



# RISKING DEATH TO GIVE BIRTH

The consequences of conflict on the health needs of  
women and girls in Syria

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# EXECUTIVE SUMMARY

Human Appeal is a humanitarian organisation delivering disaster relief and development programmes around the world for nearly 30 years in order to drive global change and make the biggest positive impact on the lives of people who need it most. We are a faith-based organisation, inspired by the Islamic values of; excellence, accountability and transparency, compassion, justice, empowerment, trust and respect. These values are core humanitarian values, and they guide us in serving the people we help.

Currently operating out of Al Imaan hospital, five Primary Healthcare Centres and emergency mobile clinics across northwest Syria, Human Appeal have been helping to provide emergency obstetric, paediatric and gynaecological services for women and children for over five years.

In this report, we use a human rights approach to highlight some of the ways in which the Syrian conflict has adversely affected women and girls through the lens of their right to reproductive health. We identify where quality maternal healthcare is lacking in Syria, particularly in the northwest, as well the major challenges faced by medical staff and patients alike who have risked their lives daily under threat of deliberate attack.

For almost a decade, millions of Syrian women of reproductive age affected by the crisis and thousands of medical staff have demonstrated tremendous strength and resilience in the face of unfathomable adversity. However, they are still faced with a global aid industry and political arena that, overall, is neglecting women's health.

Conflict-affected states currently receive an average of 60 percent less funding for reproductive healthcare despite all major health indicators being worse. Syrian women are also routinely being denied the opportunity to ensure that their right to health is upheld and are still grossly underrepresented in decision-making positions at the local, state and institutional levels.

At the same time, maternal mortality has risen by up to 40 percent, along with the risk of preterm birth, miscarriage and undernourishment in both mother and child due to the conflict, and the widespread decimation of the healthcare system has left pregnant women and girls with few options.

For so many Syrian women and girls, access to sustained reproductive health services can be a matter of life or death. We therefore call upon the international community to heighten their commitment to protecting the full realisation of the reproductive health rights of women and girls, especially in time of conflict when the need is often most severe.

## Recommendations:

1. Aid organisations and institutions must allocate additional resources to increase, improve and repair reproductive health (RH), and sanitation and hygiene services in northwest Syria.
2. Aid organisations must acknowledge the gravity of women and girl's health needs and thereby initiate measures to ensure reproductive health services are mainstreamed into humanitarian response efforts.
3. Greater efforts must be made to improve the representation of Syrian women in decision-making and negotiation positions at the local, state and institutional levels to ensure the reproductive health needs of women and girls are recognised and addressed in peace agreements.
4. Parties responsible for war crimes, such as the deliberate targeting of health infrastructure, including maternity hospitals, disproportionate and indiscriminate killing of civilians and perpetration of gender-based violence as tactics of war, must be held to account under international law.



# KEY FACTS AND FIGURES

Maternal mortality in Syria has risen by up to 40%.<sup>2</sup>

598 healthcare facilities in Syria have been bombed since 2011, including maternity hospitals and paediatric clinics.<sup>3</sup>

**4.1 million**

Syrian women and girls of reproductive age have been affected by the Syrian crisis, including 360,000 pregnant women.<sup>1</sup>

Conflicted-affected countries receive 60% less official development assistance for reproductive health than non-conflict affected countries, even though reproductive health indicators are worse.

# INTRODUCTION

The Syrian conflict is now in its tenth year. Since violence broke out on 15th March 2011, the crisis has claimed over 500,000 lives and displaced millions.<sup>4</sup> Quality of life for Syrians has dramatically deteriorated to the extent that 83 percent of Syrians are living below the poverty line.<sup>5</sup>

The conflict has long since passed a tipping point in terms of generational change, and its effects will no doubt continue for many years to come. This is particularly true in the case of many Syrian women and girls who for almost a decade have faced a cycle of complex health challenges including dangerous pregnancies and gender-based violence.

At the same time, the Syrian conflict has been characterised by a sustained and deliberate decimation of the healthcare system which has dramatically impacted reproductive healthcare delivery. Since the conflict began, almost 600 health facilities have been attacked, including maternity hospitals and birthing centres with pregnant women and newborns still inside.<sup>6</sup> It is estimated that over half of Syria's doctors have left the country and 900 health workers have been killed, leading to significant shortages of qualified staff.<sup>7</sup> A severe shortage of life-sustaining equipment and essential medicines is also commonplace.

It is estimated that more people have died from a lack of access to healthcare, medicine and nutrition in Syria than directly from the violence.<sup>8</sup> Maternal mortality, miscarriage, and the rate of undernourished mothers and babies have all risen since the start of the conflict, and this has had adverse impacts on the development of generations of Syrian women and children. The long-term health outcome of this should not be underestimated.

Against a backdrop of destruction coupled with significant underfunding for reproductive health, aid organisations are struggling to fill the gaps in services. Displaced women in northwest Syria are being forced to give birth out in the open or under trees because they cannot get to a clinic, or unassisted in overcrowded tents in unsanitary camps where illness and disease is rife. Undernourished, displaced mothers are unable to breastfeed their babies, and premature babies just days old are being left without vital checks and adequate protection. Despite the risks, thousands of pregnant women are choosing to have caesarean sections because they are too scared to spend time in a hospital under threat of aerial attack or services are simply nonexistent.

This is the reality for women and girls in Syria right now. They are facing a humanitarian crisis of the highest degree - the physical and psychological scars of which will inhibit their recovery for years to come. The international community must act now to uphold their right to health and give them the best chance of surviving now and in the aftermath of conflict.



# AIMS AND OBJECTIVES

1. To explore how the reproductive health needs of women and girls have been affected by the Syrian conflict.
2. To determine whether the right to health is being upheld for women and girls in Syria in terms of the current state of sexual and reproductive healthcare delivery.
3. To identify whether and where additional material resources, protections and funding in support of women's reproductive health needs are required.
4. To establish the extent to which women are able to participate in decision-making processes related to matters of protection and health at the local, state and institutional levels.

