent Mission to the UN, 2013
- MSF letter 1, 2012
- Meeting Minutes 1, 2012
- Meeting minutes 2, 2012
- Meeting minutes 3, 2012
- Meeting minutes 4, 2012
- Meeting minutes 5, 2012
- Meeting minutes 6, 2013
- MSF internal document 3, 2011
- Email correspondence 1, 2014
- Syria Arab Republic permanent Mission to the UN, 2014

Secondary sources

References

- Abdelwahid, D (2013) 'You got the stuff'? Humanitarian Activist Networks in Syria. *Humanitarian Exchange Magazine*. Issue 59, November 2013. Accessed at <http://www.odihpn.org/humanitarian-exchange-magazine/issue-59/you-got-the-stuff-humanitarian-activist-networks-in-syria>
- ACAPS and MapAction (2013) Relief Actors in Syria: Syria Needs Analysis Project. Accessed at http://reliefweb.int/sites/reliefweb.int/files/resources/relief_actors_in_syria.pdf
- Anderson T (2014). Syria's Hospitals targeted by NATO-backed Armed Groups. *Centre for Research on Globalization*. Accessed at <http://www.globalresearch.ca/syrias-hospitals-targeted-by-nato-backed-armed-groups/5363563>
- Barnett, M. 2011. *Empire of Humanity: a history of humanitarianism*. Cornell University press, 2011.
- Becker, P. 2013. Syrian Muslim Brotherhood still a crucial actor. German Institute for International and Security Affairs. Accessed at: http://www.swp-berlin.org/fileadmin/contents/products/comments/2013C34_bkp.pdf
- Bhalla R (2011). Making sense of the Syrian crisis. *Stratfor Global Intelligence*. Accessed at http://relooney.info/SI_ME-Crisis/Syria_23.pdf
- Daccord, Y. 2013. Dunant's dream, 150 years on: a sober celebration? *Humanitarian Exchange Magazine*. July 2013. Issue 58. Accessed at <http://www.odihpn.org/humanitarian-exchange-magazine/issue-58/dunants-dream-150-years-on-a-sober-celebration>
- Dewachi O, Skelton M, Nguyen VK, Fouad MF, Abu Sitta G, Maasri Z, Giacaman Z (2014). Changing therapeutic geographies of the Iraqi and Syrian wars. *Lancet* DOI: 10.1016/S0140-6736(13)62299-0.
- Fulton W, Holliday J, Wyer S (2013). Iranian strategy in Syria. *AEI's Critical Threats Project and Institute for Study of War*. Accessed at <http://www.understandingwar.org/sites/default/files/IranianStrategyinSyria-1MAY.pdf>
- Holliday J (2013). The Middle East Security Report 8: The Assad Regime. From counterinsurgency to civil war. *Institute for the Study of War*. Accessed at <http://www.understandingwar.org/sites/default/files/TheAssadRegime-web.pdf>
- Lund A (2012). Syria Jihadism. *UI Brief No. 13, September 14 2012*. Accessed at <http://www.ui.se/upl/files/77409.pdf>
- Lund A (2014). The Politics of the Islamic Front, Part 1: Structure and Support. Accessed at: <http://carnegieendowment.org/syriaincrisis/?fa=54183>
- Parker B (2013). Humanitarianism Besieged. *Humanitarian Exchange Magazine* Issue 59 November 2013. Accessed at <http://www.odihpn.org/humanitarian-exchange-magazine/issue-59/humanitarianism-besieged>

14. Salloukh, B (2013) The Arab Uprisings and the Geopolitics of the Middle East. *The International Spectator: Italian Journal of International Affairs*. Volume 48, Issue 2, 2013. Pages 32-46
15. Sayigh Y (2013) The Syrian Opposition's Leadership Problem. April 2013. Carnegie Middle East Centre. Accessed at http://carnegieendowment.org/files/syrian_leadership_problem.pdf
16. Shaw, W. (2012). Syrian Opposition Council Struggles for Legitimacy. Accessed at <http://iwpr.net/report-news/syrian-opposition-council-struggles-legitimacy>
17. Traub, J. 2012. Will the good BRICS please stand up? *Foreign Policy Magazine*. Accessed at: http://www.foreignpolicy.com/articles/2012/03/09/will_the_good_brics_please_stand_up
18. White J, Tabler AJ, Zelin AY (2013). Syria's Military Opposition: How effective, united or extremist? *Policy Focus 128. The Washington Institute For Near East Policy*.
19. Zambelis C (2013). Royal Rivalry in the Levant: Saudi Arabia and Qatar Duel over Syria. *Intelligence Quarterly* September 3, 2013. Accessed at <http://www.intelligencequarterly.com/2013/09/royal-rivalry-in-the-levant-saudi-arabia-and-qatar-duel-over-syria/>
20. Zelin A. 2013. The Syrian Islamic Front: a new extremist force. The Washington Institute. Accessed at <https://www.washingtoninstitute.org/policy-analysis/view/the-syrian-islamic-front-a-new-extremist-force>



Syrians who have crossed the border into Iraq for safety wait to see a doctor at MSF's clinic in Domiz refugee camp. Photo credit © Yuri Kozyrev/Noor