INTERNATIONAL, DIASPORA, AND NATIONAL HUMANITARIAN ACTORS IN PRESENT-DAY SYRIA

The interactions between Médecins Sans Frontières and the Union Des Organisations Syriennes De Secours Médicaux

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To the Syrian people: May they soon find peace again.
ABSTRACT

The Syrian crisis is today’s largest humanitarian emergency in the world; yet it remains highly underserved. Less than half of the requirements necessary to respond to the population’s needs have been met by the international humanitarian response. While Syrian actors have played a vital role in providing assistance to the population, the scale of the crisis is urgently requiring a higher degree of operational collaboration between those actors and international humanitarian aid agencies.

This dissertation explores the rationale and the challenges that shape the interactions between international and Syrian aid organizations by combining a desk-based study with a specific case, thus investigating the topic from both a theoretical and practical aspect. The former investigates the academic discourse around the potential and the challenges for partnerships between Syrian and international aid organizations. The latter provides a thematic historical review of the interactions between Médecins Sans Frontières (MSF) and the Union des Organisations Syriennes de Secours Médicaux (UOSSM) documented through key-informant interviews and a review of practice-based literature. By combining both findings, the research identifies specific topics that appear to be the most challenging for the interactions presented.

The reasons for the success or failure of such partnerships between international and Syrian aid organizations are multi-faceted. The main issues that challenged these interactions are related to the agencies’ modus operandi, their political vs. humanitarian agenda, their adherence to humanitarian principles, and their understanding of the culture and context. Nonetheless, the findings evidenced how such categories overlap.

The research concludes that within the confines of these challenges, INGOs and Syrian aid organizations may develop strategies that build mutual trust, acknowledge each other’s strengths, and mutually benefit from them. Syrian actors can benefit from the knowledge and experience of INGOs’ working in conflict-affected zones. As well, INGOs may learn how to support and complement the work of their Syrian counterparts, rather than duplicate it.
STATEMENT OF ORIGINALITY

This thesis is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by explicit references.

Signed ........................................ Date 02 January 2016
Massimiliano Rebaudengo

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organizations.

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Massimiliano Rebaudengo

Statement of Ethics Review Approval

This dissertation involved human participants. A TDE Form E1 for each group of participants, showing ethics review approval, has been attached to this dissertation as an appendix (Annex 9.3).

Dr. Brigitte Piquard, MA, PhD., Reader in Humanitarianism and Conflict at Oxford Brookes University, supervised this dissertation.
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## ACRONYMS and ABBREVIATIONS

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<th>Description</th>
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<tbody>
<tr>
<td>FSA</td>
<td>Free Syrian Army</td>
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<tr>
<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>INGOs</td>
<td>International Non-Governmental Organizations</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<tr>
<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>SARC</td>
<td>Syrian Arab Red Crescent</td>
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<tr>
<td>SUHA</td>
<td>Urgence Solidarité Syrie [Syrian United Health Aid]</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
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<tr>
<td>UOSSM</td>
<td>Union des Organisations Syriennes de Secours Médicaux [Union of Syrian Medical Relief Organizations]</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WFP</td>
<td>World Food Programme</td>
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1. INTRODUCTION

1.1. Background

The Syrian crisis is today’s largest humanitarian emergency in the world (UNOCHA, 2015a; ECHO, 2015). As a consequence of the ongoing internal conflict, an estimated 250,000 people have been killed and more than 10 million – half of the Syrian population prior to the conflict (The World Bank, 2015) – have been displaced. Of those who have been displaced, four million have sought refuge in neighboring countries and overseas. Inside Syria, more than 12.2 million people currently require urgent humanitarian assistance (UNOCHA, 2015a). Yet, this crisis remains highly under-served, as less than half of the requirements necessary to respond to the needs of the population have been met by the international humanitarian response (UNOCHA, 2015b). Today, only a limited number of international non-governmental organizations (INGOs) are operating cross-border as a consequence, among other factors, of the restrictions imposed by the Syrian government and the armed opposition groups regarding the provision of humanitarian assistance in the areas they respectively control (ECHO, 2015; UNOCHA, 2015a; MSF, 2013a; HPG, 2013a).

