



Briefing on to UN Security Council

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Thank you Ambassador Byrne Nason, Madam President, I hope you can hear me, and thank you to the Council for allowing me to brief you once again since I did so over one year ago. And thank you of course to Martin for your powerful statement, and of course congratulations on your new role as USG.

I'm here on behalf of an incredible team of over 2,000 aid workers on the ground in Syria from SRD, or Syria Relief and Development, many of whom have been providing vital life-saving services for the last 10 years. And, through my messages today, I'm hoping to serve as a conduit on behalf of these aid workers and also the many other outstanding NGOs in Syria who've continued to work in a context that's akin to hell.

And this is why I want to really open up with complementing what Martin just emphasized through his statement—and that is that the protection needs of the population are inextricably linked to every other concern that we see in northwest. Specifically in the most recent period, we've seen an escalation of hostilities that has impacted civilians and the aid workers themselves, such as the recent attacks to Jabal Al Zawyeh with populations being displaced to other areas such as Sal'een, Atmeh, and Sarmada, among others. And I think what we see with this shrinking space for where people are able to find safety from a rudimentary, physical standpoint, other protection needs have continued to rise. With so many residing in crowded camps, as I'm sure Martin saw, and other temporary settlements, the security risks have become exponential.

And specifically in terms of some of the most vulnerable groups, what we're seeing is increased violence in such overcrowded, contentious settings, specifically for women, for example in terms of intimate partner violence. We've also seen an increase in rape cases and other forms of sexual violence in children and adolescents in particular and beyond addressing these incidents from a health standpoint, such as with the clinical management of rape, for example, and individualized psychological support, we find that other key service areas, such as mechanisms to hold perpetrators accountable and safe housing measures have not fully been integrated within the immediate needs of the population given the volatile context.

And similarly, the exploitation of children, such as with child recruitment, such as child labor—more recently heavy manual labor in examples of construction and even mining for children as young as ten. These precarious working conditions pose enough risks for adults, let alone children who have been stripped of their ability to maintain a semblance of a normal and safe childhood and also be afforded the right to healthy development. We've absolutely seen an increase in suicides even among young people and for children whose entire lives have been permeated by conflict, and the atmosphere is palpable with hopelessness and despair.



The inability for children to go to school—in part due to continuous displacements, but also in part due to the economic desperation in the country as a whole and the need for families to survive and make very difficult decisions, often times with children who must work in order for these families to survive.

Another critical barrier to accessing school and the delays of starting the school year is due to COVID-19, is due to the crippled education system that simply does not have the capacity to maintain or even facilitate remote learning in the way that you would see in other more stable and developed settings.

And this really brings me to a more general reflection of where the Covid pandemic and response stands in Syria—where you have less than 1.5% of the population vaccinated, relative to, say, the US that has over 50% of the population vaccinated. In North West Syria, cases are dramatically increasing. ICU beds in hospitals are full. There's a massive shortage in vaccines and a delay in the roll out with some areas having no vaccines delivered to date, such as in Ras Al Ayn and Tal Abyad. Other areas are on lock down such as Harem, Sal'een and Kafr Takhareem. And in the past I've noted how lock downs in a context where the inability to obtain food, where the economy has crumbled and people rely on a daily wage is essentially a death sentence, particularly as we see the inability to obtain food has led to numerous cases of malnutrition and instances starvation, specifically for infants and pregnant women. Through the pandemic, certain parts of the population have become more isolated, such as the elderly who have been hard to reach and at the same time unable to access vital services that they need outside of their homes. This has also been the case with persons who live with disabilities, and although there has been some progress made with more tailored and specialized services for these individuals, we still have a very long way to go to ensure their needs are fully met.

And although Covid-19 I think seems to be the most salient concern for so many countries, there are so many other pressing health concerns that are occurring in parallel in Syria that still remain a priority (specifically in terms of chronic illnesses, specifically in terms of infectious diseases) and certainly as we approach the winter, we anticipate the need to address these more necessary since so many people will have inadequate shelter and warmth, which are of course so closely linked with children's health. A major concern is the gaps that have emerged for women, specifically in terms of access to maternal health services which are of course so closely linked with children's services. This gap in service provision has been one of the most concerning recently. There are multiple facilities that are some of the only ones in these regions servicing these populations. A big reason for this is the diminished funding, and certainly there has been generosity from donors. But it must be said that in some cases there's been a 40 to 50% decrease in funding for health services in Syria. This includes countless facilities managed by different health actors, including the Al-Firdaus Hospital in Daret Ezza, Al Salam Hospital in Harem, and Darkoush, and of course Al Rahma.

So funding is really one key element of the operational environment, but we also know the access piece has been at the top of all discussions leading up to the vote this past July. I know leading up to the resolution renewal you heard a series of briefings and perspectives on the vital need for access so I will not go into as much detail on that particular decision since it's in our close periphery but what I will say is that difficult decisions have had to be made regarding how to reach different populations because of restricted access, and the unfortunate thing



is when you look at certain areas on the ground, there's often an over-saturation of services in areas with more fluid access and conversely a visible neglect of other harder to reach areas. The bottom line is access capability is not what should decide which communities are able to reach assistance.

And with operational considerations, I want to take the opportunity to expand on the risks aid agencies, and aid workers at the frontline face. Even with tremendous collaboration and a spirit of partnership with agencies further upstream, organizations that are on the ground will always be zero degrees of separation from the violence, from the fear, and insecurity that comes with the imperative to provide services. These actors will always be on unequal footing with agencies who are not on the ground, simply because the risks will never be shared in the same way. And I know that may sound negative, but rather it's the reality and the need to explore these risks together, as Martin emphasized, and share them with aid agencies at the forefront. And the irony is that though these organizations absorb the most risks as time has passed in Syria, often times these risks are passed down to them, and so many organizations have endured greater scrutiny over time and been forced to deal with more and more bureaucratic impediments. The notions of duty of care and the protection of aid workers *and* civilian populations still has a long way to go before being applied in a meaningful way that is *aligns with* and is proportional to the risks faced by these agencies on a *daily basis*.

And before I close, I want to take a moment to acknowledge and commemorate the lives of some of those who lost their this past year during their service, including Mariam Fathallah, Ammar Sheikh Ahmad, Anwar Al Daher, Samira Al Souqi, Subhi Al Assi, and countless others from agencies like Hand in Hand, Big Heart, SAMS, Shafak, and Violet, among other incredible actors working on the ground.

And lastly, I want to leave you with words, not from myself but from Ghaith, a Syrian nurse who administers vaccines to children in Syria. As his words perfectly capture the plight of aid workers and the dark reality on the ground.

"Between one bomb and the next, it would feel like our life was flashing before our eyes, not just for me, but for the children who hadn't yet seen anything in this world."

And although Ghaith's words are haunting, I think compelling testimonies like his should really propel us with the power and resolve to continue protect those in peril.

And thank you again for having me.