



‘UNBEARABLE LIVING CONDITIONS’

INADEQUATE ACCESS TO ECONOMIC AND SOCIAL RIGHTS IN
DISPLACEMENT CAMPS IN NORTH-WEST SYRIA

**AMNESTY
INTERNATIONAL**



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Cover photo: An informal self-settled camp in Idlib in north-west Syria. © Ali Haj Suleiman

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1. EXECUTIVE SUMMARY

With no durable solution in sight, more than a million Syrians displaced to north-west of the country by military operations over the past decade have spent the better part of the past six years, living in tents, in appalling living conditions that exacerbate disease and expose women and girls to gender-based violence. With the Syrian government's denial and obstruction of access to essential services and armed opposition groups unable to provide these services, millions of internally displaced people (IDPs) continue to depend entirely on humanitarian aid facilitated by the UN cross-border mechanism. This mechanism is a lifeline and comes up for renewal by the UN Security Council on 10 July 2022.

Since 2011, at least 2.8 million people have been internally displaced from different parts of Syria to the north-west of the country, namely Idlib, as Syrian government forces took over areas formerly under the control of armed opposition groups, carrying out a myriad of serious violations. These people were forced to leave their homes, lands and entire lives behind due to the deliberate targeting of civilian and civilian infrastructure and for fear of reprisal and sought safety in north-west Syria currently under the control of armed opposition groups, including Hay'at Tahrir al-Sham (HTS), Syrian National Army and others.

Out of the total displaced population, around 1.7 million live in camps, 58% of whom are children and 22% are women, where the overwhelming majority live in tents, with limited to no access to essential services such as water, sanitation, and healthcare. They have little to no prospects of returning home anytime soon due to on-going violations, including arbitrary detention, torture and other ill-treatment, by the Syrian government at place of origin.

Since the onset of the displacement crisis, these women, men and children have been living in conditions of absolute destitution due to Syrian government actions and on-going failure to take necessary steps to fulfil its obligations under international law which has placed a massive strain on humanitarian organizations.

Since the Syrian government lost control over north-west Syria, it has stopped providing essential services, such as electricity and water, halted the payment of public workers' salaries, obstructed the flow of aid – including medical supplies and non-food items- and carried out unlawful attacks on civilians and civilian infrastructure including displacement camps, medical facilities and schools. These actions have resulted in the denial of access of at least four million residents and IDPs in the region to essential rights under international human rights law, including the International Covenant on Economic, Social and Cultural rights (ICESCR), which Syria has ratified in 1969.

Under international law, IDPs have the right to access to adequate housing, water, sanitation, health and other essential services, without discrimination, as anyone else living in Syria. Armed opposition groups who control north-west Syria maintained limited civil and public functions such as maintenance repairs of water systems but relied on humanitarian organization to provide services as they have lacked resources to fulfil the role that the Syrian government played in providing essential services. Armed opposition groups have an obligation to provide humanitarian organizations with unfettered access to people in need of aid.

A combination of the above factors prompted the UN Security Council in 2014 to establish a cross-border mechanism which allowed the UN and its implementing partners to deliver aid from Turkey to north-west Syria without the Syrian government's authorization so people could access aid and services. After eight years, the UN's cross-border response continued to be the sole humanitarian lifeline for IDPs and residents in north-west Syria. However, this humanitarian assistance which millions are fully dependent on for survival, is largely inadequate to cover needs across all sectors due to insufficient international aid.

In this report, Amnesty International examines the denial of key economic and social rights of IDPs living in displacement camps, as the most vulnerable within the displacement community. The report examines their

day-to-day lives in relation to their rights to access to housing, water and sanitation, and health and the approach of donors and humanitarian organizations' in addressing those needs. Finally, our findings illustrate the vital role that the UN cross-border aid mechanism has played in ensuring an effective humanitarian response in the area since 2014 and the very real concerns around its sustenance.

Amnesty International conducted research between February and May 2022 for this report, interviewing eight displaced people, three women and five men, who described conditions in displacement camps, as well as 15 aid workers who regularly visit displacement camps. The organization also spoke to 19 local and international aid workers from 24 non-governmental organizations (NGOs) delivering assistance in the camps and three representatives of UN agencies. The organization also reviewed reports by international NGOs and UN agencies which provide information on the humanitarian situation in camps, including shelter, water, sanitation and hygiene (WaSH), health and education.

Increasingly over the past few years, donors and humanitarian organizations have not been able to provide IDPs with adequate access to essential services due to insufficient funding. In addition, as the crisis became more and more protracted, their interventions have often focused more on life-saving assistance, and less on a sustainable human rights approach that would address the underlying factors contributing to the dire conditions in the camps and strive to provide IDPs with access to key economic and social rights.

The inadequate access to housing and WaSH services causes great suffering to people during harsh weather conditions. Over half of the internally displaced population in camps live in one-room capacity tents. There are around 800,000 tents, at least half of which are over two years old. All the interviewees told Amnesty International that the tents were inadequate for their needs: they lack space, privacy and safety, as well as latrines, cooking workstations, direct water supplies, built-in solid doors, and insulation from harsh weather conditions, which have resulted in illnesses and diseases.

A woman who had been living in a camp for more than three years with her two children said: "I live in a one-room tent. I added a small cooking station and thin mattresses to cover the rest of the room which we use during the day and night as it is the only space we have. I do everything in this one room: sleep, cook, wash clothes, bathe, everything else. There is no door. We have a cover which we roll up and down to enter or leave the tent. Anyone can enter. Can anyone live in a tent and feel safe? Impossible."

Water is mostly available through communal water tanks scattered across displacement camps from where people fetch water using household containers or, in a lesser number of cases, a tent would have its own private water tank. The communal tanks are filled by humanitarian organizations through water trucking which involves filling tanks with water transported in a vehicle – a costly and unsustainable intervention, according to humanitarian workers. The biggest challenge for IDPs in this respect is access to water –they don't have access to sufficient amounts of water to enable them to drink, cook, and maintain hygiene as needed. Latrines are also communal for people living in camps and they rely on humanitarian organizations for the desludging of septic tanks and waste collection. Latrine clusters are dispersed across displacement camps but are not properly maintained and, therefore, only 40% of IDPs have access to functioning latrines.

Every winter season, IDPs struggle to stay warm, to keep their tent and belongings dry, and to carry out their daily chores, such as cooking, fetching water, and accessing latrines, and struggle to reach their workplaces outside the camps as their movements are hindered by heavy rains, flooding and muddy roads. During both summer and winter extreme temperatures, these tents offer no protection – whether from extreme heat or rain.

Overcrowding in the camps, lack of privacy in tents, communal latrines, unfenced areas and the lack lighting across the camp are all factors which have contributed to the prevalence of gender-based violence (GBV) perpetrated by family members, camp management and residents, strangers and humanitarian workers against women and girls, according to humanitarian workers. Displaced women and girls also suffered from water shortages and a lack of free menstrual hygiene products due to insufficient funding, exposing them to health risks.

Living conditions have a direct impact on the health of people living in camps. The overcrowding of tents contributed to the transmission of contagious diseases especially the flu and Covid-19; the poor quality of water and sewage treatment has led to the prevalence of waterborne diseases including diarrhea, lice, scabies and leishmania; and the unsafe heating techniques during the winter such as indoor heating led to asphyxiation and other respiratory problems such as asthma, lung infection and lung inflammation. Shortages in free medication exacerbated these health conditions on IDPs who cannot afford to buy medication.

One man who has lived in a camp in Idlib for over three years said: "My wife suffers from respiratory problems in the summer and in the winter. In the summer, the tent doesn't protect us from the dust, which

exacerbates her allergies and results in breathing difficulties. She always feels pain in her chest when she breathes. And in the winter, it gets worse as she inhales all the smoke from the burning wood and plastic, but that is the only way for us to keep warm.”

Dwindling international aid over the past year has had a significant impact on the availability of healthcare for north-west Syria’s residents and IDPs. The funding drop in 2021 has led to a shortage of staff, medicine, equipment, and reduced operational capacities, prompting health facilities to scale down their operations and vital services. The latter, combined with healthcare being difficult to access due to the remoteness of displacement camps, lack of livelihood opportunities for IDPs, and the on-going economic crisis which has hindered the ability of IDPs to afford transportation costs, has disproportionately affected the right to health for the displaced community in camps.

Currently, these critical services are provided to people solely through a humanitarian operation managed and coordinated by the UN through the cross-border aid mechanism. It is therefore crucial that the international community, especially donor countries, strongly support the renewal of the mechanism before the Security Council in July 2022 to ensure that the needs of people in this area are met.

They should further work with international and local humanitarian organizations, and provide sufficient funding, to ensure adequate housing for people living in camps and durable solutions for access to water, sanitation health and education and develop a comprehensive strategy to address gender-based violence against women and girls. The UN Security Council must ensure that politics does not stand in the way of humanitarian obligations. The council must ensure that the mechanisms remain functional so that the UN is able to deliver aid through Bab al-Hawa crossing point to north-west Syria.

2. METHODOLOGY

This report is based on research conducted by Amnesty International between February and May 2022. It examines how IDPs in camps are being denied the human rights to adequate housing, water, sanitation, health, and education of women, men and children living in displacement camps in north-west Syria, predominantly in Idlib.

The research focuses on people displaced in camps, where the majority of people live in tents, as they have been identified as the most vulnerable within the displacement community due to inadequate access to housing and other essential services. The resulting sub-standard conditions and lack of dignified living conditions living for millions had a devastating impact on health and disproportionately affected women and children. Finally, the report addresses the vital role that the UN cross-border aid mechanism has played in ensuring an effective humanitarian response in the area since 2014 and the very real concerns around its sustenance.

Amnesty International interviewed a total of 45 people for this report. They consisted of 32 humanitarian workers, including seven medical workers, from 24 local and international non-governmental organizations (NGOs), 15 of whom conduct visits to displacement camps and, as for the remaining, have knowledge of the situation through local partners present on the ground, and three UN staff members from two agencies. All interviewees work in organizations that are part of clusters, groups of UN and international and Syrian humanitarian organizations, in the main sectors of the humanitarian operation including shelter, water, sanitation and hygiene (WaSH), health and education. These clusters are responsible for overseeing and coordinating the humanitarian response in north-west Syria from Turkey.

Interviewees also included eight people, including three women and five men, who had been displaced three years ago to Idlib and three doctors from three local NGOs. All of these interviews were conducted remotely by communication platforms and messaging applications. The names and detailed affiliation of interviewees have been withheld to protect their confidentiality. The organization also reviewed reports by international NGOs and UN agencies.

Amnesty International expresses its deep gratitude to the IDPs and humanitarian and medical workers who took the time to speak to the organization about their work and experiences.