As the internal conflict developed, an increasing number of Syrian actors\(^1\) started to provide humanitarian assistance to the population, by utilizing their own networks and connections within and outside the country. Often made of medical professionals coming from within Syria or from the Syrian diaspora, these actors are filling the void left by the limited international presence (HPG, 2015). Since the beginning of the conflict, United Nations (UN) agencies and INGOs have enlarged their cooperation with those actors, but such experiences have often been unsuccessful. As a result, many of the Syrian actors still work primarily independent of and parallel to the international humanitarian system (MSF, 2013a; Mechoulan, 2015).

Though the assistance delivered by Syrian organizations has played a vital role in responding to needs that would not be met otherwise, the magnitude of the crisis is still urgently demanding a higher degree of operational collaboration between those actors and the international humanitarian agencies (HPG, 2015; MSF, 2013b). As such, while recognizing that “the only realistic way to increase aid […] is to support Syrian diaspora networks”\(^2\) (MSF, 2013a), INGOs and Syrian actors alike must define how this support should work – especially in a context that has been demanding since the beginning of the crisis “new ways of thinking and working” (HPG, 2011b, p. 2:).

\(^1\) With Syrian actors, this dissertation refers to aid organizations or networks of such that are either national, thus formed within Syria, or transnational (diaspora), thus formed by professionals from the Syrian diaspora, unless specifically referring to one of the two groups. The term “Syrian actors” excludes UN agencies, INGOs, and international / national agencies that are part of the Red Cross / Red Crescent Movement.

\(^2\) The referenced document specifically discusses the relationship between MSF and diaspora medical groups in Syria. As such it does not mention Syrian national organizations. However, this example is utilized here to highlight the broader need for collaboration between international and Syrian actors as a whole.
1.2. Topic and Significance of the Research

The topic of the research is the interactions between INGOs and Syrian actors, and the challenges that such relationships pose to the different groups involved. To address the topic, this study explores the interactions between Médecins Sans Frontières (MSF) and the Union des Organisations Syriennes de Secours Médicaux (UOSSM) between 2011 and 2014. When relevant to the better understanding of the topic, the study also discusses the relationship that MSF established with Urgence Solidarité Syrie (SUHA) and some national actors.

Despite being based on a single case presented here as a monograph, this research aims to further the knowledge and the understanding of the ways by which Syrian and international aid organizations mutually respond to the crisis, define their operational ambitions and humanitarian objectives, and mutually negotiate their implementation. On a more specific level, the research will provide an insight into the practical challenges faced by MSF and the UOSSM during their interactions. From a more theoretical perspective, it will analyze where and how MSF operational framework should (and could) adapt to the particularity of the Syrian humanitarian context.

MSF represents an interesting case, as it was the first international aid organization to be present with a permanent team in Northern Syria between 2012 and 2014. Simultaneously, it has been supporting field hospitals inside the country through cross-border medical donations in collaboration with Syrian actors (Withall, 2014; MSF, 2013c). The majority of and most challenging interactions MSF established with Syrian actors occurred with the UOSSM; hence, the focus on the relationship between these two agencies.

1.3. Aim, Objective, and Research Questions

This study aims to understand the logic that drives the interactions between international organizations and Syrian actors in Syria, as well as the issues that prove to be, from a theoretical and a practical perspective, major challenges for such interactions.

The objective of the research is to provide a thematic historical review of the relations between MSF and the UOSSM, spanning from 2011 to 2014. This review will document the particular episodes of cooperation and conflict between these actors, and the compromises they were ready to make in order to reach their humanitarian objectives. Further, it will allow a better understanding of the functioning logic of both MSF and the UOSSM. As such, the main questions this research aims to answer are:

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3 This paper refers to the French section of MSF, unless differently specified. For further details, see paragraph 1.5. Limitations.

4, 5 UOSSM and SUHA are Syrian medical relief organizations founded by Syrian health professionals in France in 2011 and 2012, respectively (Interviews with UOSSM and SUHA representatives on 22 September 2015 and 30 October 2015, respectively).
1. What are the interactions between INGOs and Syrian organizations in the conflict-affected Syrian environment?
2. What are the challenges that different agencies face, and the rationale explaining such challenges?