# FRAMEWORK

In this report, we employ a human rights-based approach in our analysis of the reproductive health needs of women and girls in northwest Syria. That is, we employ a 'clear set of principles for setting and evaluating health policy and service delivery, targeting discriminatory practices and unjust power relations that are at the heart of inequitable health outcomes'.<sup>9</sup>

The right to health (Article 12) is a fundamental part of our human rights and of our understanding of a life in dignity. It was defined in General Comment <sup>14</sup> of the Committee on Economic, Social and Cultural Rights and contains six core components which guided the research for this report. Embedded in these is the right to safe, non-discriminatory and financially accessible healthcare in sufficient quantity, as well as the right to have a say in health policies, among others.<sup>10</sup>

The special need for quality maternal health services in fragile settings has also been established by various protocols, including the International Conference on Population and Development Program of Action, adopted by 179 countries in 1994, and the concept of Minimum Initial Service Packages, advanced by the United Nations Population Fund, among others. These global promises to uphold the right to health for women and girls must be kept.

## HUMAN RIGHT TO HEALTH

1. **Accessibility**
2. **Acceptability**
3. **Quality**
4. **Availability**
5. **Accountability**
6. **Participation**

Under international human rights law, States have an obligation to ensure that all women have access to comprehensive reproductive health services. This is dealt most explicitly in the United Nations Committee on the Elimination of Discrimination against Women (CEDAW), of which 188 states, including Syria, are party. CEDAW requires State parties to ensure women have appropriate services in connection with pregnancy, childbirth and the post-natal period, including family planning and emergency obstetric care.<sup>11</sup>



## METHODOLOGY

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Gathering reliable data in conflict settings represents a major challenge to producing credible knowledge and undertaking robust social analysis. This is particularly true for the Syrian crisis where fluid security, a frequently displaced population and multiple access restrictions undermine reliable data collection. Figures remain scarce, incomplete and uncertain, and data on pre-conflict baseline indicators are often unavailable.

In light of this reality, we utilised a wide range of sources in line with best practice principles of data collection to supplement missing data entries. Where possible, we undertook comparative analysis of baseline indicators using pre-conflict data (recorded in 2010) to better assess the extent to which the Syrian conflict has had an adverse effect on the health of vulnerable female populations.

Human Appeal has a long-term field presence in Syria, having supported women and children's hospitals, emergency mobile clinics and primary healthcare centres (PHCs) in northwest throughout the conflict. Therefore, to assist with identifying the challenges in reproductive healthcare access and delivery in Syria, we corroborated 74 visitation reports totalling 740 medical staff interviews and 532 patient surveys undertaken by Human Appeal's Monitoring and Evaluation team at Al Imaan Hospital for Women and Children in western rural Aleppo between January and August 2019.

Al Imaan Hospital was forced to relocate operations to Sarmada, Idlib in December 2019 due to being targeted by aerial rockets for the third time in August. Due to escalating hostilities and mass displacement in Idlib governorate since, structured data collection at the new facility was unable to take place. Despite this, we held semi-structured interviews with three female staff members, a senior nurse and two midwives, as well as with a female Syrian journalist who has extensively observed and interacted with displaced female populations in the region for the past four years. Interviews took place between 2nd and 9th March, and on 6th April.<sup>12</sup> They were conducted remotely via conference call in their native Arabic language and were later transcribed by native Arabic speakers to English

for this report.

Our decision to supplement our findings with multiple types of documents from various open sources, such as media reports, online databases, policy reports, and peer-reviewed academic literature reflects our triangulation of evidence to overcome, as far as possible, their individual biases and shortcomings, and highlight both inconsistencies and similarities to verify the knowledge produced. Detailed explanation of the survey methodologies and sampling strategies of studies referenced here can be found on their respective websites, detailed in the endnotes.

In pursuit of accuracy, we maintained a conservative approach to representing quantitative figures. Therefore, the figures published in this report likely underestimate the reality on the ground in some areas, particularly those related to displaced populations or populations in opposition-held areas where data collection is most challenging. All data presented in this report is accurate at the time of writing (April 2020).



# MATERNAL MORTALITY IS RISING

Ensuring the health and well-being of women during pregnancy and childbirth has been acknowledged as a global priority. Nevertheless, the World Health Organization reports that complications of pregnancy and childbirth kill approximately 830 women every day, making maternal death the second biggest killer of women of reproductive age.<sup>13</sup> The risk of maternal death also increases extensively for women who are living in regions exposed to humanitarian emergencies.<sup>14</sup>

Whilst the world is on the whole experiencing positive developments in maternal health, more Syrian women are currently dying in childbirth or from pregnancy-related complications than they were twenty years ago. According to WHO, between 2000 and 2017, global maternal mortality declined by 38 percent.<sup>15</sup> However, it is estimated that maternal mortality in Syria has risen by as much as 40 percent since the conflict began.<sup>16</sup> The risk of maternal mortality is also highest for adolescent girls under 15 years old and complications in pregnancy and childbirth are higher among adolescent girls age 10 to 19, compared to women aged 20 to 24.<sup>17</sup>

The rise in maternal mortality can largely be attributed to the war's corrosive effect on healthcare and its exacerbation of the health needs of women and girls. However, international factors also have a part to play. A study by the Inter-Agency Working Group on Reproductive Health in Crises found that conflicted-affected countries typically receive 60 percent less official development assistance for reproductive health than non-conflict affected countries, even though reproductive health indicators tend to be worse.<sup>18</sup> Furthermore, between 2016 and 2018 less than 0.2 percent of all global humanitarian funding was allocated to GBV prevention and response.<sup>19</sup> These point to an alarming global thinking that does not serve the health needs of women and girls which must be addressed.



Maternal mortality is estimated to have risen by up to 40% since the conflict began.<sup>20</sup>



The rate of caesarean sections is up to 45% higher than WHO recommendations.<sup>21</sup>



Just 25% of Syrian mothers are receiving qualified medical assistance when giving birth.