3. DISPLACEMENT AND RESPONSE

Throughout the past decade of armed conflict, north-west Syria has hosted the largest number of IDPs in the country. Waves of mass displacement since 2011 were a direct result of hostilities between the Syrian government and armed opposition groups across several parts of the country.¹ By the end of 2014, the Syrian government had ceded control of all administrative, civil and public functions in Idlib and the northern part of Aleppo governorate to various armed opposition groups, including Haya't Tahrir al-Sham (HTS), a coalition of armed groups associated with al-Qa'ida, and Jabhat Fateh al Sham (formerly known as Jabhat al-Nusra).² By 2019, HTS and the Syrian National Army, a coalition of Syrian armed groups equipped and supported by Turkey, consolidated their control over Idlib and northern parts of Aleppo countryside.³ In November 2017, HTS had already established what it called a "Salvation Government" to govern civilian affairs, local councils and courts in these locations.⁴

DISPLACEMENT CRISIS

There are an estimated 2.8 million internally displaced persons in north-west Syria, who came to the area from different parts of the country, many already displaced multiple times over the years. This also includes an estimated one million people, displaced between 2019 and 2020 as a result of hostilities between the Syrian government and armed opposition groups in north-west Syria.⁵

Indeed, the most recent and largest IDP influx of one million people occurred between December 2019 and March 2020 as the Syrian government launched a military operation to regain control from HTS over the area. In doing so, Syrian and Russian government armed forces conducted unlawful air and ground attacks – hitting civilians and civilian infrastructure, including destroying and damaging hospitals, schools, and displacement camps.⁶ The ensuing scale of displacement was unprecedented. People were forced to leave

¹ Century Foundation, "Keeping the Lights On in Rebel Idlib", 29 November 2016, tcf.org/content/report/keeping-lights-rebel-idlib/; Jeffrey Bolling, "Rebel groups in northern Aleppo province", Institute for the Study of War, 29 August 2012, bit.ly/3aXdoOM; Barbara Surk, "Islamist fighters take army base as rebel forces make gains in Aleppo", Associated Press, 16 December 2012, bit.ly/3aXL52y; The armed group that controlled most territory in Idlib governorate between 2014 and 2018 was the Army of Conquest, known in Arabic as Jaysh al-Fateh, which included Jabhat al-Nusra and Ahrar al-Sham Islamic Movement. Zaiton, "تأسيس جند الأقصى... تشكيل جديد لجيش الفتح", 2 May 2016, zaitonmag.com/?p=13096; Reuters, "Factbox: Who controls what in Syria?", 5 September 2018, reut.rs/2UTIZLu

² Jeffrey Bolling, "Rebel groups in northern Aleppo province", Institute for the Study of War, 29 August 2012, bit.ly/3aXdoOM; Barbara Surk, "Islamist fighters take army base as rebel forces make gains in Aleppo", Associated Press, 16 December 2012, bit.ly/3aXL52y; The armed group that controlled most territory in Idlib governorate between 2014 and 2018 was the Army of Conquest, known in Arabic as Jaysh al-Fateh, which included Jabhat al-Nusra and Ahrar al-Sham Islamic Movement. Zaiton, "تأسيس جند الأقصى... تشكيل جديد لجيش الفتح", 2 May 2016, zaitonmag.com/?p=13096; Reuters, "Factbox: Who controls what in Syria?", 5 September 2018, reut.rs/2UTIZLu

³ Enab Baladi, "الجبهة الوطنية للتحريك في إدلب", 29 May 2018, enabbaladi.net/archives/231479; Zulfikar Ali, "Syria: Who's in control of Idlib?", BBC, 18 February 2020, bbc.com/news/world-45401474

⁴ Aymenn Jawad Al-Tamimi, "Idlib and Its Environs: Narrowing Prospects for a Rebel Holdout", The Washington Institute, February 2020, bit.ly/2wvBVLU; Shaam Network, "Agreement between Tahrir al-Sham and National Liberation Front end armed clashes... all of the liberated area affiliated to Salvation Government", 10 January 2019, bit.ly/3b6bFG0 (in Arabic). The official website of the "Salvation Government" is available at syriansg.org/

⁵ Office of the UN High Commissioner for Refugees (UNHCR), "Cross-Border Operation for North-West Syria 2022", 11 May 2022, reporting.unhcr.org/document/2330, p. 1.

⁶ Amnesty International, *Nowhere is safe for us: Unlawful attacks and mass displacement in north-west Syria* (Index: MDE 24/2089/2020), 11 May 2020, amnesty.org/en/documents/mde24/2089/2020/en/, pp. 12-21; Human Rights Watch, *Targeting Life in Idlib: Syrian and Russian Strikes on Civilian Infrastructure*, 15 October 2020, hrw.org/report/2020/10/15/targeting-life-idlib/syrian-and-russian-strikes-civilian-infrastructure#_ftn113

their homes located in proximity to the Damascus-Aleppo highway (also known as M5) and flee towards the northern part of Idlib, close to the Turkish border.⁷ They settled in already overstretched displacement camps, installed tents on the sides of roads and farms, or lived for weeks in the open air with no shelter.⁸ In March 2020, Russia and Turkey agreed to a ceasefire deal requiring parties to the conflict to halt armed clashes. By then, the Syrian government had captured the M5 highway and the surrounding de-populated towns and villages.⁹

This new wave of IDPs joined the previous waves of people displaced prior to 2019, from Damascus, Damascus Countryside, Homs, Aleppo, and other governorates. The displaced fled the Syrian government's repression and military hostilities, which ranged from unlawful ground and air attacks, including chemical weapons and cluster munitions, widespread and systematic arbitrary detentions, torture, enforced disappearances, and unlawful sieges.¹⁰ Additionally, the Syrian government forcibly transferred tens of thousands of civilians to the north-west from parts of the country it re-captured through so-called reconciliation agreements, resulting from prolonged sieges, during which civilians were deprived of food, medicine and other basic needs, in addition to the relentless air and ground attacks.¹¹

By September 2021, according to a survey conducted by the UN Humanitarian Needs Assessment Programme, only 3% of IDPs returned to their place of origin while those who chose to remain in north-west Syria cited security concerns at place of origin as one of the reasons why.¹² In its September 2021 report, the UN Commission of Inquiry on Syria found that the millions of displaced people were unable to return to their place of origin due to ongoing human rights violations including arbitrary detention, torture, and other ill treatment and unlawful attacks.¹³

For the past two years, Syria has been increasingly facing an economic crisis driven by the Covid-19 pandemic and the economic collapse in neighbouring Lebanon, which has contributed to an all-time high levels of food insecurity due to both decreasing of purchasing power and inflation of food prices.¹⁴ As a result, the Syrian pound significantly depreciated and was replaced by Turkish lira in north-west Syria in 2020 in order to protect people's purchasing power.¹⁵ However, their purchasing power significantly deteriorated last year as the Turkish lira rapidly depreciated increasing the price of basic commodities and transportation costs which was further exacerbated by the limited access to livelihood opportunities and low daily wages [around \$2].¹⁶ According to the UN, around a fifth of displaced people in northern Aleppo and 28% of people in Idlib have been living critically below the Survival Minimum Expenditure Basket (SMEB) [cost of basket \$144 as of February 2022] of essential food and non-food items. These figures were higher for those in displacement sites.¹⁷

RESPONSE TO DENIAL OF ESSENTIAL SERVICES

Since it lost control of the area during the armed conflict, the Syrian government stopped providing essential services such as healthcare, water, electricity, education, and paying salaries of public workers or

⁷ Amnesty International, *Nowhere is safe for us* (previously cited), pp.23-29.

⁸ Amnesty International, *Nowhere is safe for us* (previously cited), pp.23-29.

⁹ Amnesty International, *Nowhere is safe for us* (previously cited), pp.10-11.

¹⁰ See, for example, Amnesty International, Syria country page, [amnesty.org/en/location/middle-east-and-north-africa/syria/](https://www.amnesty.org/en/location/middle-east-and-north-africa/syria/)

¹¹ Amnesty International, *We leave or we die: Forced displacement under Syria's 'reconciliation' agreements* (Index: MDE 24/7309/2017), 13 November 2017, [amnesty.org/en/documents/mde24/7309/2017/en/](https://www.amnesty.org/en/documents/mde24/7309/2017/en/)

¹² UN Office for the Coordination of Humanitarian Affairs (OCHA), "Humanitarian Needs Assessment Programme (HNAP) | Syria: Future Intentions of Syrian IDPs - 2021 IDP Report Series", 17 February 2022, reliefweb.int/report/syrian-arab-republic/humanitarian-needs-assessment-programme-hnap-syria-future-intentions, pp.8.

¹³ UN, "Report of the Independent International Commission of Inquiry on the Syrian Arab Republic", 14 September 2021, A/HRC/48/70

¹⁴ International Rescue Committee (IRC), "Crisis in Syria: Economic crisis compounds over a decade of war", 31 January 2022, bit.ly/3NKFFf3; World Food Programme (WFP), "11 years of conflict: with hunger at historic levels, millions of Syrians hang by a thread", 8 May 2022, wfp.org/news/11-years-conflict-hunger-historic-levels-millions-syrians-hang-thread

¹⁵ Reuters, "Turkish lira slump hits displaced families in Syria's northwest", 9 December 2021, www.reuters.com/world/middle-east/turkish-lira-slump-hits-displaced-families-syrias-northwest-2021-12-09/

¹⁶ Reach, "Humanitarian Situation Overview in Syria (HSOS): Greater Idleb Area, March 2022", 17 May 2022, reliefweb.int/report/syrian-arab-republic/humanitarian-situation-overview-syria-hsos-greater-idleb-area-march-2022; International Rescue Committee, "11 years on: Hunger, drought and a collapsing economy threatens even more misery for millions, the IRC warns", 15 March 2022, rescue.org/press-release/syria-11-years-hunger-drought-and-collapsing-economy-threaten-even-more-misery

¹⁷ OCHA, "North-West Syria: Situation Report (20 Apr 2022)", 20 April 2022, reports.unocha.org/en/country/syria/

discharged them with no pay.¹⁸ In addition, the Syrian authorities repeatedly impeded humanitarian organizations' access to north-west Syria and other opposition-held areas across Syria.¹⁹

While the Salvation government run by Hay'at Tahrir al-Sham in the north-west maintained limited civil and public functions such as maintenance repairs of water and allowed a private Turkish-based company to provide electricity to few areas in Idlib city, it lacked the resources to provide other key services such as healthcare, education, fuel and electricity and continued to primarily rely on humanitarian organizations.²⁰

In response, in July 2014, the UN Security Council unanimously adopted resolution 2165 creating a mechanism for the UN and its implementing partners to provide aid, without the Syrian government's authorization, from four border crossings to opposition-held areas in Syria for a period of six months.²¹ The resolution was subsequently renewed for six months; and therein after renewed on a yearly basis for 12 months until December 2019, when Russia and China vetoed the continuance of cross-border aid delivery from Iraq to north-east Syria. After further deliberations, resolution 2504 was adopted in January 2020, authorizing cross-border aid into north-west Syria only through two border crossings.²² In July 2020, Russia and China pressured the UN Security Council to further reduce the geographic scope of the resolution allowing the UN to deliver aid through only one border crossing, Bab al-Hawa, to north-west Syria for 12 months, which was then renewed in July 2021 for another 12 months.²³

Since 2014, the UN and its implementing partners as well as other humanitarian organizations with alternative sources of funding have been providing assistance and services such as food, water, hygiene, sanitation, health, education and protection for people living in north-west Syria, including IDPs, across the border from Turkey to north-west Syria. The World Food Programme (WFP) has over the past five years, been able to make at least five deliveries of food assistance cross-line from Damascus to north-west Syria for 40,000 people.²⁴ Since 2021, the UN has been trying to increase cross-line activities but both the Syrian government and Hay'at Tahrir al-Sham have continued to impede access.

Since 2019, the humanitarian community in north-west Syria has been struggling to meet the needs of the displaced given the sheer scale of the displacement crisis. According to the UN, as of January 2022, 4.4 million people resided in north-west Syria, out of which 2.9 million people in Idlib and 1.2 million people in northern Aleppo rely entirely on humanitarian assistance.²⁵ At the time of writing, the UN-led humanitarian operation was only funded at 43%.²⁶

INTERNATIONAL AID LIFELINE AT RISK

In July 2022, the UN Security Council will meet again to discuss the fate of the UN cross-border mechanism. Given that Russia and the US's political relationship has been strained by the armed conflict in Ukraine, humanitarian workers are concerned that this might negatively impact the outcome of the UN Security Council's decision. This year, just like in 2020 and 2021, a non-renewal of the resolution will have a devastating impact on the humanitarian situation in north-west Syria, given that at least 60% of the population in north-west Syria depends on UN humanitarian assistance for survival.

Although the Syrian government has an obligation under international law to provide humanitarian organizations with unfettered access to people in need of aid, the authorities have repeatedly obstructed aid delivery to opposition-held areas for a decade. The UN continues to uphold its position that crossline delivery

¹⁸ Heinrich Böll Stiftung, "Northern Syria: Activists and civilians between reality and need", 19 December 2019, lb.boell.org/en/2019/12/19/northern-syria-activists-and-civilians-between-reality-and-need, pp. 7; New York Times, "Syria's Surprising Solar Boom: Sunlight Powers the Night in Rebel Idlib", 15 May 2021, [nytimes.com/2021/05/15/world/middleeast/syria-solar-power-idlib.html](https://www.nytimes.com/2021/05/15/world/middleeast/syria-solar-power-idlib.html)

¹⁹ Amnesty International, *We leave or we die: Forced displacement under Syria's 'reconciliation' agreements* (previously cited); Human Rights Watch, *Rigging the System: Government policies co-opt aid and reconstruction funding in Syria*, 28 June 2019, [hrw.org/report/2019/06/28/rigging-system/government-policies-co-opt-aid-and-reconstruction-funding-syria](https://www.hrw.org/report/2019/06/28/rigging-system/government-policies-co-opt-aid-and-reconstruction-funding-syria)

²⁰ IMMAP, "The Current Status of Social Support in Syria: Assessing conditions, dynamics, and challenges across the four zones of control", January 2022, immap.org/wp-content/uploads/2022/01/RCM-Social-Services-in-Syria_V4.pdf

²¹ UN Security Council, Resolution 2165 (2014), (previously cited).