1.4. Scope of the Research

The focus on the interactions between MSF and UOSSM defines the scope of this research. From a conflict mapping perspective, it is relevant to specify that MSF was denied by the Syrian government official access to work in areas under its control. However, MSF did establish operations in opposition-controlled territories (Withall, 2014; MSF, 2013c). As such, this study will solely present the events and the challenges faced by the actors involved in providing medical care in rebel-controlled areas.

The reasons for the chosen time-span, from 2011 to 2014, are two-fold. First, it corresponds to the period of major collaborations between MSF and the UOSSM; and second, it largely coincides with the presence of MSF international staff in Northern Syria. Following a security incident that occurred in January 2014, all operational centers of MSF withdrew their international team members and are now managing their projects remotely from neighboring countries. Although this dissertation acknowledges the importance of security in relation to international humanitarian access, it will not focus on this specific angle. It will, however, discuss the issue of security only in relation to the aim and the objective of the study.

1.5. Limitations of the Research

Due to security constraints, this research does not include any field trip to Syria. The primary information provided – as detailed in the Methodology section – is sourced from interviews of MSF’s, UOSSM’s, and SUHA’s key-informants who are currently based in Europe or in the Middle East, but who have been previously based in- and regularly go to Syria in response to the humanitarian crisis.

This dissertation acknowledges that MSF is an international association formed by five independent operational centers that share common principles and values, but whose activities are channeled by different approaches and strategies. When referring to MSF, this study refers to the French operational center of the association – unless differently specified. Further, this study is not an evaluation of MSF operations, but an analysis of the challenges encountered during its interactions and negotiations with Syrian actors.

The specific nature of the aid organizations analyzed also contributes to define the limitations of this dissertation. MSF is an emergency INGO that provides medical care and usually

6 A MSF international team opened its first project inside Syria in collaboration with UOSSM in 2012.
7 http://www.msf.org/syria
8 http://www.msf.org/msf-movement
works independently by utilizing a principled approach as the basis of its operational modus operandi. The UOSSM and SUHA are diaspora organizations recently created by medical professionals who then established contacts with representatives inside Syria to contribute to the crisis response. As such, it is a combination of diaspora and national personnel that carried out the medical activities on the ground.

This dissertation recognizes that these organizations represent a specific sample of a vast scope of aid agencies, national and diaspora organizations, and governmental bodies that, by providing different kinds of assistance in other parts of Syria, might encounter challenges, constraints, and opportunities that are different from the ones this study analyzes. As such, this dissertation presents the study as a monograph of a specific case, and does not presume to reflect all the interactions between Syrian actors and international aid organizations. Nonetheless, by developing this case, the research hopes to draw some lessons to be learned or at least to identify some general issues that need to be taken into account in Syria and, possibly, in similar conflict-affected environments.

1.6. Outline of the Research

This research is organized in nine sections. Section 1 – Introduction – as detailed above.

Section 2 – Context – provides a historical, political, and socio-economic overview of Syria. It then gives a summary of the current internal conflict and of the peculiarities of the consequent humanitarian response to the crisis. It concludes by explaining MSF’s positioning within the context of the Middle East and of Syria, specifically. This section should provide the necessary general background information to facilitate the understanding of the topic presented.

Section 3 – A Sociology of Aid Organizations – provides the general theoretical background of the research. It presents the theories of the academic discourse around partnership and multi-actor humanitarian action, as well as its inner dynamics. It then explains the sociological perspective on which this research is based.

Section 4 – Methodology – explains the qualitative methods and the inductive approach utilized for this research, as well as their rationale. It details the various steps undertaken to reach the findings required for the discussion and conclusion. It also details the limitations encountered while doing the research.

Sections 5 and 6 – Research Findings and Discussion – are the core content of the study. The Research Findings present the topics that, according to the results of the desk-based study and the primary research, prove to be the most challenging for the different actors interacting with each other within the response to the Syrian crisis. The subsequent Discussion analyses the findings against each other. It investigates the rationale behind specific challenging episodes and highlights issues that might limit or potentially improve the collaboration between national, diaspora, and international actors in Syria.
Section 7 – **Conclusion and Recommendations** – draws from the discussion and provides a summary of the research combined with general conclusive considerations about the potentials for improving the humanitarian response to the Syrian crisis, specifically, and in conflict-affected areas generally. It then suggests some steps that aid organizations should undertake to reach such an objective, as well as potential topics for further research.