There are up to 99.38% fewer Obstetric gynaecologists in Syria than the UK.<sup>22</sup>

# IMPACT OF CONFLICT ON WOMEN AND GIRLS

According to the OECD, approximately 1.8 billion people are currently living in countries affected by conflict, fragility or large-scale violence.<sup>23</sup>

Alarmingly, this number is projected to grow to 2.3 billion by 2030.<sup>24</sup> The world is also experiencing the worst refugee crisis since World War II. At the end of 2018, 70.8 million people were forcibly displaced worldwide, and 41.3 million were internally displaced.<sup>25</sup>

Recognised by the UN Security Council's resolution 1325, women and girls remain disproportionately affected by conflict.<sup>26</sup> It is estimated that women and children account for approximately 75 percent of those displaced worldwide, with 20 percent being women of reproductive age. One in five will be pregnant.<sup>27</sup>

In crisis-settings, the psychological, reproductive and overall well-being of women and girls is often severely compromised, and they are often less prepared or empowered to survive or recover. This is in large part due to how crises exacerbate deep-rooted gender inequalities, as well as how the breakdown of healthcare systems often increases women's health vulnerabilities as child-bearers and caregivers.

# SEXUAL AND GENDER BASED VIOLENCE RISES

In times of conflict, incidents of sexual violence, including rape, increase, and most victims of conflict-related sexual violence are politically and economically marginalized women and girls. This is especially true of displaced women, where it is estimated that at least 1 in 5 female refugees in complex humanitarian settings has experienced sexual violence.<sup>28</sup>

In Syria, various studies confirm that gender-based violence, particularly verbal harassment, domestic violence (including family violence against women and girls), child marriages and the fear of sexual violence continues to pervade the lives of women and girls, both inside and outside the home.<sup>29</sup> This has a multitude of pervasive physical and emotional consequences, including feelings of shame, stigma, distress, suicide, unwanted pregnancy, sexual transmitted infections, loss of childhood and opportunities, movement restrictions, and even death.

These traumas are impacting women and girls to the extent that many are resorting to negative coping mechanisms, such as silence, withdrawal and social isolation, victim blaming, aggression and use of violence, and engagement in other unhealthy behaviours. Movement restriction is often the primary obstacle in

the way of women and girls' access to SGBV-specialised services and is imposed for a variety of reasons including fear of sexual violence and adherence to customs and traditions rooted in patriarchy. These constraints are also affecting their access to essential humanitarian aid. The fear of sexual harassment and exploitation that some women and girls face at aid distribution sites in Syria has caused them to feel so unsafe that they are avoiding going at all.<sup>30</sup> This is leaving their overall health and wellbeing severely compromised.

Due to widespread stigma, sadly many cases of SGBV continue to go unreported which is a severe obstacle in the way of accurately capturing data and reporting the extent of the problem in Syria. However, if neglected the psychological trauma and physical impacts of GBV will affect women and girls for many years.







*In the camps, there are many pregnant and lactating women suffering from malnutrition. I noticed the pallor of their faces and weak bodies. Due to their weakened condition, they could not breastfeed their babies and they did not have the money to buy artificial milk, so they were forced to resort to feeding their children water mixed with sugar. This resulted in many infants needing to be treated with an intravenous drip to nourish their small, frail bodies.*

Sahar Ahmed Zaatour, Idlib  
March 9th, 2020



## FORCED EARLY MARRIAGE

Conflict can also make girls more vulnerable to forced and child marriage. Widely considered a form of gendered violence, child marriage is not a new phenomenon in Syria. Prior to the conflict, 13 percent of Syrian women aged 20 to 25 were married before the age of 18.<sup>31</sup> However, extreme pressures and conflict-driven vulnerabilities have contributed to a distinct rise in the number of adolescent girls married before adulthood. Experts working in northwest Syria in 2019 also noted a disturbing trend of hormone therapy being used on pre-pubescent girls as a means of forcing early puberty and marry girls at an even earlier age.<sup>32</sup>

In Syria, adolescent girls are forced into early marriage for a variety of reasons: as a result of financial burdens, misguided protection, or even to hide the shame of sexual violence that the girl may have experienced.<sup>33</sup> However, the vast evidence demonstrates that early marriage can itself increase girls' vulnerability to other forms of violence.<sup>34</sup>

Notwithstanding the emotional impacts, child marriage can be devastating to girls' reproductive health as studies have shown that pregnancy among young women and girls carries significant health risks for both mother and infant.<sup>35</sup> Mothers aged 10 to 19 are at higher risk

for eclampsia, puerperal endometritis, and a variety of infections than those aged 20 to 24.<sup>36</sup> Babies born to mothers who are under 19 are also more likely to have low birthweight, preterm delivery and other dangerous neonatal conditions.<sup>37</sup> This is largely due to the stress that pregnancy puts on young girls' bodies before they have fully matured.

If left unchecked, adolescent girls subject to forced marriages will face increased difficulty in navigating adulthood due to the lingering physical and psychological trauma inflicted upon them. Psychosocial support mechanisms and sustained reproductive and sexual health services are therefore vital to improve their chances of living full and empowered lives.

## MISCARRIAGE , PREMATURITY AND UNDERNOURISHMENT

Common effects of humanitarian crises on civilians, such as high levels of stress from increased poverty, poor health from lack of clean water and sanitation facilities, and malnutrition, all have a detrimental impact on reproductive health, and are leading causes for prematurity and miscarriage in pregnant women.

According to research on the effects of humanitarian disasters internationally, the psychological and physical impacts of a constant threat of aerial attack, coupled with the disruption in food and water supply and restricted healthcare provision in conflict zones, result in damaging impacts on expectant mothers and their babies' health, including premature births, low birthweight, miscarriages, and higher rates of infant mortality. The results of a recent study on the role of psychological stress in causing miscarriages shows that psychological stress before and during pregnancy increases the risk of miscarriage by approximately 42 percent, with risk of miscarriage increasing in cases where persistent stressors are present.<sup>38</sup>

Prematurity can have significant long term impacts on the cognitive and physical development of infants and is also the leading cause of death in children under the age of 5 years.<sup>39</sup> In Syria, a high prevalence of preterm babies is evident, with up to 40 percent of babies born in some provinces requiring treatment in an incubator due to prematurity and the impacts of war.<sup>40</sup>

Furthermore, nutrition surveillance in 2019 shows that malnutrition amongst mothers and infants has continued to increase in Syria, to the extent that in northwest Syria, only 20 percent of mothers are able to feed their babies properly, and at least one in three children in the region is stunted.<sup>41</sup>