²² UN Security Council, Resolution 2504 (2020), adopted on 10 January 2020, UN Doc. S/RES/2504 (2020).

²³ UN Security Council, Resolution 2533 (2020), adopted on 13 July 2020, UN Doc. S/RES/2533 (2020); UN Security Council, Resolution 2585 (2021), adopted on 9 July 2021, UN Doc. S/RES/2585 (2021).

²⁴ The UN Security Council (UNSC), Security Council meeting records on Syria, 15 September 2021, S/PV.8861; UNSC, Security Council meeting records on Syria, 20 May 2022, S/PV.9038.

²⁵ OCHA, "Northwest Syria: Factsheet - 31 January 2022", 1 April 2022, humanitarianresponse.info/en/operations/stima/infographic/northwest-syria-factsheet-31-january-2021

²⁶ OCHA, "Northwest Syria: Funding gap analysis (April - June 2022)", 6 May 2022, humanitarianresponse.info/en/operations/stima/infographic/northwest-syria-funding-gap-analysis-april-june-2022

of aid from Damascus to north-west Syria cannot replace in volume or scope cross-border activities – and in fact, only two convoys have delivered aid through cross-line routes since July 2021.²⁷

Every month, the UN cross-border aid reaches 2.4 million people in north-west Syria through the Bab al-Hawa border crossing.²⁸ The Syria Cross-border Humanitarian Fund (SCHF), a multi-donor country pool fund run by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), was established in 2014 following the cross-border resolution. The SCHF funds projects and activities of UN agencies and Syrian and international humanitarian organizations providing assistance in north-west Syria.²⁹ If the resolution is not renewed, the UN will not be able to fund organizations in north-west Syria as they are not registered with the Syrian government. As a result, Syrian humanitarian organizations will incur massive financial losses as at least 50% of them are almost completely funded by the UN.³⁰ In 2021, 15 donors donated to SCHF \$154.5 million to fund projects and activities across all sectors in line with the Syrian Humanitarian Response Plan (HRP).³¹

Humanitarian workers consistently told Amnesty International that the UN's support was irreplaceable. Indeed, the role of the UN in the Syrian humanitarian operation extends beyond simply the delivery of aid and includes coordination, procurement, provision of technical and logistical support, and monitoring of the cross-border aid operation. They added that the renewal of the resolution would be necessary to ensure the continuance of a sustained and timely delivery of aid to millions in north-west Syria.

Humanitarian workers in organizations providing health services said that international and local humanitarian organizations did not have the capacity and resources to replace that of the UN especially in securing massive volumes of health supplies, vaccination, and medication. Two health workers emphasized the importance of the UN's role in the provision of water. Last year, the SCHF supported the provision of WaSH services for at least one million people in north-west Syria.³²

Health workers told Amnesty International that in the event of a non-renewal of the UN cross-border mechanism, at least a million people would lose access to WaSH services which would then directly impact the health situation of people in north-west Syria, especially IDPs in displacement camps. One doctor said: "In 2020, around 1.5 million people received cross-border WaSH services, but that number dropped to one million last year. We immediately saw an increase in water-borne diseases and other [similar diseases]. So, imagine if we went from one million to zero. What would happen then?"³³

²⁷ OCHA, "Briefing to the Security Council on the humanitarian situation in Syria", 27 January 2022, reliefweb.int/report/syrian-arab-republic/under-secretary-general-humanitarian-affairs-and-emergency-relief-120

²⁸ OCHA, "Briefing to the Security Council on the humanitarian situation in Syria", 10 May 2022, reliefweb.int/report/syrian-arab-republic/under-secretary-general-humanitarian-affairs-and-emergency-relief-122

²⁹ OCHA, "Syria Cross-border Humanitarian Fund", unocha.org/syrian-arab-republic/syria-cross-border-humanitarian-fund

³⁰ On file with Amnesty International.

³¹ OCHA, "Syria Cross-border Humanitarian Fund" (previously cited).

³² OCHA, "Syria Cross-Border Humanitarian Fund: 2021 Cumulative Dashboard (End of year)", 26 January 2022, humanitarianresponse.info/en/operations/stima/infographic/2021-schf-cumulative-dashboard-end-year

³³ Interview with a doctor, 28 April 2022.

4. DENIAL OF RIGHTS TO HOUSING AND WATER AND SANITATION

Out of 2.8 million IDPs living in north-west Syria, 1.74 million are spread out across 1,414 displacement camps, including 46 camps exclusive for widows, divorced, and other single women.³⁴ In addition to inadequate access to housing, with the inadequacy of tents particularly heightened during the harsh weather conditions, these camps lack basic services such as water, sanitation, healthcare and education.

The vast majority of displacement camps were established by displaced people in response to violations of international humanitarian law and international human rights law committed by the Syrian government. In combination, the Syrian government has stopped providing essential services, such as water, sanitation and electricity, to residents and IDPs in this region and carried out unlawful attacks on civilians and civilian infrastructure including displacement camps, medical facilities and schools obstructing people's access to essential rights under international human rights law, including the ICESCR.³⁵

In September 2018, the Special Rapporteur on adequate housing stated in report that informal displacement camps are “systemic human rights violations” as the state’s “actions, inaction and policies” have “deprived millions of their fundamental human rights.”³⁶ The lack of sufficient resources to meet the growing demand resulting from mass displacement has led to the creation of informal self-settled camps which are akin to slums and informal settlements.

According to the UN Guiding Principles on Internal Displacement, IDPs have the same rights, including an adequate standard of living, as any other person living in the same country and these rights should be provided by a government or competent authority without discriminating against them due to their status as internally displaced. These rights, at a minimum, include access to “essential food and potable water, basic shelter and housing, appropriate clothing, and essential medical services and sanitation.”³⁷ The Syrian government has failed to establish a legal and policy framework for the protection of the human rights of IDPs as set out in the UN Guiding Principles on Internal Displacement and international law, does not recognize any responsibility towards the provision of economic and social rights to residents of the north-west and has refused to negotiate the provision of essential services such as electricity with armed groups in the north-west unlike in the north-east under the de-facto control of the Syrian Kurdish Autonomous Administration.³⁸

³⁴Camp Coordination and Camp Management (CCCM), IDP Sites Integrated Monitoring Matrix, April 2022, bit.ly/38rFdCY

the CCCM Cluster coordinates the efforts of 55 active member organizations providing cross-border assistance in north-west Syria.

³⁵ Human Rights Watch, *Targeting Life in Idlib: Syrian and Russian Strikes on Civilian Infrastructure*, (previously cited); Human Rights Watch, “Syria-Russia Attack on Refuge an Apparent War Crime”, 18 October 2019, [hrw.org/news/2019/10/18/syria-russia-attack-refuge-apparent-war-crime](https://www.hrw.org/news/2019/10/18/syria-russia-attack-refuge-apparent-war-crime), Médecins Sans Frontières, “There are no safe places for people in Idlib”, 27 December 2019, [msf.org/people-forced-flee-camps-and-safe-areas-idlib-syria](https://www.msf.org/people-forced-flee-camps-and-safe-areas-idlib-syria)

³⁶UN Special Rapporteur on the Human Rights to Adequate Housing, Report: *Adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context*, 19 September 2018, UN Doc. A/73/310/REV.1, para. 11.

³⁷ Guiding Principles on Internal Displacement

³⁸ IMMAP, “The Current Status of Social Support in Syria: Assessing conditions, dynamics, and challenges across the four zones of control”, (previously cited), pp. 27.

The protracted displacement combined with the absence of public service governance and an economic crisis, marked by soaring commodity prices and lack of livelihood opportunities, has left millions of residents and IDPs in north-west Syria forced to rely on humanitarian aid provided through the UN cross-border mechanism for survival. Additionally, insufficient funding has added pressure on an already strenuous humanitarian operation which had been grappling to meet the immense needs across all sectors since the start of the displacement crisis.

DISPLACEMENT CAMPS

Out of 1.74 million people, around 1.4 million live in informal self-settled camps, 290,000 in planned camps, and 100,000 are in collective shelters.³⁹ The planned camps are established by the UN and their implementing partners based on the Sphere Minimum Standards which are applied in the four sectors of the humanitarian response: water, sanitation and hygiene (WaSH), food security and nutrition, shelter and settlement, and health.⁴⁰ The standards are meant to ensure that people's right to life with dignity and to humanitarian assistance are preserved during any humanitarian operation resulting from a disaster or armed conflict.⁴¹

Planned camps are managed by the Camp Coordination and Camp Management's (CCCM) cluster which coordinates and facilitates the delivery of protection and services. However, informal self-settled camps, where around 90% of IDPs live, are spontaneously established in remote and underserved areas, not in compliance with Sphere standards and are managed by camp residents.⁴²

Although planned camps, which constitute a fraction of the overall number of displacement camps in north-west Syria, have better access to aid and services than informal self-settled camps, neither type of displacement camp receives sufficient amounts of humanitarian assistance from the UN and implementing partners that would provide IDPs with a dignified living, according to humanitarian workers.

Over the past years, the efforts of UN Agencies and their implementing partners to provide IDPs in camps with adequate humanitarian assistance have been repeatedly derailed by funding limitations and military operations between the Syrian government and Hay'at Tahrir al-Sham.

In addition, humanitarian workers told Amnesty International that the UN's emphasis on life-saving interventions over the past decade was one of the main shortfalls of the humanitarian response in north-west Syria as it does not alone address broader economic and social rights including the issue of inadequate housing and camp infrastructure.⁴³ As one aid worker put it: "There is an inordinate amount of aid dependency and barely any [humanitarian] programming working towards getting people out of camps... every year, fuel, blankets, damaged tents are replaced but no sustainable solutions are proposed", said a humanitarian worker.⁴⁴ He and others described how the UN's humanitarian assistance had been designed around short-term relief based on the assumption that these displacement camps were temporary but two years into the conflict it had failed to pivot their approach towards a more sustainable and dignified response when, evidently, there is no end in sight to the displacement crisis.

The UN Special Rapporteur on the human rights of internally displaced persons stated that "New approaches to protracted displacement require that early recovery be integrated by both humanitarian and development actors," and added "This shift away from dependency can provide hope for the future with a view to providing selfempowerment and rebuilding the lives of internally displaced persons in their countries, and re-establishing livelihoods."⁴⁵

³⁹CCCM cluster, IDP Sites Integrated Monitoring Matrix, bit.ly/38rFdCY (previously cited). Collective shelters are pre-existing public buildings and community facilities (such as schools, factories, unfinished buildings etc.) and intended as a temporary or transit accommodation. CCCM cluster, Syria Cross Border - CCCM Cluster Induction Packet, bit.ly/3mHnISC, pp.7.

⁴⁰Sphere, *The Sphere handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2018, spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf

⁴¹Sphere, *The Sphere handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (previously cited), pp.5.

⁴²According to the UN, planned camps are built according to Sphere and are managed by the CCCM cluster. Informal self-settled camps are established spontaneously by IDPs and consist of tents or poor shelter situated on state-owned land or private land with or without the consent of owner and are self-managed by IDPs and usually do not receive humanitarian assistance according to international standards.

⁴³ According to the UN Central Emergency Response Fund, "Life-saving and/or core emergency humanitarian programmes are those actions that within a short time span remedy, mitigate or avert direct loss of life, physical and psychological harm or threats to a population or major portion thereof and/or protect their dignity. Also permissible are common humanitarian services that are necessary to enable life-saving activities and multiagency assessments in the instance of sudden onset disasters." See: cerf.un.org/sites/default/files/resources/FINAL_Life-Saving_Criteria_26_Jan_2010__E.pdf

⁴⁴Interview with a humanitarian worker, 15 March 2022.

⁴⁵ UN Human Rights Council, Report of the Special Rapporteur on the human rights of internally displaced persons, 29 April 2016, UN Doc. A/HRC/32/35, para. 48 and 49.