Sections 8 and 9 – **References** and **Annexes** – provide the bibliographic information and the supporting documents that complete the research.
2. CONTEXT

2.1. Geopolitical and Socio-Economic Overview

Historical Background
The geopolitical shape of modern Syria dates back to 1916, when France, the United Kingdom, and the Republic of Turkey defined new spheres of influence over a region previously dominated by the Ottoman Empire. In 1920, the new geopolitical order was then formalized by an Anglo-French mandate over the former Ottoman provinces of Bilad ash-Sham (or Greater Syria). As a result, France acquired the authority over the northern part of the former Ottoman provinces – present-day Lebanon and Syria, while Great Britain was granted a mandate over the provinces’ Southern portion – present-day Israel, Palestinian Territories, Jordan, and Iraq (CIA, 2015; Grainger, 2013; Bosman, 2012).

France shaped the territories under its authority along more sectarian and ethnic lines, creating various new states; among them were Damascus, Aleppo, Alawite, and Jabal Druze. The gradual merger of these states, at the end of World War II, gave birth to the Syrian Arab Republic, which gained formal independence in 1946 (White, 2011; Slim & Trombetta, 2014). Present-day Syria thus took shape over a portion of land that was only about half the size of the ancient Bilad ash-Sham, leaving many originally Syrian areas in neighboring countries.

The newly formed state, however, lacked political stability and experienced military unrest. Particularly important for the political future of Syria were the coups in 1963 and 1970. The former led to the socialist Ba’ath party’s ascent to power. Through the latter, Hafiz al-Assad, an Alawite member of the Ba’ath party, seized power and brought political stability to the country by installing an authoritarian form of governance. Following the president’s death, his son, Bashar al-Assad, was appointed president in July 2000 and remains in power today (CIA, 2015; Slim & Trombetta, 2014; Ziadeh, 2010).

Syria’s Political Dynamics
Despite the national political boundaries, various Syrian regions have maintained strong ties with neighboring Lebanon, Jordan, Iraq, and Turkey. A heritage of the former Bilad ash-Sham, these ties have always shaped the country’s political dynamics. They can explain, for example, Hezbollah’s traditional commitment to the Syrian government, reinforced by their common affiliation to Shi’a Islam. As well, they can explain the passage, in recent years, of Sunni radical groups from Western Iraq to Northern Syria. Internally, a high level of localism, combined with a repressive government, have limited the potential for the development of a single and effective opposition to the central power, and have contributed to a generalized situation of government neglect and lack of political participation of large segments of the society (Slim & Trombetta, 2014; Faksh, 1984; Van Dusen, 1972). In order to better understand today’s Syria crisis, it is important to briefly describe the role of the
Alawi minority, the Ba’ath party and its form of governance, and the Syrian civil society within the country’s pre-conflict political context (See Text Box 1, 2, 3).

**Text Box 1: The Alawi Community**

*The Alawi is the strongest of Syria’s minority community, which, before 1946, enjoyed a certain degree of autonomy, as did other minorities. After independence, within a process of general socio-economic changes, the Sunni Syrian leaders started a process of integration of the country’s community minorities. As a consequence, the Alawis began to enlarge their role in national life by enjoying, for example, more educational opportunities. This process of emancipation permitted a growing segment of the Alawi community to become more and more engaged in national political life, and eventually controlling it. One of the main instruments of the Alawi’s control was the Ba’ath party (Faksh, 1984; Slim & Trombetta, 2014).*

**Text Box 2: The Ba’ath Party and Syria’s form of Governance**

*The ascension to power of the Ba’ath party in 1963 brought a socialist-inspired, authoritarian form of governance to Syria. Under the regimes of Hafiz and Bashar al-Assad, the party had a widespread role in shaping the politics, the finances, and the economics of Syria. Members of the Alawi community, most of them part of the Assad family, occupied high-level positions within the party and the government. On the contrary, the representatives of the Sunni segments of the society, which still had some political role during the first decade of Hafiz al-Assad’s rule, saw their importance slowly declining. In 2011, for example, only the members of the President’s family appeared at the head of the more sensitive national institutions, while Sunni representatives covered symbolic positions within the government’s structure. As the opponents of the regime were mostly forced into exile or imprisoned, the disenfranchised Sunni population was not able to organize or sustain any opposition, which remained weak and fragmented, thus unable to represent the neglected part of the population (Ziadeh, 2010; Trombetta, 2014).*
Socio-Economic Situation