# WOMEN AND CHILDREN'S HOSPITALS HAVE BEEN DESTROYED



While the health needs of women and girls have grown, Syria's healthcare infrastructure has suffered systematic and deliberate attack to a horrifying extent. Data recorded by Physicians for Human Rights between March 2011 and November 2019, reveals that 588 medical facilities have been attacked in Syria, and 900 health workers have been killed.<sup>42</sup>

Particularly deprived of urgent healthcare are those residing in northwest Syria where a staggering 62 percent of all attacks on medical facilities since the conflict began have occurred in just three governorates in the region: Aleppo, Idlib and Hama. In 2019 alone, there were 85 attacks on healthcare in northern Syria.<sup>43</sup>

The situation is no different for reproductive health. Facilities providing services for expecting women and new mothers have also suffered systematic targeting. The Human Appeal-supported Al Imaan Hospital for Women and Children in western rural Aleppo was subject

to three attacks between 2016 and 2019. The most recent attack in August 2019 damaged the hospital so severely that it was forced to suspend operations and relocate to Idlib.

Al Imaan hospital is just one of many facilities providing reproductive health services that have suffered sustained and deliberate targeting as a tactic of war. Dozens of maternity hospitals, paediatric centres and primary healthcare centres have been rendered piles of rubble, depriving pregnant women and newborns of already limited care. Video footage from the height of the siege of Aleppo in 2016 documents the harrowing aftermath of an airstrike where nurses were forced to detach tubing from premature and sick infants and remove them from their incubators as smoke filled the room.<sup>44</sup>

It is therefore unsurprising that health facilities are no longer considered safe havens but rather representative of an indiscriminate destruction of civilian life to the



*Every day when I come to the hospital, everyone is scared of being bombed while still inside. I've had to live through it – the sound of aircrafts overhead and other medical centres being bombed around us. We try our best to keep the patients safe. The children are terrified of every noise they hear. One time, there was a patient having a C-section all the while we could hear bombing very close by. The doctor was forced to quickly finish so we could evacuate the mother and child. We had to take her straight from the operating room and to an ambulance without proper aftercare so they would not be harmed. We're living in a constant experience of stress and anxiety as we believe we could be targeted at any moment.*

**Head Nurse at Al Imaan Hospital, Sarmada Idlib**  
March 6th, 2020



extent that to seek medical help is to put one's life at risk. A joint research report conducted by the UK Department for International Development and Syria Independent Monitoring Centre found that 43 percent of Syrians would only go to hospital if their lives depended on it.<sup>45</sup> The same report revealed that 52 percent of women are opting to self-medicate rather than seek professional assistance.

Especially at-risk are pregnant women who have an increased reliance on regular medical appointments for vital pre-natal and post-natal care as well as childbirth. Fear of attack is now a major obstacle in the way of identifying dangerous complications that could prove life threatening for both mother and child without adequate treatment.





## AL IMAAN HOSPITAL FOR WOMEN AND CHILDREN – WESTERN ALEPPO, SYRIA

Al Imaan Hospital for Women and Children supported by Human Appeal in northwest Syria was attacked on three separate occasions between 2016 and 2019. In the most recent attack on 31st August 2019, the compound in western rural Aleppo was heavily bombarded by warplanes in the middle of the night which damaged the hospital beyond repair, forcing an immediate suspension of operations. The six strikes by high-explosive rockets caused severe damage to hospital infrastructure and destroyed its generators. This resulted in a power cut in the hospital which prevented the functioning of essential medical equipment, including incubators supporting premature infants. Ambulances and staff vehicles were also damaged.

The six pits created by the bombardment were just three metres from the hospital building on all sides, indicating a clear systematic targeting of the hospital, and a calculated desire to cause fear amongst all those inside. Civil defence teams were forced to intervene to save the

patients and an emergency evacuation was undertaken to ensure heavily pregnant women and new-born babies still inside the hospital when the bombs hit were not further harmed.<sup>46</sup>

In 2019, Al Imaan hospital provided lifesaving and life-sustaining maternal and paediatric health services for 38,354 vulnerable people and delivered 1,752 babies in western rural Aleppo. It was the only one of its kind in an area inhabited by around 200,000 people. Whilst, the facility has since relocated and resumed operations in Idlib governorate, the detrimental impact of a lack of reproductive health services on the vulnerable women and babies left behind in rural Aleppo is significant, and the vital services the hospital provided have not since been replaced.

## MEDICAL STAFF ARE RISKING THEIR LIVES

The Syrian conflict has also witnessed a deliberate targeting of healthcare professionals. Physicians for Human Rights estimates that over 900 medical professionals have been killed since the conflict began, and many more have been detained, tortured and injured.<sup>47</sup>

Those who have elected to continue serving the people of Syria have been faced with often insurmountable challenges. According to a report published by the UK Department for International Development, more than one in ten health workers in Syria said that they had personally received threats.<sup>48</sup> More than one in six surgeons worked more than 80 hours a week and over a third of medical workers had received no formal training.

Widespread shortages of staff due to crisis conditions have greatly impacted the provision of quality reproductive healthcare in Syria. Prior to the conflict, 96 per cent of births were attended by medical professionals.<sup>49</sup> Now, just 25 per cent of pregnant women receive qualified assistance when giving birth. According to the World Bank, there are nearly 60 percent fewer midwives in Syria compared to the global average.<sup>50</sup> Moreover, a research report on the state of reproductive health in northwest Syria found just 0.02 Obstetric-Gynaecologists to every 1,000 people.<sup>51</sup>

Despite constant attacks, the damaged facilities, the lack of equipment, supplies and medicine, health workers have continued to show incredible resilience and have remained committed to saving lives.

On a number of occasions and without interruption to their work, Human Appeal medical staff at Al Imaan

Hospital continued to save lives by relocating to the basement level of the facility to protect themselves and patients against random shelling and artillery fire, despite limited access to equipment, medicines and adequate space to work.