INADEQUACY OF HOUSING

All humanitarian workers Amnesty International spoke to said that the lack of site planning had contributed to a chaotic distribution of tents and overcrowding of camps resulting in challenges for aid organizations to deliver aid.

All interviewees said that conditions in displacement camps, especially informal self-settled camps, do not provide IDPs with a safe and dignified living. Around 62% of the IDP population in camps live in tents.⁴⁶ There are around 800,000 tents out of which half are over two years old.⁴⁷ The tents provided by humanitarian organizations, including UN, have a one-room capacity of an internal size of 6*4, 5*4, or 4*4 square meters.⁴⁸ The material cover, level of insulation and type of installation varies between the types of tents provided. Some tents have a thick material with two to three layers of thermal insulation [called curved or pyramid tent] while a third type has a thin material cover and single layer of insulation allowing anyone to view the interior at night [called ship tents].⁴⁹

A camp manager who is also an IDP and a camp resident of an informal self-settled camp established in 2019 said: “An organization changed some of the tents in the camp but with ones that are very poor in quality. IDPs describe them as ‘tents from hell’ because there is zero insulation from the cold or from the heat. Also, if someone is standing outside, they can see the inside of the lit tent.” Seven IDPs who Amnesty International spoke to said that they had been living in the same tent for at least three years despite requests for a new one. The CCCM cluster guidelines state that tents should be replaced every year due to the quality of tents provided and the harsh weather conditions.⁵⁰

All the interviewees told Amnesty International that the tents failed to enable the minimum standards of adequate living, as they lack space, privacy and safety, as well as latrines, cooking workstations, direct water supplies, built-in solid doors, and insulation from harsh weather conditions which have resulted in illnesses and diseases. A woman who had been living with two children in an informal self-settled camp for more than three years said:

I live in a one-room tent. I added a small cooking station and thin mattresses to cover the rest of the room which we use during the day and night as it is the only space we have. I do everything in this one room, sleep, cook, wash clothes, bathe, everything. There is no door. We have a cover which we roll up and down to enter or leave the tent. Anyone can enter. Can anyone live in a tent and feel safe? Impossible.⁵¹

IDPs and humanitarian workers identified fire as a common hazard due to unsafe heating and cooking techniques.⁵² Between 18 January and 1 March 2022, 68 incidents of fire mainly caused by unsafe heating techniques were recorded.⁵³ IDPs told Amnesty International that they used fuel-burning space heaters, but fuel was sold at unaffordable prices and only limited amounts were distributed by humanitarian organizations. As a result, IDPs had to resort to burning plastic, wood, or any inflammable material to stay warm during the winter.

The human right to adequate housing is “of central importance for the enjoyment of all economic, social and cultural rights” and is not exclusive to shelter, but rather the importance of ensuring the “right to live somewhere in security, peace, and dignity.”⁵⁴ The right to adequate housing as articulated by the UN Committee on Economic, Social and Cultural Rights includes “a) security of tenure, b) availability of services, c) affordability, d) habitability, e) accessibility, f) location, and g) cultural adequacy.”⁵⁵

- “*Legal security of tenure*: Regardless of the type of tenure, all persons should possess a degree of security of tenure which guarantees legal protection against forced eviction, harassment and other threats.”

⁴⁶Global Shelter Cluster, *IDP shelter situation in north-west Syria*, February 2022, sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/idp_shelter_situation_in_north-west_syria_2021.pdf, pp.3.

⁴⁷OCHA, “Community voices bulletin 1: Winter storm”, 15 March 2022, humanitarianresponse.info/operations/stima/search?search=Community+Voices+bulletin, pp.1.

⁴⁸OCHA, “Community voices bulletin 1: Winter storm” (previously cited), pp.3-4.

⁴⁹OCHA, “Community voices bulletin 1: Winter storm” (previously cited), pp.3-4.

⁵⁰CCCM cluster, “Guidance noted on distribution of tents in IDPs settlements in Syria”, October 2015, data2.unhcr.org/ar/documents/download/66152

⁵¹Interview with IDP, 6 May 2022.

⁵²Global Shelter Cluster, “IDP shelter situation in north-west Syria” (previously cited).

⁵³OCHA, “Community voices bulletin 1: Winter storm” (previously cited), pp.1.

⁵⁴UN Committee on Economic, Social and Cultural Rights, General comment No.4: The Right to Adequate Housing (Art. 11 (1)), 13 December 1991, UN Doc. E/1992/23, para. 7.

⁵⁵OHCHR, *The Right to Adequate Housing*, ohchr.org/sites/default/files/Documents/Publications/FS21_rev_1_Housing_en.pdf, pp.4.

- “*Habitability*: Adequate housing should provide for elements such as adequate space, protection from cold, damp, heat, rain, wind or other threats to health, structural hazards, and disease vectors”.
- “*Availability of services, materials, facilities and infrastructure*: Housing is not adequate if its occupants do not have safe drinking water, adequate sanitation, energy for cooking, heating and lighting, sanitation and washing facilities, means of food storage, refuse disposal, etc”.
- “*Accessibility*: Housing is not adequate if the specific needs of disadvantaged and marginalized groups are not taken into account (such as the poor, people facing discrimination; persons with disabilities, victims of natural disasters)”.
- “*Location*: Adequate housing must allow access to employment options, health-care services, schools, child-care centers and other social facilities and should not be built on polluted sites nor in immediate proximity to pollution sources”.
- “*Cultural adequacy*: Adequate housing should respect and take into account the expression of cultural identity and ways of life”.

LACK OF HABITABILITY

Every year, between November and March, the winter season brings unimaginable suffering to displaced people in Syria. Extreme cold temperatures, torrential rain, strong winds, and heavy snowstorms exacerbate the already dire living conditions in displacement camps and wreaks havoc on tents. Between 18 January and 1 March 2022, winter weather conditions, including 162 incidents of snowstorm and 118 floods, had affected more than 250,000 people across camps in north-west Syria, according to the UN.⁵⁶ As a result of these incidents, 939 tents were destroyed - leading to the homelessness of entire families until their tents were replaced - and 9,583 tents were partially damaged. In total, around 67,000 individuals were directly impacted by the weather conditions.⁵⁷

As severe weather conditions occur every year in north-west Syria, UN agencies in coordination with local and international humanitarian organizations developed a “winterization response plan” to mitigate the impact on IDPs. Winterization assistance includes strengthening the fire response in IDP camps, early recovery such as road repairs, provision of heating in schools, winter clothing, elevating the tent above ground by insulating the ground and the tent, fuel distribution, high thermal blanket, medication for respiratory infections, and desludging of septic tanks, amongst other types of assistance.⁵⁸

As of January 2022, and as a result of a \$34.7 million funding gap, only 0.84 million individuals received winterization assistance out of 1.4 million people identified as being in need of assistance.⁵⁹ The largest gap was reported in access to non-food items and fuel for winter. Only 27% of IDPs in displacement camps received non-food items such as mattresses, blankets, cooking utensils, winter clothes and other essential items and 17% received fuel to operate safe heating.⁶⁰ Three humanitarian workers in separate organizations said that funds for winterization had decreased; one worker told Amnesty International: “Last year, we provided fuel, NFI [non-food items] and shelter to 8,000 families ahead of winter season but this year we didn’t have the funds to provide assistance to anyone.”⁶¹ Three other organizations complained about delays in winterization planning affecting the timeliness of their response.⁶²

IDPs told Amnesty International that every winter season they had to struggle to stay warm, to keep their tent and belongings dry, and to carry out their daily chores, such as reaching their workplace, cooking, fetching water, and accessing latrines, as their movements are hindered by heavy rains, flooding and muddy roads. A woman living in an informal self-settled camp who had endured three winter seasons since she was displaced told Amnesty International:

No organization came to my tent to insulate it from the cold and the heat, never. My tent is not elevated from the ground either. The floor is made of pebbles, so it is only natural for the water to enter. All the

⁵⁶ The UN High Commissioner for Refugees (UNHCR), “Severe winter weather response in north-west Syria”, 1 March 2022, reliefweb.int/report/syrian-arab-republic/flash-update-4-response-severe-winter-weather-north-west-syria-1-march, pp.2.

⁵⁷ The UN High Commissioner for Refugees (UNHCR), “Severe winter weather response in north-west Syria” (previously cited).

⁵⁸ OCHA, “Northwest Syria: Winterization and Flood Preparedness and Response Plan (as of October 2021)”, 15 October 2021, humanitarianresponse.info/en/operations/stima/document/northwest-syria-winterization-and-flood-preparedness-and-response-plan

⁵⁹ OCHA, “Northwest Syria: Winterization Response Dashboard - as of 31 January 2022”, 7 March 2022, humanitarianresponse.info/en/operations/stima/infographic/northwest-syria-winterization-response-dashboard-31-january-2022

⁶⁰ CCM cluster, IDP Sites Integrated Monitoring Matrix Plus, January 2022, bit.ly/37QWPas

⁶¹ Interview with a humanitarian worker, 8 March 2022.

⁶² Interviews with three humanitarian workers: 24 February 2022, 25 February 2022, and 8 March 2022.

mattresses get soaked and my children and I leave the tent to stay with my parents. But they too, only have one room. Sometimes other relatives in the same situation also join us, we barely sleep anyways because of the storm.⁶³

Most in-camp roads are not gravelled. During the winter, these roads are blocked by snow or become muddy and inaccessible for vehicles or foot movement. IDPs told Amnesty International that accessing public latrines during a rain or snowstorm was practically impossible and dangerous. Two doctors overseeing a network of paramedics told Amnesty International that it was particularly challenging for them to reach patients in displacement camps in a timely manner due to the road conditions. One of them said:

In some camps, it is almost impossible to access ill people. We ask the patient to wait for us at the entrance of the camp because the roads are inaccessible... If a patient can't walk, we use a wheelchair but with the mud and rain it is difficult, so our medics end up carrying patients which is very difficult but there is no other option. Every year we change or rehabilitate 10% of our ambulances damaged due to road conditions.⁶⁴

Humanitarian workers reported that the most common and widespread conditions resulting from the harsh weather included water leaking into the tent, the flooding of roads and pathways causing water to sweep in the tent and soaking people's belongings and the flooding of sewage from communal or makeshift latrines. According to the Shelter Cluster, IDPs said wind was the most hazardous weather element impacting camps, followed by sandstorms and flooding.⁶⁵

Some IDPs reported receiving small amounts of fuel and coal from humanitarian organizations which lasted for about two weeks after which they had to find alternative – often unsafe – heating materials. One of them said: "This winter was the worst in terms of the extremely low temperatures and intensity of rain and snow. The rain entered the tent from the roof and ground because it is not properly insulated nor elevated from the ground. We burned olive tree branches, but it produces intense smoke. I sometimes prefer the freezing cold over inhaling all the smoke."⁶⁶

Conditions are not any better during the excruciating summer heat, reaching 40 degrees Celsius. All IDPs said that the tent did not protect them from the heat just like it didn't protect them from the rain. Two IDPs described the tent as an "oven" in which it is unbearable to sit during the summer.⁶⁷

INADEQUACY TO WATER AND SANITATION

In August 2010, the UN General Assembly adopted resolution 64/292 which recognized the human right to water and sanitation and acknowledged the "importance of equitable access to safe and clean drinking water and sanitation as an integral component of the realization of all human rights."⁶⁸ The resolution called on states and international organizations to "provide financial resources, capacity-building and technology transfer, through international assistance and cooperation, in particular to developing countries, in order to scale up efforts to provide safe, clean, accessible and affordable drinking water and sanitation for all."⁶⁹

The UN and its implementing partners in north-west Syria provide WaSH services to 86% of IDPs living in displacement camps.⁷⁰ The majority of these camps receive water through 'water trucking' which involves filling tanks with water transported in a vehicle. It is aimed at providing people with life-saving quantities of water for a short-term period until there is a more sustainable way.⁷¹ Interviewees told Amnesty International that access to WaSH services is solely dependent on provision by humanitarian organizations.

All interviewees told Amnesty International that water is mostly available through communal water tanks scattered across displacement camps from where people fetch water using household containers or, in a lesser number of cases, a tent would have its own private water tank.

According to humanitarian workers, water trucking is highly expensive and unsustainable and should be replaced with water systems that provide water directly from the source. As of January 2022, only 15% of displacement camps received water through pipelines, 83% relying on water trucking and 2% extracting

⁶³ Interview with an IDP, 6 May 2022.