In early 2011, Syria was a middle-income country with strong economic growth and many positive development indicators in such sectors as education and health. Nonetheless, the country presented significant signs of weakening public institutions and increasing economic inequalities. Increasing poverty rates and growing social exclusion thus left large segments of the society deprived of the possibility of effectively contributing to their country’s economic and social development (Slim & Trombetta, 2014; Nasser, Mehchi, & Abu Ismail, 2013).

Syria’s political crisis of 2011 unfolded in a country that was highly developed if compared to most humanitarian settings in the region, but also politically and economically vulnerable. Such vulnerability was a consequence of the country’s institutional failure to change over time in order to respond to the aspirations, interests, and expectations of its society.

Text Box 3: The Civil Society

The Syrian civil society has a strong tradition of charity associations based on principles of generosity and informal giving. Such tradition existed since before independence, within a climate where various Syrian elites aspired to build a democratic and just society. In 1958, however, the then Syrian government introduced a new law for charitable associations, thus exercising a control over such organizations. This was as a strategic move to counter the internationalization of the sector and to prevent the rise of non-Ba’athist social organization and power. The Syrian Arab Red Crescent (SARC), which has become a major humanitarian actor within the current crisis, was always a central organization of this national policy. The Syrian civil society gained renewed momentum when, in a period of potential reforms following the death of Hafiz al-Assad, many professionals formed more structured organizations based on the model of developmental INGOs. The government’s scrutiny of such organizations, however, limited their activities, especially in relation to topics such as human rights and democracy. Such issues formed the boundaries of what represented tolerable matters for the activities of civil society organizations. The crossing of these boundaries by protestors in March 2011 set the scene for the subsequent internal conflict that unfolded (Bosman, 2012; Slim & Trombetta, 2014).
2.2. The Internal Conflict

The Uprising

In March 2011, influenced by major uprisings that began in Tunisia and Egypt in 2010, antigovernment demonstrations broke out in the southern province of Dara'a, with protesters’ calling for concrete socio-economic and political reforms. After Dara’a, people from other Syrian cities and the countryside around Damascus and Aleppo joined the protests. These were areas of growing poverty, where the population – largely Sunni – had been socially, economically, and politically marginalized by the government’s policies. Faced with the spread of protests, the government responded with a combination of political concessions and repression through military force. During its first months, the uprising, locally coordinated by various committees, explicitly defended the principle of non-violence as “militarization would push the revolution into an arena in which the regime has a clear advantage and would eventually erode the moral superiority that has characterized the revolution since its beginning” (Slim & Trombetta, 2014, p. 23). Nonetheless, the government's ongoing violent repression of the protests led to extended clashes between the two parties, eventually transforming the initial non-violent uprising into an armed conflict (CIA, 2015; Salloukh, 2013).

Military Action and Diplomatic Effort

In Fall 2011, the creation of the Free Syrian Army (FSA) marked the initial militarization of the uprising. This trend escalated during the following year, when the government increased its military force, and pro-Western regional powers began to support, militarily and financially, the FSA’s different factions. The FSA’s internal divisions, however, contributed to the involvement of Islamist military groups, which reframed and further complicated the political and humanitarian context of the crisis (Slim & Trombetta, 2014; Lund, 2012; White, Tabler, & Zelin, 2013).

On the diplomatic front, international pressure on president al-Assad has increased since late 2011, as the Arab League, European Union, Turkey, and United States expanded economic sanctions against the regime. Further, in December 2012, more than 130 countries recognized the Syrian National Coalition as the sole legitimate representative of the Syrian people. Since then, the UN-sponsored peace talks of 2012 and 2014, between the Coalition and the central government, failed to produce a resolution of the conflict (CIA, 2015; Falk, 2015). As such, the Syrian civil war continues, as does the largest humanitarian crisis the world has seen since World War II (ECHO, 2015; UNOCHA, 2015a).