Elsewhere, a midwife assisted pregnant women fleeing the Idlib offensive near the Turkish border as they gave birth under trees, with minimal equipment, no running water, and with only sheets tied to the branches to protect their dignity.<sup>52</sup> In East Ghouta, a paediatrician spent two years running an underground field hospital which treated hundreds of people affected by chemical weapons, chlorine bombs, and double airstrikes on hospitals despite a blockade on medicine supplies.<sup>53</sup> These are merely a fraction of the thousands of stories detailing how Syria's medical staff have risked their lives to serve those most in need. Immediate action must be taken to not only uphold their right to the highest protection but to serve justice to the parties responsible for their persecution.

“*There was a period when we were all very psychologically unwell because medical centres were constantly being bombed. We're all scared. Something as simple as the sound of an item falling off a shelf is causing everyone severe terror. We're at war but if we don't work, who will? We want to stay to help.*”

*Head Nurse at Al Imaan Hospital, Sarmada, Idlib  
March 9th, 2020*







# ACCOUNTABILITY FOR WAR CRIMES

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Targeting medical facilities and personnel are explicit war crimes that violate the principles of international humanitarian law and are inconsistent with international norms that provide for the protection of all healthcare personnel. The deliberate targeting of facilities offering services for pregnant women and newborn infants propels this crime into a category of cruelty beyond belief.

On 3rd May 2016, the UN Security Council passed resolution 2286, condemning attacks on medical facilities and personnel in armed conflict. In August 2017, the World Health Organisation (WHO) announced the creation of a Surveillance System of Attacks on Healthcare. Moreover, it was acknowledged on 25th April 2018 at the Brussels II Conference on 'Supporting the future of Syria and the region', that attacks against civilians, humanitarian workers and civilian infrastructure violate the most basic human rights, and may amount

to war crimes under international law, in front of 86 delegations.<sup>54</sup> This included condemnation of systematic removals of medical items from humanitarian convoys and denial of access to healthcare as violations of international law.

However, whilst well-intended, these acknowledgements and measures have consistently failed to produce any meaningful outcome, and attacks against Syria's healthcare have since persisted into 2020.



# MAJOR CHALLENGES IN NORTHWEST SYRIA



Whilst widespread data on reproductive healthcare in northwest Syria is largely unavailable, studies that have been conducted reveal a deeply depleted health sector and widespread suboptimal reproductive healthcare delivery. Data collected from 740 staff questionnaires and 540 patients at the Human Appeal-supported Al Imaan Hospital in western rural Aleppo between January and August 2019, and interviews with the Head Nurse and Midwife in Sarmada, Idlib in March 2020, reveals that staff and patients alike are forced to overcome tremendous challenges every day to access and deliver quality maternal care.

## Shortages of medicine and equipment

Severe shortages in medicine in the hospital pharmacy, a lack of equipment, road closures, threat of aerial attack and consistent overcrowding due to influxes of IDPs were all cited as the primary drivers affecting the ability of Al Imaan hospital staff to provide quality medical care in western Aleppo. These coupled with a lack of funding to pay for staff salaries, fuel for transportation and vital vehicle repairs further harmed reproductive healthcare delivery within an environment where staff are risking their lives daily due to consistent threat of persecution or aerial bombardment. Furthermore, just 2 percent of patients surveyed were able to receive all the medicine they needed which is consistent with staff views that the hospital pharmacy suffered a severe shortage of medicine throughout the period.

Now in Idlib, staff are routinely challenged by a lack of essential supplies and equipment to deal with the influx of wounded patients in the region. Shortages in

essential medicine are daily occurrences, and procuring medications is either impossible or very expensive. Sometimes the staff are able to obtain medicine from visits to Turkey, but this is precarious and not sustainable. Furthermore, infrequent donations from institutions often do not contain the supplies and medication needed to meet the specific needs of women, and so these are instead sent to other centres in need.

Obtaining blood for patients urgently needing transfusions, such as women who have suffered haemorrhages during childbirth, is extremely challenging. There is no stocked blood bank at the hospital due to supply shortages coupled with increased demand, and so staff must rely on donations from the community which causes delays.

There is also no Intensive Care Unit (ICU) at Al Imaan Hospital as there is not enough funding to provide this service, and the expertise and equipment needed to provide ICU care, such as ventilators, are not readily available. Private hospitals offering the service in the region are few as well as more expensive than many people can afford.

“When patients arrive who need care in an ICU, sometimes we are forced to send them to Turkey for treatment because we cannot provide it. We have an Anaesthesiologist here who studies the patient, and if we can help them we will. If we can't, we have to send them across the border but the travelling puts them at greater risk.”

*Al Imaan Hospital Head Nurse 6th March 2020*

## High caesarean rate

At Al Imaan Hospital in Aleppo, a high caesarean delivery rate was observed. Of 1,752 babies delivered, 88 percent were natural births with caesarean sections representing just over 22 percent of total deliveries. The number of caesarean sections represents a 16 percent increase than what was expected and exceeds the WHO recommendations of 10 to 15 percent.<sup>55</sup> This is due to the fact that long waiting times involved in natural deliveries at the hospital or at home were considered undesirable by many women who feared for their safety due to the threat of aerial bombing. At the same time, many pregnant women who had opted for natural births had also moved to safer locations to avoid any complications that might be triggered by the increasing aerial and artillery attacks in around the facility.

Other studies confirm that this is a widespread phenomenon in northwest Syria. For example, a study conducted by the Syrian American Medical Society (SAMS) on ten facilities across the Dara'a, Idlib, and East Ghouta regions between September 2017 and March 2018, similarly found a deeply depleted health sector in which staff are struggling to meet demand.<sup>56</sup> They also found a high percentage of C-sections, particularly in three major Reproductive Health facilities in northern Syria, where C-sections reached almost 45 percent of total deliveries in 2018. Similarly, research conducted at a facility in northwest Syria in 2017 found that 30 percent of births were caesarean sections.<sup>57</sup>

There are several risks associated with undergoing scheduled caesarean delivery, such as increased risk

of infection, postpartum haemorrhage, and blood clots. Babies born this way are also more likely to develop transient tachypnea – a breathing problem developed during the first few days after birth.<sup>58</sup>

For displaced women and girls residing in camps with poor sanitation, lack of clean water and a shortage of hygiene facilities, the risk of infection after undergoing caesarean section is exacerbated.