⁶⁴ Interview with a doctor, 12 May 2022.

⁶⁵ Global Shelter Cluster, "IDP shelter situation in north-west Syria", February 2022, sheltercluster.s3.eu-central-1.amazonaws.com/public/docs/idp_shelter_situation_in_north-west_syria_2021.pdf, pp. 11.

⁶⁶ Interview with an IDP, 6 May 2022.

⁶⁷ Interview with two IDPs on 10 May 2022 and 11 May 2022.

⁶⁸ UN General Assembly, Resolution 64/292: The human right to water and sanitation, adopted on 3 August 2010, UN Doc. A/RES/64/292

⁶⁹ UN General Assembly, Resolution 64/292: The human right to water and sanitation (previously cited).

⁷⁰ On file with Amnesty International.

⁷¹ The UN High Commissioner for Refugees (UNHCR), "Brief note on water trucking in refugee settings", 2018, bit.ly/3NpbYPPF

water from make-shift wells.⁷² As one humanitarian worker put it: “We don’t have enough funding to improve the water system, but there is a lot of potential and it is cost-effective in the long run. There is a very good number of camps within reach [to urban areas] which we could plug into a water system. This would allow us to increase accessibility to water and even provide electricity.”⁷³

IDPs told Amnesty International that one of the biggest challenges they face is insufficient access to water, with their average daily access ranging from 25 to 30 liters of water. As pointed out by the UN Special Rapporteur on the Human Right to Water and Sanitation, “20 liters per capita per day is a minimum quantity required to realize minimum essential levels of the right, but there remain significant health concerns. To ensure the full realisation of the right, States should aim for at least 50 to 100 litres per person per day”.⁷⁴ Out of the eight IDPs interviewed, seven said that they purchased water when an organization was not providing water trucking. A woman who had been living with two children in an informal self-settled camp for more than three years said:

Each person gets 25 litres for drinking, washing clothes, bathing, cleaning, everything else. We always run out of water. Like today, we don’t have water. The communal tanks are empty. I don’t have the purchasing power to buy water. Other people do but I don’t. I take a little from my neighbours just so my children and I can drink. I must wait for the organization to come and fill the tanks which I think happens twice a week. It’s better than nothing.⁷⁵

A woman who was displaced from southern Idlib along with her husband and five children in 2019, said:

Water trucking has been on-going since the beginning of this year, but the [humanitarian] organization told the camp manager that it will stop in June. Before that, we had three months of cut during which we had to buy water which my husband barely can afford but we had no choice. Around 10 gallons cost 50 Turkish liras. The water is never sufficient. Each person gets 25 liters which is not enough for washing, drinking and cleaning especially when you have children.⁷⁶

Four other IDPs living in a self-settled camp in Idlib told Amnesty International that the organizations providing them with water trucking will end projects in June 2022 forcing them to purchase water at the start of the summer season. One of them said:

In January [2022], an organization began providing us with water twice per week...But their project will end in June. Last summer, we had to buy water. We used to pay 50 Turkish liras per barrel. One family needs a barrel per day if not more because during the summer it is hot and dusty, so you drink and wash clothes more than in other seasons.⁷⁷

Latrines are communal for people living in camps. Latrine clusters are dispersed across displacement camps—distance-reach depends on the tent’s location in relation to the facility. At least, 60% of IDPs across all displacement camps do not have access to functioning latrines due to lack of consistent maintenance work which is dependent on provision of these services by humanitarian organizations.⁷⁸ Interviewees told Amnesty International that given the lack of sufficient latrines, including functional ones, many resorted to makeshift latrines such as a hole in the ground outside or inside of the tent which also allowed for easier access at night and during the winter season, especially for women, children, and older people. Most displacement camps do not have a sewage network connected to communal latrines, so they rely on humanitarian organizations for the desludging of septic tanks and waste collection. Some organizations conduct desludging of makeshift latrines as well.

One man displaced almost three years ago from the southern part of Idlib now lives in an informal self-settled camp hosting around 370 people. He told Amnesty International that when he moved to the camp, there were 11 clusters - each consisting of two septic tanks used by seven to eight families.⁷⁹ He added, “when we first arrived here, and the clusters were set up, two employees were assigned to maintain latrines in the clusters. After three months, they suspended the employees and there is no water in the clusters now... About nine latrines in the clusters are not working.”

⁷² CCCM cluster, IDP Sites Integrated Monitoring Matrix Plus, January 2022, bit.ly/37QWPas

⁷³ Interview with a humanitarian worker, 15 March 2022.

⁷⁴ OHCHR, Rights to Water & Sanitation, sr-watersanitation.ohchr.org/en/rightstowater_5.html

⁷⁵ Interview with IDP, 6 May 2022.

⁷⁶ Interview with IDP, 11 May 2022.

⁷⁷ Interview with IDP, 6 May 2022.

⁷⁸ CCCM cluster, IDP Sites Integrated Monitoring Matrix Plus, January 2022, bit.ly/37QWPas

⁷⁹ Interview with an IDP, 10 May 2022.

A woman living in another camp hosting around 80 families described a similar experience, saying: “We have communal latrines, but they are closed because they don’t function. They were closed around a year ago because there was no maintenance. Each tent has a makeshift bathroom close to their tent. Ours is next to the kitchen space. There is an organization that removes the waste but on several occasions the sewage accumulates.”⁸⁰

In April 2022, OCHA reported a funding gap of \$12 million in WaSH services leading to a reduction of two high-priority activities and a suspension of seven others, including “rehabilitation and operational support to water systems including extension of networks,” “distribution of hygiene kits,” “latrine construction, maintenance and desludging” and “safe water trucking and storage tanks distribution.”⁸¹ A humanitarian worker told Amnesty International “out of 150 camps we provided water to consistently in 2020 and 2021, we are now able to provide water only to 80. The remaining camps are not receiving water. We are working hard to find another organization to cover the gap.”⁸²

In November 2002, the Committee on Economic, Social and Cultural Rights (ESCR) adopted General Comment 15 which stated that the human right to water “entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses. An adequate amount of safe water is necessary to prevent death from dehydration, to reduce the risk of water-related disease and to provide for consumption, cooking, personal and domestic hygienic requirements.”⁸³ The right to physical and affordable access to sanitation is crucial in attaining human dignity and privacy.

Water is essential in the realization of several rights in the ICESCR including right to adequate food, right to health, and right to gain a living by work. However, at the bare minimum, water allocation should be prioritized for personal and domestic uses such as “drinking, personal sanitation, washing of clothes, food preparation, personal and household hygiene.”⁸⁴ In addition, General Comment 15 stated that it is essential for women to be included in the decision-making process concerning water resources and allocation and called on ensuring that the “disproportionate burden women bear in the collection of water should be alleviated.”

In 2014, UNGA adopted resolution 68/157 affirming that the human right to safe drinking and sanitation is “derived from the right to an adequate standard of living and is inextricably related to the right to the highest attainable standard of physical and mental health, as well as to the right to life and human dignity.”⁸⁵

TOWARDS MORE DURABLE SOLUTIONS

To date, the humanitarian response overseen by the UN has for the most part been delivered through an emergency aid lens rather than seeking out more sustainable interventions that would address broader economic and social rights.

As one humanitarian worker put it: “The problem is that we never attempt to solve the underlying causes of several issues in camps like health, protection etc. For example, we know very well what causes Leishmania [waterborne disease]. We allocated funding for medication every year for it, instead of working towards connecting camps to water sources, stop the water trucking, and building a sewage system. The same old approach of an emergency response is no longer enough. We need to integrate it with other approaches that would provide durable solutions.”

In March 2022, the Global Shelter Cluster, a coordination mechanism that supports people affected in disasters and armed conflict, published a report called a “Dignified and Safer living conditions Guidance” and “Action Plan for Dignified Shelter & Living Conditions in NW Syria” where the goal is to improve living conditions to “everyone living in tented camps in NW Syria.”⁸⁶ The plan proposes to transfer IDPs currently living in tents to “dignified shelters”, improving their access to WaSH services, electricity, healthcare,

⁸⁰ Interview with IDP, 11 May 2022.

⁸¹ OCHA, “Northwest Syria: Funding gap analysis”, 29 April 2022, humanitarianresponse.info/en/operations/stima/infographic/northwest-syria-funding-gap-analysis-april-june-2022, pp. 14.

⁸² Interview with a humanitarian worker, 1 April 2022.

⁸³ UN Committee on Economic, Social and Cultural Rights, General comment No.15: The Right to Water (Art. 11 and 12), 20 January 2003, UN Doc. E/C.12/2002/11, para. 2.

⁸⁴ UN Committee on Economic, Social and Cultural Rights, General comment No.15: The Right to Water (Art. 11 and 12) (previously cited), para. 12.

⁸⁵ UN General Assembly, Resolution 68/157: The human right to safe drinking water and sanitation, adopted on 12 February 2014, UN Doc. A/RES/68/157

⁸⁶ The public platform is co-chaired by International Federation of the Red Cross and UNHCR. For more information: sheltercluster.org/

education and other essential needs, all the while ensuring the process is conducted in consultation with rights-holders.⁸⁷

Humanitarian workers told Amnesty International that one of the main obstacles to this plan was related to house, land and property (HLP) concerns. Before upgrading camp conditions, humanitarian organizations need to ensure that a camp has been established on a land with a valid HLP status, i.e., having an agreement that regulates the relationship between landowners and IDPs or camp management. As of January 2022, only 29% of IDPs live in displacement camps with a valid HLP status.⁸⁸ Information around the remaining displacement camps is either pending or the camps lack authorization from landowners, therefore putting IDPs at risk of eviction and extortion.

Despite these challenges, humanitarian workers explained to Amnesty International that the UN and other organizations were putting in place a set of measures to address HLP challenges, which they said would subsequently allow them to ensure adequate housing and improved infrastructure. These measures include the creation of an HLP-tasked working group, and HLP-focused due diligence guidance for north-west Syria, amongst other initiatives.⁸⁹

In May 2022, as part of the “First Standard Allocation Strategy for 2022,” OCHA allocated \$36 million for the “provision of shelter support and/or integrated services leading to dignified and safer living conditions in 22 underserved and high-needs areas.”⁹⁰ The allocation prioritizes two sectors – shelter and education – and other interlinked sectors such as WaSH, health, camp coordination, protection and others that would enable a dignified living for IDPs in displacement camps.

However, the plan’s implementation is contingent on the renewal of the cross-border resolution, especially since around a third of Syrian organizations providing shelter depend on UN support and UN funding represents 50% of the total funding for the shelter sector.⁹¹ A humanitarian worker said: “Funding has been declining over the past two years. Many sectors were deeply affected. If we want living conditions in underserved areas to improve, we need the resolution to be renewed.”⁹²

⁸⁷ Global Shelter Cluster, “Dignified and Safer living conditions Guidance- North-west Syria”, 8 April 2022, sheltercluster.org/x-border-operation-turkey-hub/documents/dignified-and-safer-living-conditions-guidance-north-west; Global Shelter Cluster, “Action Plan for Dignified Shelter & Living Conditions in NW Syria”, 17 March 2022, sheltercluster.org/x-border-operation-turkey-hub/documents/action-plan-dignified-shelter-living-conditions-nw-syria

⁸⁸ CCCM cluster, IDP Sites Integrated Monitoring Matrix, 11 February 2022, humanitarianresponse.info/en/operations/stima/document/idp-sites-integrated-monitoring-matrix-isimm-january-2022

⁸⁹ UNHCR, “Cross-border humanitarian response fact sheet north-west Syria”, May 2020, bit.ly/3wodpsd; CCCM cluster, “Supporting HLP-sensitive CCCM intervention in informal sites in NW Syria- HLP due diligence”, December 2019, bit.ly/3PwMrWH

⁹⁰ OCHA, “Syria Cross-border Humanitarian Fund 2022 First Standard Allocation Strategy”, 29 April 2022, humanitarianresponse.info/en/operations/stima/document/launch-2022-first-standard-allocation

⁹¹ Shelter and non-food items cluster.

⁹² Interview with a humanitarian worker, 17 May 2022.

5. IMPACT OF LACK OF KEY ESR RIGHTS ON WOMEN AND GIRLS

Amnesty International spoke to five humanitarian workers who said that the overcrowding of displacement camps, inadequate access to proper housing and sanitation facilities, exclusion from decision-making processes on things such as camp layout, the lack of livelihoods have exposed women and girls to a range of gender-based violations, including violence by family members, camp management and residents, strangers and humanitarian workers.

Fifty-eight percent of people living in displacement camps are children and 22% are women.⁹³

According to the UN's Fund for Population Activities (UNFPA), all women and girls in Syria face gender-based violence (GBV) risks, but for some, such as those displaced in camps, these risks are compounded by their displacement status.⁹⁴ The resulting types of violence include sexual violence, rape and harassment, intimate partner violence, psychological and emotional abuse, early and forced marriage, family violence, femicide (murders of women), sexual exploitation and abuse, and technological-facilitated GBV, sexual harassment and sexual exploitation on digital platforms, including social media, online games, and other platforms.⁹⁵

Five humanitarian workers providing protection services for women and girls in camps told Amnesty International that overcrowded camps and living arrangements in tents, lack of privacy, unfenced camps, and inability to lock a tent with a solid door were all factors which create GBV risks for women and girls. Around 61% of IDPs live in displacement camps that do not have women committees to relay their concerns and needs to camp management.⁹⁶

A humanitarian worker said: "Every type of GBV that you know and can think of exists in north-west Syria, especially in camps. It includes verbal harassment by male family members, physical violence also by male family members, rape, and sexual exploitation."⁹⁷

Since many facilities, including tents, do not have a locking mechanism, the risk of GBV is further heightened. A woman living in a displacement site said: "I don't feel safe at all especially when it is windy. The sound of the wind makes me feel like there is someone outside the tent just about to come in. I have high blood pressure and I am always stressed and anxious about anyone entering the tent."⁹⁸ Another woman added "the tent is not a safe place, especially for children. Even if my husband is with me, it won't stop any outsider from coming in. There is no door, only a piece of cloth with a zipper."⁹⁹

⁹³ OCHA, "Syria Cross-border Humanitarian Fund 2022 First Standard Allocation Strategy" (previously cited).

⁹⁴ UNFPA, "An overview of gender-based violence in Syria" (previously cited).

⁹⁵ UNFPA, "An overview of gender-based violence in Syria" (previously cited).

⁹⁶ OCHA, "2022 Humanitarian Needs Overview: Syrian Arab Republic", 22 February 2022, humanitarianresponse.info/en/operations/whole-of-syria/document/2022-humanitarian-needs-overview-syrian-arab-republic, pp. 62.

⁹⁷ Interview with a humanitarian worker, 29 March 2022.

⁹⁸ Interview with an IDP, 6 May 2022.

⁹⁹ Interview with an IDP, 11 May 2022.

The construction and placement of communal latrines and bathing facilities, established without consulting women in the vast majority of camps, all contribute to the risks of sexual harassment, rape, and kidnapping.¹⁰⁰ This is due to poor lighting, inability to lock doors as well as latrines that are unsegregated by gender and located in isolated parts in some camps, according to humanitarian workers. The Handbook for the Protection of Internally Displaced Persons published by the UN in 2010, states that a “well-planned” WaSH programme would ensure that protection risks resulting, for example, from installing communal latrines and washing facilities far from shelter, or with poor lighting and without the possibility of locking doors from inside, could be mitigated.¹⁰¹

Around 1,185,100 out of 1.7 million people live in displacement camps that have no lighting on the main roads.¹⁰² This has resulted in coping mechanisms such as the use of makeshift latrines outside or inside the tent resulting in hygiene-related and other health issues. A humanitarian worker said: “Women go to communal bathrooms together in groups or accompanied by a relative. At night they are scared to go alone so if there isn’t anyone accompanying them, then they either use a makeshift toilet or hold it in until the morning.”¹⁰³

Humanitarian workers Amnesty International spoke to said that in the past year, there had been an increasing number of women reporting harassment by humanitarian workers.¹⁰⁴ One humanitarian worker told Amnesty International, “Many aid workers take advantage of women in exchange for food and aid. Because of the dire conditions and economic crisis, women are willing to do anything to provide for them and their children. Many workers and others would take their number and offer an additional food basket in return for seeing them or meeting up etc.”¹⁰⁵

Humanitarian workers told Amnesty International that protection services include women and girls’ safe spaces, outreach activities in camps, provision of hotline for reporting GBV incidents, dignity kit distribution, psychosocial support, and case management. However, all workers said that the provision of these services have not been made available in all camps due to high level of needs and insufficient funding.

Two humanitarian workers reported serious violations facing women in so-called “widow camps”; there are 46 such camps – all set up since 2014 – for widows, divorced and other single women.¹⁰⁶ The camps are either exclusively set up for widows and their children, divorced and widows of foreign fighters and members of the armed group calling itself Islamic State (IS), or segregated sections for single women and their children part of a larger IDP camp.¹⁰⁷ Only local humanitarian organizations which have secured funding from Islamic charities and Gulf countries have access to these camps.¹⁰⁸

Humanitarian workers told Amnesty International that these women and their children are subjected to GBV, barely have access to services due to minimal humanitarian assistance support, and are subjected to movement restrictions by camp managers which further affects their ability to connect with the outside world and access services. A humanitarian worker said: “Widows are stigmatized by outsiders. If she were allowed to leave the camp, people would judge her and look down on her for going out and about alone. So, they are stuck in these camps with no end in sight.”¹⁰⁹ According to a report by World Vision, “movement restrictions and lack of access to basic services and livelihoods opportunities both inside and outside the camps increase women’s dependency on male guards/ camp managers, leaving them with no choice but to engage in survival sex.”¹¹⁰

According to the UN Guiding Principles on Internal Displacement, women should be part of the planning and distribution of supplies provided to IDPs.¹¹¹ In addition, principle 19 states that “special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care, as well as appropriate counselling for victims of sexual and other abuses.”¹¹²

¹⁰⁰ UNFPA, “An overview of gender-based violence in Syria”, 1 October 2021, humanitarianresponse.info/en/operations/whole-of-syria/document/gbv-advocacy-brief-2022; OCHA, “2022 Humanitarian Needs Overview: Syrian Arab Republic” (previously cited), pp. 57.

¹⁰¹ Global Protection Cluster, “Handbook for the Protection of Internally Displaced Persons”, 31 March 2010, globalprotectioncluster.org/_assets/files/news_and_publications/IDP_Handbook_EN.pdf, pp. 256.

¹⁰² OCHA, “2022 Humanitarian Needs Overview: Syrian Arab Republic” (previously cited), pp. 62.

¹⁰³ Interview with a humanitarian worker, 29 March 2022.

¹⁰⁴ UNFPA, “An overview of gender-based violence in Syria”, 1 October 2021, humanitarianresponse.info/en/operations/whole-of-syria/document/gbv-advocacy-brief-2022

¹⁰⁵ Interview with a humanitarian worker, 7 April 2022.

¹⁰⁶ World Vision, “Women and Children of Syria’s Widow Camps: Hardest to Reach, Most at Risk”, 11 April 2022, wvi.org/publications/report/world-vision-european-union/women-and-children-syrias-widow-camps-hardest-reach, pp. 6.

¹⁰⁷ World Vision, “Women and Children of Syria’s Widow Camps: Hardest to Reach, Most at Risk” (previously cited), pp.6.

¹⁰⁸ World Vision, “Women and Children of Syria’s Widow Camps: Hardest to Reach, Most at Risk” (previously cited), pp.6-7.

¹⁰⁹ Interview with a humanitarian worker, 7 April 2022.

¹¹⁰ World Vision, “Women and Children of Syria’s Widow Camps: Hardest to Reach, Most at Risk” (previously cited), pp.9.

¹¹¹ Guiding Principles on Internal Displacement

¹¹² Guiding Principles on Internal Displacement

6. MILLIONS DEPRIVED OF THE RIGHT TO HEALTH

Since the start of the armed conflict, the Syrian government has violated the right to health for millions in north-west Syria by relentlessly attacking the healthcare system, obstructing the delivery of medical aid, and failing to provide the right to housing, water and sanitation which are underlying determinants of health.

Recurrent air and ground attacks by the Syrian and the Russian armed forces targeting medical facilities have significantly impaired the quality, availability, and accessibility of health care, and put a heavy toll on health workers and medical infrastructure. The most recent military operation launched on north-west Syria by the Syrian government and its Russian ally between 30 April 2019 and 29 February 2020 destroyed 53 medical facilities, many of which have permanently closed since.¹¹³

The UN Special Rapporteur on the Right to Health stated in a report focused on the right to health in armed conflict that states have an obligation to “respect, protect and fulfil the right to health in conflict”, reiterated that “states should not obstruct humanitarian organizations,” and noted that attacks on health workers “not only violate the right to health of people affected by conflict, including people involved in the conflict, but may also cripple the health-care system as a whole.”¹¹⁴

For the past eight years, the health sector, like other sectors, in north-west Syria has been entirely dependent on international aid, which has funded a limited number of health facilities, including hospitals and medical clinics, and the establishment of paramedic networks. Out of 3.1 million people in need of healthcare in north-west Syria, healthcare was being provided free of cost to around 2.5 million under this system.¹¹⁵

International aid remained the sole source of funding of healthcare services in north-west Syria but the dwindling of aid since 2021 has further exacerbated the already limited availability of healthcare. The remoteness of displacement camps, lack of access to livelihood opportunities, and the economic crisis hindering the ability of IDPs to afford transportation costs, has also affected their ability to access and afford healthcare.

6.1 IMPACT OF INADEQUATE ACCESS TO ESR RIGHTS ON HEALTH

Ten health workers, either doctors providing direct health services or working in organizations providing such services, described to Amnesty International how the lack of access to adequate housing, water and sanitation had directly impacted the health of people living in camps. IDPs are suffering from diseases and

¹¹³ Amnesty International, *Nowhere is safe for us* (previously cited).

¹¹⁴ UN General Assembly, Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 9 August 2013, UN doc. A/68/297.

¹¹⁵ OCHA, “Northwest Syria: Funding gap analysis” (previously cited); WHO, “Turkey Health Cluster Bulletin March-2022” (previously cited).

illnesses which could have been easily avoided if adequate housing, water and sanitation were to be provided through a well-funded humanitarian operation which aims to address ESR rights.

All health workers interviewed said that the tents in the camps represent a risk to health as they contributed to the transmission of contagious diseases. They added that the poor quality of water and sewage treatment led to the spread of waterborne diseases including diarrhea, lice, scabies and leishmania [a disease that can cause infected sores]. At least 60% of IDPs do not have access to potable water.¹¹⁶ According to Médecins Sans Frontières (MSF), the poor water quality in camps has often led to waterborne diseases and other health issues such as diarrhea, hepatitis, impetigo, scabies, and others.¹¹⁷

A humanitarian worker said: “The lack of adequate access to WaSH services is the biggest problem and has massive implications on health. If that is addressed, then so many health issues would be addressed too which would place less pressure on us.”¹¹⁸ A doctor overseeing the health programme in an organization added:

The majority of diseases are waterborne because of poor sewage treatment contaminating water that is sometimes used in agriculture. We see many health issues related to the intestines as a result of unclean water, which causes severe diarrhoea with many side effects too, like de-hydration and other problems. It affects everyone but mainly elderly people, because in general they have chronic diseases, so their immunity is very low. Women and children who are the most vulnerable, especially breastfeeding or pregnant women, also have low immunity, so they are [also] at risk.¹¹⁹

A doctor who works in a mobile clinic that conducts bi-weekly visits to 14 camps said:

In the past three months, we saw a new wave of scabies spreading in camps due to the lack of water and poor hygiene. We have not been able to contain it because there isn't enough medication. Scabies needs proper washing to heal and to stop spreading, but the problem is that people don't have enough water. The other problem is that in each tent, there are several family members living together; so scabies and also lice spread very quickly and then that family infect their neighbours and so forth.¹²⁰

All the health and humanitarian workers told Amnesty International that during the winter, people resort to indoor heating, and since there is no ventilation this has led to asphyxiation and other respiratory problems such as asthma, lung infection and lung inflammation. Due to extreme low temperatures and high winds compounded by a lack of suitable winter clothes, blankets, and heating, many IDPs, especially children and elderly, suffer from prolonged flu symptoms which spread amongst family members due to the tent overcrowding and lack of ventilation. In the summer, the tent does not bring any protection whatsoever from the high temperatures, which then causes de-hydration, fever and body ache resulting in cases of diarrhea.