“We have had women come to the hospital with deep abscesses because the surgery from their caesarean section has not healed properly. Due to the unsanitary condition of the displacement camps they are living in, they can take many months to heal.”

*Al Imaan Hospital Midwife 6th March 2020*

## High rate of adolescent pregnancies

In Idlib, a sharp increase in the proportion of pregnant adolescent girls attending the hospital was observed compared to staff experiences of working prior to the conflict.<sup>59</sup> Out of the estimated 120 women visiting Al Imaan hospital each day in Idlib, around 25 percent of these were thought to be pregnant girls under the age of 18. Among these are numerous cases of girls aged just 15 years old and younger, pregnant with their second child. This is significant in that adolescent girls have a higher risk of experiencing life threatening complications in pregnancy and can point to a prevalence of harmful gender-based violence practices such as forced early marriage.

“  
*A young girl, aged just 15 years old, came into the hospital to give birth to her second child. She lived in a refugee camp with her family who did not have any money to support themselves. The girl was so young that she did not know how to take care of her babies and so her mother-in-law was providing the care. The girl was made to get married by her family to ease their financial difficulties and increase the security of their family within the camp.*”

Al Imaan Hospital Midwife 8th March 2020



## Overcrowding and shortages of staff

Al Imaan Hospital in Idlib is suffering persistent overcrowding and a shortage of staff which is impacting efforts to provide quality care to all those in need. Regular influxes of IDPs due to violence in the region coupled with the fact that the majority of medical centres in the region are not operational due to attacks.

Over 120 women and more than 100 children are received by the hospital each day, and deliveries happen around the clock. There is just one Obstetric-Gynaecologist (OB-GYN) on shift every 24 hours, and nurses are spread thinly across surgery, childbirth and paediatric departments within the hospital. Often, staff are required to fulfil duties outside of their immediate training due to demand. There are often many cases of women in labour who are distressed by the effects of conflict, and who do not make it to the hospital in time. In these times, Nurses have needed to intervene and assist with childbirth as the doctors and midwives are attending to other patients. Medical equipment also frequently breaks down from overuse.

“  
*We have cases where women give birth outside at the hospital doors as they couldn't make it inside, or they are in late stages of complicated labour in their cars due to the stress of war. When this happens, we try to get to the car in time. Sometimes we are unable to bring her inside, so we help them give birth inside the car. The hospital is in quite a remote area, and all other hospitals are out of service because they were bombed. When a pregnant woman has to travel here from many kilometres away, you don't know what will happen in the car until she gets here.*”

Al Imaan Hospital Nurse 6th March 2020





# THREAT OF COVID-19

Since mid-March 2020, staff at Al Imaan Hospital have further been faced with the threat of an outbreak of the virus that causes COVID-19, designated by WHO as a global pandemic on the 11th March. Against the backdrop of largely well-equipped health systems in western Europe, such as Italy, France and Spain, becoming overwhelmed, an outbreak of coronavirus in northwest Syria could prove devastating. The long-term decimation of healthcare infrastructure in Syria means that the capacity of remaining health facilities to test, monitor and treat suspected cases of coronavirus is extremely limited.

Many of the hospitals in Idlib province are no longer operational due to the conflict. Furthermore, the lack of specialised equipment at those still running, such as ventilators and other items needed to equip an ICU, mean that facilities are not equipped to support patients with life threatening respiratory problems, such as those caused by the virus. Widespread shortages of staff and resources

coupled with a highly contagious viral outbreak will also significantly impact abilities to continue to deliver quality care to patients with other health needs, such as malnutrition and complications in pregnancy.

At Al Imaan Hospital, staff have been forced to divert already limited resources to prepare for a potential outbreak. Two tents have been set up outside of the facility to receive patients and staff, where they are checked for symptoms of COVID-19 before entering the hospital. To promote awareness of safe hygiene and exposure prevention, staff are further distributing awareness brochures to patients. This is to prepare them with best-practice knowledge in the event that the virus spreads to their area or within their communities. However, with many patients arriving from displacement camps, their means to practice social distancing or safe hygiene are minimal.

“ Due to the most recent wave of displacements because of the violence earlier this year, we have been under a lot of pressure. We've been receiving tens of cases of displaced women needing health assistance every day. Now, with the spread of coronavirus we are facing even more challenges. We're reviewing how to overcome the immense overcrowding that we have experienced due to being one of the only operational hospitals in the area. The general feeling amongst patients and staff is a feeling of fear of an outbreak of infection. We work in fear because, God forbid, the outbreak of the virus in our society will lead to a humanitarian catastrophe. So, we are working round the clock to take the necessary medical precautions to prevent the transmission of this virus in the hospital and for our patients. ”

Al Imaan Hospital Midwife 3rd April 2020



# A HUMAN TRAGEDY HAS UNFOLDED IN IDLIB

Pregnant women, adolescent girls and new mothers are some of the most vulnerable in times of crisis, and more must be done to ensure their complex health needs are met. This is no more vital than in the war-ravaged communities of northwest Syria right now, where 2.2 million women and children are in urgent need of healthcare.<sup>60</sup>

Increasing hostilities in northwest Syria at the start of 2020 has caused devastating consequence for civilians forced to live in the midst of violence. Once considered a refuge of last resort, war-ravaged Idlib has been described as 'the biggest humanitarian horror story of the 21st Century'.<sup>61</sup> In a statement issued on 17th February, the UN described how "indiscriminate" airstrikes targeted overcrowded displacement camps, hospitals, schools, residential areas, mosques and markets.<sup>62</sup> A fragile ceasefire has been in place since early March but destruction to the lives of those residing in northwest Syria has had far-reaching consequences.