A man living in an informal self-settled camp said: “My wife suffers from respiratory problems in the summer and in the winter. In the summer, the tent doesn't protect us from the dust, which exacerbates her allergies and results in breathing difficulties. She always feels pain in her chest when she breathes. And in the winter, it gets worse as she inhales all the smoke from the burning wood and plastic, but that is the only way for us to keep warm.”¹²¹

Humanitarian workers in organizations providing health services told Amnesty International that they provided IDPs with hygiene kits, including soap and masks, and awareness raising sessions on precautionary measures and hygiene. However, all humanitarian workers said that tent overcrowding contributed to the transmission of diseases; the limited access to water made it challenging for IDPs to wash their hands; low testing prevented health workers to detect and trace cases; and IDPs were not effectively able to adhere to public safety guidelines given their living conditions.

A humanitarian worker said: “We were raising awareness about washing hands to stop Covid-19 transmission when people were telling us that they don't have sufficient access to water.”¹²² A doctor working in an organization which provides health services added:

The overcrowding of camps makes it is impossible for IDPs to maintain social distancing especially while gathering at communal latrines and water tanks. Also, wearing masks is not something people

¹¹⁶ CCCM cluster, IDP Sites Integrated Monitoring Matrix Plus, January 2022, bit.ly/37QWPas

¹¹⁷ Médecins Sans Frontières, “Northern Syria: Acute water crisis poses serious health risks”, 29 September 2021, msf.org/lack-funding-northern-syria-causes-water-crisis-and-serious-health-problems

¹¹⁸ Interview with a humanitarian worker, 11 April 2022.

¹¹⁹ Interview with a doctor, 28 April 2022.

¹²⁰ Interview with a doctor, 11 May 2022.

¹²¹ Interview with an IDP, 6 May 2022.

¹²² Interview with a humanitarian worker, 1 April 2022.

accepted. Due to living difficulties, especially people living in camps, nobody took Covid-19 seriously. They didn't find it a priority. For them, access to food, health and livelihood is more important. Also, not enough soap, water and sanitizers were distributed, all of which affected the spread of Covid-19.¹²³

Displaced women and girls also suffer from water shortages and a lack of menstrual hygiene products, which has significant impact on their sexual and reproductive health. A humanitarian worker said: “The only way women and girls can access sanitary pads and dignified kits is through humanitarian organizations. There are no markets nearby for many of the camps and in any case, they don't have money to purchase these... but the problem is that organizations do not have enough amounts to distribute”.¹²⁴ Another humanitarian worker said that women and girls resorted to practices such as using old pieces of clothes or dirty ones and other unhygienic material because they lacked any other option.¹²⁵

The right to health defined by the World Health Organization as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity”.¹²⁶ The General Comment 14 of CESCR, adds that right to health “extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.”¹²⁷

6.2 ACCESS TO HEALTHCARE

All interviewees explained to Amnesty International that the limited availability of healthcare services and medication between end of 2021 and 2022 has been putting people's lives at risk. As of March 2022, there were 442 functioning health facilities and 166 non-functioning facilities.¹²⁸ In 2022, the UN OCHA reported that only 33% of the required funds for Syria's health sector had been secured, which meant that by the end of June 2022, 900,000 individuals out of 2.5 million people who have been receiving free healthcare will no longer be able to benefit from health services.¹²⁹

The funding drop in 2021 has led to a shortage of staff, medicine, equipment, and reduced operational capacities, prompting health facilities to scale down their operations and vital services.¹³⁰ According to OCHA, activities involving the provision of life-saving and secondary healthcare services, supporting Covid-19 services, and improving mental health and psychological support (MHPSS) services, trauma and emergency case management have been suspended due to the funding gap.¹³¹

The health cluster reported additional gaps in essential services such as “sexual and reproductive health, safe delivery and child health; routine and expanded immunization; care for communicable and non-communicable diseases; mental health and psychosocial support (including for health workers); emergency services, including trauma and referral; and physical rehabilitation.”¹³² In addition, MSF reported that women in camps within the organizations reach have been experiencing decreased availability in maternal and childcare services.¹³³ The organization added that there is an urgent need for funds for life-saving care, including sexual and reproductive health services.

According to Physicians for Human Rights, the spread of Covid-19 in northern Syria led donors to allocate additional resources and funding for Covid-19 programmes which “came at the expense of other health services.”¹³⁴ A humanitarian worker in an organization which supports the provision of sexual and reproductive health services told Amnesty International how “the number of functioning hospitals is already limited, and the needs are very high. Then covid happened and it further exacerbated access for people, especially pregnant women, because hospitals had to focus their limited capacity on covid services and

¹²³ Interview with a doctor, 11 April 2022.

¹²⁴ Interview with a humanitarian worker, 29 March 2022.

¹²⁵ Interview with a humanitarian worker, 29 March 2022.

¹²⁶ WHO, “Constitution”, who.int/about/governance/constitution

¹²⁷ UN Committee on Economic, Social and Cultural Rights, General comment No.14: The Right to the Highest Attainable Standard of Health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 4.

¹²⁸ WHO, “Turkey Health Cluster Bulletin March-2022” (previously cited).

¹²⁹ OCHA, “Northwest Syria: Funding gap analysis” (previously cited) pp.8.

¹³⁰ Amnesty International, “Cuts in international aid create severe ‘health crisis’ in north-west Syria”, 5 May 2022, [amnesty.org/en/latest/news/2022/05/cuts-in-international-aid-create-severe-health-crisis-in-north-west-syria/](https://www.amnesty.org/en/latest/news/2022/05/cuts-in-international-aid-create-severe-health-crisis-in-north-west-syria/)

¹³¹ WHO, “Turkey Health Cluster Bulletin March-2022” (previously cited).

¹³² WHO, “Turkey Health Cluster Bulletin March-2022” (previously cited).

¹³³ MSF, “Humanitarian response falls short of addressing women's health needs in northwestern Syria”, 30 March 2022, doctorswithoutborders.org/latest/humanitarian-response-falls-short-addressing-womens-health-needs-northwestern-syria

¹³⁴ Physicians for Human Rights, “Destruction, Obstruction, and Inaction: The Makings of a Health Crisis in Northern Syria”, 15 December 2021, phr.org/our-work/resources/syria-health-disparities/

everything else was less of a priority.”¹³⁵ A doctor overseeing a paramedic network in north-west Syria said they only had five ambulances equipped to transfer critically ill newborns, and they needed at least 10. He added: “An organization was supposed to equip ten ambulances, but funds were diverted to Covid-19 response so only five were provided, for an area that has a 30% newborn mortality rate.”¹³⁶

Health workers and humanitarian workers told Amnesty International that the decrease of international aid over the past two years had substantively impacted access to free medication. They all said that the available medication used to treat chronic diseases such as diabetes, high-blood pressure, asthma and kidney-related diseases was in very short supply and the amounts made available by health organizations only met a fraction of the needs.

A doctor working in an organization which provides health services described the situation they faced, confirming what other organizations told us. He said:

We provide medication for people for free but what we have barely covers 40% of the needs [of all north-west Syria]... funding is constantly decreasing, so the limited resources we have are allocated towards salaries and health services. So, unfortunately, IDPs have to purchase medication that we don't have or we don't have enough quantity of. For example, we run a specialized hospital and provide free-of-charge surgeries, but we don't have the medication for pre- or post-surgery because the funding only covers salaries and equipment and surgical material. No funding is allocated for medication.¹³⁷

Two doctors providing primary health care in mobile clinics which visit camps on a bi-weekly basis said that medication makes up for the largest number of requests by IDPs. One of them said: “The funding cuts did not affect our reach, but we have much less medication to distribute. There is lots of medication for chronic diseases that people ask for, but we don't have them. People with chronic diseases who need medication every month are struggling to find it and they can't afford buying it if they do find it.”¹³⁸ The other doctor added: “The problem with medication is that we don't have enough of it. The needs are very high, and the funding is not enough to meet all needs. We provide medication for chronic diseases but only for two weeks when a person needs it every month for the rest of their lives. We can't provide medication for IDPs in continuity because we visit many camps, and the needs are high.”¹³⁹

One displaced woman, suffering from herniated disk causing chronic back pain needs to take medication every day for the rest of her life, said:

There is medication to improve the condition and pain, but I couldn't afford it after we were displaced. A mobile clinic visits the camp twice a month, but they don't have the medication I need. The only thing I do is lie on my back for a long period without moving much every time the pain intensifies. This is the only way for the pain to go so I can get up again to take care of my children.¹⁴⁰

Another displaced woman who has been suffering for years from a cardiovascular disease said that she needs to take medication for life, but mobile clinics never have the medication she needs.¹⁴¹ She said that a medical clinic in a nearby town provided her with a generic brand for free, but she rations the dose so that she doesn't run out of it.

At least 75% of camps do not have community health workers present on site, and people are therefore reliant on mobile clinics that visit periodically.¹⁴² As of March 2022, 77 mobile clinics funded by humanitarian organization provided primary healthcare and basic medication to some displacement camps.¹⁴³ They conduct visits on a bi-weekly basis and refer patients in need of additional secondary and tertiary health care to medical facilities in urban areas far away from camps because they only provide primary healthcare.

A doctor working in an organization that provides health services said: “Our mobile clinics visit 16 camps per month. People were happy to have that access even though our visits are only bi-weekly. Recently, we were forced to terminate visits to around three camps because the project ended three months ago and was not

¹³⁵ Interview with a humanitarian worker, 29 March 2022.

¹³⁶ Interview with a doctor, 12 April 2022.

¹³⁷ Interview with a doctor, 1 April 2022.

¹³⁸ Interview with a doctor, 11 May 2022.

¹³⁹ Interview with a doctor, 11 May 2022.

¹⁴⁰ Interview with an IDP, 6 May 2022.

¹⁴¹ Interview with an IDP, 6 May 2022.

¹⁴² CCCM cluster, IDP Sites Integrated Monitoring Matrix Plus, January 2022, bit.ly/37QWPaS

¹⁴³ WHO, “Turkey Health Cluster Bulletin March-2022” (previously cited).

renewed due to funding cuts. No other organization covered the camps that lost the service.”¹⁴⁴ Half of the number of IDPs interviewed said there were no mobile clinics that visited their camp and the only way for them to access primary health care was to go to a nearby medical clinic at least 2 to 3km away.

All interviewees said that transportation costs [the price of 1liter of diesel is around \$0.970¹⁴⁵] were the main barrier to accessing healthcare facilities, especially if multiple visits to the health facility were required. Humanitarian workers told Amnesty International that security risks were an additional barrier to women when traveling alone through checkpoints controlled by armed opposition groups. The majority of informal self-settled sites are located in remote and underserved areas which would require travel to urban areas where health facilities are situated.

A doctor working in a mobile clinic said: “We provide primary healthcare, and we refer people to hospitals or medical clinics if they need additional services. Most people we refer to hospitals don’t end up going because of lack of transportation. People need to rent or call a car which is very expensive. Most hospitals around three to 5km away.”¹⁴⁶ A humanitarian worker added:

Most of the camps are located very far from city centers so they don’t have access to services like health because hospitals are in city centres. They don’t have access to public transportation, and it is costly to pay for private transportation. Also, there are security risks in crossing multiple checkpoints. The problem that they might require multiple visits which means it double and triple the expense. So many, especially women, just chose not to go to a hospital or medical clinic. These are some of the many factors impacting their access to health services.¹⁴⁷

A camp manager who is also an IDP and a camp resident said that mobile clinics provided essential services, but the problem was that many people had to be referred to a hospital, which would generally be located far from the camp, and so people chose not to go because of transportation costs. He said: “We try to work together to find a solution like whoever has a motorcycle or car to offer their service, but the problem is that we are all in a bad [financial] situation and fuel is expensive.”¹⁴⁸

A woman whose grandchildren had been ill all winter long due to the cold weather said that her family tried to avoid taking the children to see a doctor because they could not afford to pay for transportation. She needed urgent medication, so she went to a medical clinic to register her name, and they told her to return the next day to pick up the medication. She said: “How can they make me wait until the next day after I had paid the transportation cost? They don’t understand what it means for us living in camps with no access to a main road, let alone public transportation. I had to pay again for transportation the next day.”¹⁴⁹ A woman living in an informal self-settled camp for around three years who urgently needed a surgery to remove her appendix told Amnesty International that the mere idea of having to travel to the city centre to see the doctor and then return for follow-up visits had stopped her from seeking the surgery.¹⁵⁰ She said that she didn’t have money to pay for transportation and preferred to rely on painkillers provided by mobile clinics.