Over 948,000 people have been newly displaced since December 2019 and 80 percent are women and children.<sup>63</sup> Amongst the displaced are an estimated 750,000 women and girls of reproductive age.<sup>64</sup> Thousands are estimated to be pregnant women requiring sustained maternal health services including emergency obstetric care.<sup>65</sup>

However, since the start of the year, eight medical facilities have been bombed, and 53 health facilities have suspended operations due to heightened security and mass displacements, leaving significant gaps in maternal and paediatric services against the backdrop of a population disproportionately made up of vulnerable women and children.<sup>66</sup> Sadly, on Thursday 26th February, eight of Human Appeal's medical staff working out of emergency clinics were attacked by aerial fire and were forced to flee, adding to the growing number of casualties in the war on healthcare.



Baby Muhammad was born 15 days ago in a mosque in the city of Idlib where his family took refuge when their home was sadly bombed. Now, Muhammad and his mother are taking refuge in Idlib's old football stadium, scarred by years of war, with 130 other families trying to protect themselves from an intense bombardment of airstrikes. With few options left, families are sleeping rough in any sheltered areas of the stadium they can find. There's no running water, no electricity, no food and no heating - they survive on aid donations and burn whatever wood they find to fight off the freezing temperatures at night.

Captured by Human Appeal on 26th February 2020.



# LIFE IN DISPLACEMENT

For the displaced woman giving birth out in the open unassisted, or for the new born babies taking their first breaths in freezing tents and unsanitary camps that are over capacity by the thousands in northwest Syria right now, access to quality maternal health services is as lifesaving as food, shelter and water.

The placement of camps far away from urban centres and major hospitals, and the roughness of the terrain where construction has taken place, means accessing healthcare is extremely difficult for displaced women and girls, especially for pregnant women and those already in labour. Finding transportation is challenging for many women, especially at night, and there are few free options available, including ambulances. Private transport services are also uncommon and often cost more than displaced families can afford.

For those who do make it to a hospital, many facilities are unable to cope with demand due to influxes of displaced patients requiring urgent care. Overwhelmed staff are being forced to release new mothers just two hours after childbirth or caesarean section to allow for new patients. For many women, this means returning to unsanitary camp conditions, which in some cases has caused women to develop infections and health complications, further impacting the health of their newborns.



*We receive displaced women who cannot afford a single loaf of bread. Women come to the hospital and tell you that they live in an unsecured tent with no medical care and terrible conditions. I went to the camps where sewage water runs between the tents. The situation is so bad for women and children. We once received a woman who was pregnant with quadruplets. She cried about how she would feed them due to her displacement. She had no clothing, no shelter – just a tent. Her husband was crippled and had an amputated leg from the thigh down because their house had been bombed while he was still inside. We tried to help her as much as we could and supplied her with diapers and milk, so that she had four healthy babies. We had a paediatrician check on the babies and put every effort into trying to help her because she had nothing.*

*Al Imaan Hospital Nurse, Idlib*

Many displaced women do not have an income, and their dire financial situation has meant that they cannot even afford diapers for their babies. They are forced to resort to tearing up clothing as a substitute.

Women and girls are also severely affected by a lack of privacy and an inability to maintain menstrual hygiene. There are often no toilets within the camps, and where they are available, they are mixed gender. It is almost impossible to obtain sanitary towels and clean water to wash with in the camps and the majority of aid deliveries do not cater to these specific needs. This is forcing women to use any available fabrics as an alternative, which is sometimes causing them to develop infections as they are not sterilised properly.







*During my visits to the displacement camps last Ramadan, the women told me of their suffering. One woman said to me, “Sahar, some of the women menstruating only have children’s clothes to use as sanitary towels. We do not even have toilets and must wait until the evening to hide behind trees and large stones to attend to ourselves”. I noticed that the women were wearing thick clothes to hide their condition, although the weather was stifling hot. I admit I overlooked this difficulty before. I assumed they only needed shelter, food and water for Ramadan Iftar. The women told me that they are not even praying because of this which very much affected me. I could not leave these women in this situation.*



Sahar Ahmed Zaatour, northern Idlib countryside



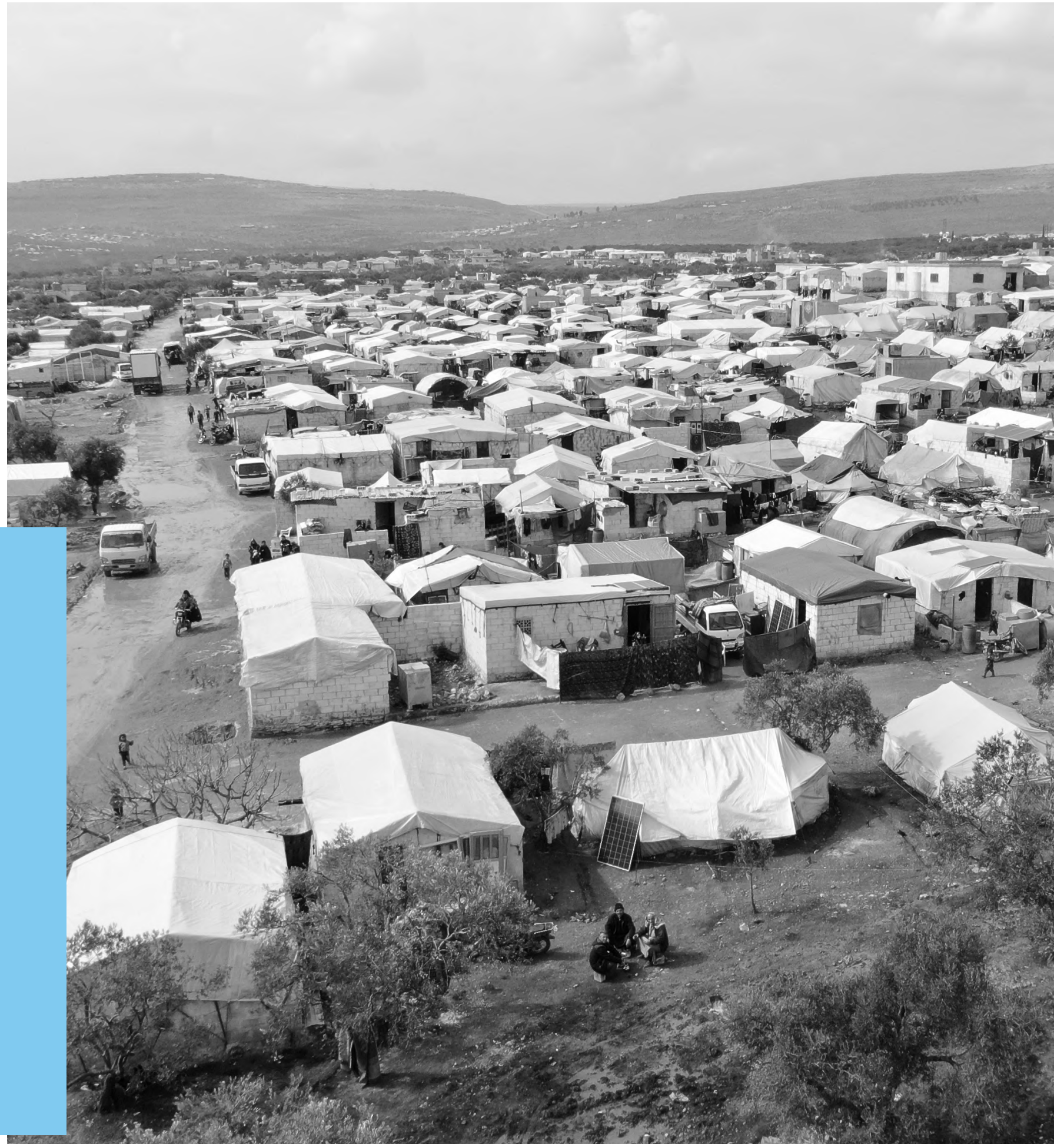
Now further faced with the threat of a deadly COVID-19 outbreak, millions of Syrian women residing in temporary refugee camps in the northwest are in poor health and at high risk of infection. Confined spaces and overcrowding, with multiple families sharing one tent, make social distancing impossible. These coupled with poor sanitation due to a lack of hygiene facilities, makes hand washing and other hygiene measures difficult. In these conditions, tracking the spread of a virus is a major challenge, and the ability of displaced women to properly protect themselves and their children against any infection is mostly non-existent.