ICESCR recognizes the right of everyone to the “highest attainable standard of physical and mental health”.¹⁵¹ The most relevant elements of the right to health in the context of the situation of IDPs in north-west Syria are:¹⁵²

- “*Availability*: Functioning public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity within the State party.” This includes the provision of safe water and sanitation facilities, trained medical professionals, and essential medicines.”
- “*Accessibility*: Health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party.” Access to health involves four key elements: non-discrimination, physical accessibility, economic accessibility, and information accessibility.”

¹⁴⁴ Interview with a doctor, 31 April 2022.

¹⁴⁵ Al-Monitor, “Jihadi group raises prices in Syria; Idlib as war rages in Ukraine”, 18 March 2022, al-monitor.com/originals/2022/03/jihadi-group-raises-prices-syrias-idlib-war-rages-ukraine

¹⁴⁶ Interview with a doctor, 11 May 2022.

¹⁴⁷ Interview with a humanitarian worker, 29 March 2022.

¹⁴⁸ Interview with an IDP, 6 May 2022.

¹⁴⁹ Interview with an IDP, 6 May 2022.

¹⁵⁰ Interview with an IDP, 11 May 2022.

¹⁵¹ International Covenant on Civil and Political Rights (ICCPR), Article 12.

¹⁵² UN Committee on Economic, Social and Cultural Rights, General comment No.14: The Right to Adequate Housing (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 12.

7. CONCLUSION AND RECOMMENDATIONS

Eleven years into the crisis, north-west Syria continues to host the largest numbers of IDPs in the country, who fled Syrian government's air strikes and ground attacks and moved in search of safety and security. For at least eight years, the Syrian government has denied and obstructed millions of residents and IDPs to their economic and social rights. Armed opposition groups rely on humanitarian organizations to provide services as they lack financial resources to do so. As a result, over one million IDPs have been living their lives in limbo in destitution in camps designed as an emergency response, with no immediate prospects of any impending returns, and no sustainable solutions offered.

Donors and humanitarian organizations have not been able to provide IDPs with adequate access to essential services due to insufficient funding. In addition, as the crisis became more and more protracted, the humanitarian intervention has often focused more on life-saving assistance, and less on a sustainable human rights approach that would address the underlying factors contributing to the dire conditions in the camps and strive to provide IDPs with access to key economic and social rights.

Women, children and men have been living in displacement camps for years in conditions that in effect constitute a violation of their right to live in dignity and safety. The majority of displaced people in camps have been living in a one-room capacity tent for at least three years, and some for as long as eight years, without any privacy or security. On top of living in inadequate shelters, IDPs do not have access to sufficient amounts of water, including potable water, sanitation facilities, healthcare, and other services. These living conditions have had a severe impact on their health, compounded by the unavailability and inaccessibility of healthcare services due to insufficient international aid and expensive transportation costs. The overcrowding of camps and lack of security and privacy have created GBV risks for women and girls compounded by limited access to protection services.

The displaced community in camps rely on humanitarian assistance provided by the UN and implementing partners to access to shelter, water, sanitation, healthcare, education and other essential services. This assistance is provided via the UN's cross-border aid mechanism and is a lifeline for IDPs. As such, Amnesty International strongly urges the UN Security Council to ensure that the mandate of the UN's cross-border aid mechanism is renewed.

TO THE UN SECURITY COUNCIL

Amnesty International calls on the permanent and non-permanent members of the UN Security Council to:

- Ensure the renewal, for a period of at least 12 months, of the UN's cross-border aid mechanism for north-west Syria, to enable UN humanitarian agencies and their implementing partners to deliver food, medicine, medical supplies and other essential aid to civilians in need, including in areas under the control of armed opposition groups;

TO DONOR STATES AND HUMANITARIAN ORGANIZATIONS

Amnesty International calls on humanitarian organizations and donor states funding the humanitarian aid efforts in north-western Syria, including the USA, UK and European Union member states as the largest donors to the humanitarian operation, to:

- Strongly support the continuation of the UN cross-border aid mechanism in north-west Syria for at least 12 months, and increase financial assistance to humanitarian programmes, including early recovery programming, in north-west Syria to help respond to the growing needs of displaced persons and the wider community in accordance with priorities outlined by humanitarian actors, including support to shelter, water and sanitation, education, protection services and health, in particular, mental health and psychosocial support;
- Ensure that camps exclusive for widows, divorced and single women and their children are included in humanitarian programmes;
- Work closely with implementing humanitarian partners to enable them to provide adequate shelter which brings dignity and protection to internally displaced people in camps, especially those living in tents.

Adequate shelter should take into consideration fire resistance; harsh weather conditions; lockable doors and windows; ventilation; natural and artificial light; sanitation, bathing and cooking facilities; and should have internal floor space of at least 3.5 square meters and up to 5.5 square meters if including sanitation, bathing and cooking facilities;

- Ensure that the identification of the most suitable shelter is conducted in genuine consultation and with the meaningful participation of the displaced community, including those who are marginalized within the community such as older people, women, children, and people with disabilities in order for the shelter to meet their needs and ensure improved access to livelihood; including, but not limited to the use of local resources in the production of dignified shelters;
- Aim to address, in coordination with implementing partners, the comprehensive needs of the displaced community in camps through an integrated multi-sectoral and a human rights approach to provide services such as water and sanitation, health, education, and safe spaces for women and children. These services should be integrated in the site planning and be developed through active participation of members of the displaced community, particularly women and girls;
- Support the establishment of health facilities, including those providing sexual and reproductive health care, in areas that IDPs can access in terms of distance and cost; facilitate their access to essential medicines and increase funding to ensure the provision of accessible, acceptable, and quality of healthcare services and psychological support to women and girls who are survivors of sexual violence;
- Work closely with humanitarian implementing partners to ensure that their staff across all sectors include gender advisors who can monitor the situation of women and girls, help women in camps establish representatives and support them in advocating for services to improve their safety;
- Work closely with humanitarian implementing partners to identify and address concerns related to house, land and property rights to ensure that the displaced community in camps are protected against evictions;
- Acknowledge the complexity of operating in north-west Syria in areas under the control of armed groups designated as “terrorist” by the Security Council and recognize that attempts to regulate humanitarian actors are likely to continue; and accept that the responsibility to mitigate the risk of aid diversion must be shared with humanitarian actors implementing the response and commit to that rather than placing the burden entirely on them;
- Facilitate the ability of implementing partners to continue strengthening their due diligence and risk mitigation measures pertaining to aid diversion, including by supporting local organizations to build their capacity.

TO THE UN

Amnesty International calls on UN agencies and its implementing partners, local and international NGOs to:

- Prioritize the transition of IDPs living in adequate shelter, especially in tents, to types of shelter that provide dignified living conditions such as sufficient internal space per person, cooking station, bathing and sanitation facilities, and doors and windows that could be locked from the inside;
- Promote an integrated multi-sectoral response plan that aims to comprehensively improve all conditions, and not only shelter, by connecting shelters to water, sanitation and sewage networks, and ensuring access to healthcare, education, safe spaces for women and children, and early recovery and livelihood;
- Engage with individuals from the displaced community living in camps, including those who are marginalized within the community such as older people, women, children, and people with disabilities, to better understand their needs and ensure that the response plan is produced in coordination with the camp community;
- Ensure that the Camp Coordination and Camp Management cluster includes the establishment of women committees as part of the camp establishment guidelines;
- Advocate for humanitarian access to camps exclusive for widows, divorced and single women and ensure they receive multi-sector humanitarian aid, including access to protection services;
- Mandate the involvement of women and girls in the design and implementation of all strategies, including those that relate to improving shelter and camp infrastructure and layout, to secure their safety from sexual and gender-based violence and uphold their right to privacy and dignity;
- Ensure that implementing partners have gender advisors who can monitor the situation of women and girls, help women in camps establish representatives and support them in advocating for services to improve their safety;
- Establish a mechanism for proper investigation and inquiry into all alleged human rights violations by humanitarian workers, including sexual and gender-based violence.

TO THE SYRIAN GOVERNMENT

Amnesty International calls on the Syrian government to comply with its obligations under international human rights law and to respect and ensure respect for international humanitarian law, in particular to:

- Respect, protect, and fulfil for all people in Syria, including those living in north-west Syria, the right to housing, right to water and sanitation, and right to health, without discrimination;
- Allow and facilitate unhindered humanitarian access to UN agencies and their implementing partners to deliver food, fuel, medicines and medical supplies to civilians in need across Syria, including opposition-held areas in northern Syria, through cross-border and cross-line aid operations;
- Streamline regulations and establish a transparent, timely and accessible process for humanitarian agencies and organizations applying for permits to implement humanitarian programmes across the country;
- Provide full co-operation and unhindered access to the Independent International Commission of Inquiry on the Syrian Arab Republic, the International, Impartial and Independent Mechanism to Assist in the Investigation and Prosecution of Persons Responsible for the Most Serious Crimes under International Law Committed in the Syrian Arab Republic since March 2011 (International, Impartial and Independent Mechanism) and non-governmental human rights organizations, to investigate all allegations of violations of international human rights law, violations of international humanitarian law and crimes under international law;
- Allow free and unrestricted movement of civilians into and from northern Syria; and allow civilians who wish to leave the area freedom to do so without threat or constraint;
- Comply, fully and immediately, with the provisions of relevant UN Security Council resolutions – including resolutions 2139 and 2165 – related to respect for international humanitarian law and human rights.

TO ARMED OPPOSITION GROUPS

Amnesty International calls on Hay'at Tahrir al-Sham and other armed opposition groups engaged in the conflict in northern Syria to comply fully with their obligations under international humanitarian law, in particular to:

- Allow unhindered humanitarian access to UN agencies and their implementing partners to deliver food, fuel, medicines and medical supplies to civilians in need in north-west Syria;
- Refrain from interfering in the work of humanitarian agencies and organizations through acts that undermine the quality of assistance or make it susceptible to suspension;
- Cooperate with humanitarian organizations in facilitating the authorization of the use of public lands for establishing displacement camps and ensure that displaced communities are protected from forced evictions;
- Allow free and unrestricted movement of civilians into and from northern Syria; and allow civilians who wish to leave the area freedom to do so without threat or constraint;
- Comply, fully and immediately, with the provisions of relevant UN Security Council resolutions – including resolutions 2139 and 2165 – related to respect for international humanitarian law and human rights.

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‘UNBEARABLE LIVING CONDITIONS’

INADEQUATE ACCESS TO ECONOMIC AND SOCIAL RIGHTS IN DISPLACEMENT CAMPS IN NORTH-WEST SYRIA

Ever since the onset of the displacement crisis, around 1.7 million internally displaced people have been living in conditions of absolute destitution in displacement camps in north-west Syria, mainly Idlib, with little to no prospects of returning home anytime soon and no sustainable solutions offered. The overwhelming majority live in tents with limited to no access to essential services.

For at least eight years, the Syrian government has denied and obstructed millions of residents and IDPs in the region to their economic and social rights. As result, people in north-east Syria have been fully dependent on humanitarian assistance that is largely insufficient.

Based on 45 interviews, Amnesty International examines the denial of key economic and social rights of IDPs living in displacement camps, as the most vulnerable within the displacement community. The report examines their day-to-day lives in relation to their rights to access to housing, water and sanitation, and health and the approach of donors and humanitarian organizations’ in addressing those needs. Testimonies collected illustrate how the lack of adequate living conditions for millions has had a devastating impact on health and exposed women and girls to gender-based violence.

Donors should further work with the UN and humanitarian organizations, and provide them with sufficient funding, to address the underlying factors contributing to the dire conditions in the camps and strive to provide IDPs with access to key economic and social rights.

Internally displaced people and others living in north-west Syria are at risk if the UN mechanism tasked to deliver humanitarian relief from across the border with Turkey is not renewed. The UN Security Council must ensure this mechanism remains intact.