Life in a displacement camp is a shocking reality for hundreds of thousands of Syrian women and children. In northwest Syria, many have been displaced for the third or fourth time, losing more hope with each forced migration. The psychological and physical traumas affecting women and girls, who cannot feed or clothe their children, will have far reaching consequences.

Unsanitary conditions and lack of clean water will continue to put pregnant women and new mothers at great risk, as they struggle to heal after childbirth and do not have the strength or resources to ward off infections. Continued neglect of the health needs of women and girls will only exacerbate the reality that they are risking death to give birth every day in Syria.



*My name is Zahran and I am from Saraqib. I live in a camp, in a small tent with my children and grandchildren. I have heard that coronavirus is killing people. We pray that God brings a cure, and that he protects us by keeping the virus away from us. They tell us, "wash your hands and get water", but there's no water. It's very expensive for us. We get one container for the children to wash with, as well as for eating and drinking. We also cannot confine ourselves to the tent. Most of the time we need to go out to get food or water to survive. We are not able to wash our hands or sterilize them, as we often can't find a bar of soap. We don't have the money to buy it. This is our reality.*





# CONCLUSION

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Collecting data on health in Syria remains overwhelmed with challenges. Systematic attacks on healthcare, severe shortage in medical personnel, widespread displacement and siege conditions, among others, have all contributed to inconsistent data reporting. Notwithstanding this reality, this report has brought together available knowledge in an attempt to piece together a broader picture of the impacts of the Syrian conflict on women and girls and their health whilst identifying the most pressing challenges facing both staff and patients alike that require immediate and sustained response.

Maternal mortality, risk of miscarriage, premature labour and undernourishment have all been exacerbated by the Syrian conflict. This by and large due to the fact that close to a decade of war has corroded Syria's healthcare system leaving vast shortages of medical supplies, qualified staff and functioning facilities.

The long-term psychological and physical impact of this on Syrian women and girls will likely prove significant, and will only be made worse by the continued lack of representation of Syrian women in decision-making roles at the local, state and institutional levels.

The disproportionate killing of civilians and healthcare infrastructure means that millions of Syrian women are faced with a grim reality. The rise in female-headed households means that many are burdened with the grief of widowhood along with a heightened responsibility to act as both breadwinner and primary care giver within their families. Adolescent girls subject to forced marriages will face difficulty in navigating adulthood due to lingering physical and psychological trauma inflicted upon them. Pregnant women at risk of life-threatening complications have been left with few places to turn to for help.

The reproductive health needs of women and girls must be properly accounted for in every discussion, negotiation and agreement determining Syria's future as a matter of human rights with immediacy, and Syrian women must have representation to ensure that these acknowledgements are subsequently translated into action.

Syrian women and girls, doctors, midwives, surgeons and nurses, are demonstrating astounding resilience every single day. More must be done to ensure that humanitarian aid and global politics are working for them, rather than against.

Human Appeal is committed to the full realisation of the reproductive health and rights of women and girls globally and calls upon the international community to heighten their commitment to protecting these rights, especially in times of conflict. For so many women and girls in Syria right now, access to sustained health services really is a matter of life or death.

# RECOMMENDATIONS

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In light of the conclusions of this report, we make the following recommendations:

1. Aid organisations and institutions must allocate additional resources to increase, improve and repair sexual and reproductive health services throughout Syria, targeted at:
  - a. Greater provisions of essential medicines and equipment.
  - b. Greater provisions of essential medicines and equipment, particularly ventilators
  - c. Replacement and establishment of health services in underserved and displaced populations.
  - d. Greater provisions for sanitation and hygiene facilities within displacement camps
2. Aid organisations must acknowledge the gravity of women and girl's health needs and thereby initiate measures to ensure sexual and reproductive health services are mainstreamed in humanitarian response efforts.
3. Greater efforts must be made to improve the representation of Syrian women in decision-making and negotiation positions at the local, state and institutional levels to ensure the health needs of women and girls are recognised and addressed in peace agreements.
4. Parties responsible for war crimes, such as the targeting of health infrastructure, disproportionate and indiscriminate killing of civilians and perpetration of gender-based violence as tactics of war, must be held accountable under international law.



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