The Impact on the Population

The intense level of violence has created significant and diverse humanitarian needs within the Syrian population, while simultaneously disrupting the socioeconomic conditions and welfare capacity in neighboring States. Among various abuses, the violation of people’s right to medical assistance and the detention and torture of medical staff involved in organizing
alternative health facilities emerged as a major repression strategy of the government. This particular pattern of violence became a key feature of the conflict, seriously affecting the protection and survival of civilians. By 2014, an estimated 60% of Syrian hospitals had been destroyed, and only a third of public ambulances and health centers were functioning. Further, the vaccination coverage dropped and, for example, polio outbreaks occurred in both government- and opposition-controlled areas (OHCHR, 2011; UNICEF, 2014).

The violence perpetrated by the Syrian government and the various armed opposition groups should not undermine, however, the role of moderate forces at play in the country. A remnant of the pre-Ba’athist intellectual fervor has shown extraordinary resilience within Syrian society, thus limiting its breakdown resulting from the prolonged violence. In many ways, the four-year conflict has contributed to the emergence of a new de facto civil society that provides, among other services, humanitarian aid to the population. This category has played a crucial role in responding to the needs created by the ongoing internal conflict (Slim & Trombetta, 2014; Bosman, 2012).

2.3. The Humanitarian Response

The Syrian Response

National actors emerging from a still active civil society have played a crucial role in responding to the current crisis on both sides of the conflict. For example, though deeply compromised by the pressure of the government, SARC’s field workers continue to provide aid. Further, its staff members have proved to be professional, well connected, and extraordinarily committed. Many of them have not come from the communities they serve, and though holding divergent political affiliations, they have worked together according to humanitarian principles to meet as many needs as possible (Slim & Trombetta, 2014; HPG, 2013a). The government regularly accused SARC field staff of facilitating aid to the opposition. Such accusations often resulted in detentions, abuses, and killings. By January 2014, in fact, 34 SARC members had been killed while on duty (ICRC, 2014).

In the communities of opposition-controlled areas, the initial humanitarian response was managed largely by national grassroots associations driven by the tradition of local charity that characterized the role of civil society before 2011. Many new national groups and networks have also formed in response to local needs, thus establishing alternative structures providing assistance primarily in the form of health care. These national bodies have been accompanied by humanitarian initiatives run by diaspora groups mostly from neighboring Middle Eastern countries, Europe, and the United States. Such groups, especially on the medical front, also started to engage with international aid organizations (ACAPS, 2013; Slim & Trombetta, 2014; HPG, 2015).

UOSSM and SUHA are Syrian diaspora organizations formed by medical professionals in France in 2011, following the beginning of the crisis. They created a network of contacts with national medical groups and newly formed Syrian medical committees within the
country in order to provide medical assistance to the affected populations in Syrian opposition-controlled areas. Becoming active on a national and a transnational platform, they also established an operational relationship with MSF, among other INGOs, and various governmental bodies, from outside – France and Turkey – and inside Syria (HPG, 2013b).

The International Response

The international humanitarian system began its engagement in Syria in early 2012, when the crisis escalated from violent repression to internal armed conflict. From the start of the crisis, however, the Syrian government maintained a policy that limited the number of international agencies operating in Syria, only allowing them to work in areas under its control. Central to this policy was the role of the SARC, which became the official and sole government interface and operational partner for all INGOs registered in the capital and operating in government-controlled areas. By 2012, the largest operational UN agencies in Syria were OCHA, WFP, UNICEF, UNRWA, and WHO1 (HPG, 2015; HPG 2013a; ACAPS, 2013; Slim & Trombetta, 2014).

Alternatively, most INGOs that did not find it possible to register in Damascus turned towards national and diaspora groups that were organizing themselves to operate in Syrian opposition-controlled areas. Despite the restrictions on access and aid delivery imposed by armed opposition groups, international agencies could provide assistance without the consent of the Syrian government, both across international borders – from Turkey, Lebanon, and Jordan – as well as from inside Syria (Slim & Trombetta, 2014; HPG, 2015; Withall, 2014). Among the INGOs that provided assistance in opposition-controlled areas was MSF2.

Médecins Sans Frontières in Syria

The Middle East, and specifically Syria, have proved to be a challenging context for MSF, a medical aid organization that normally works independently and runs emergency short-term programs (if compared to UN humanitarian agencies, for example). MSF has decades of experience working in resource-poor settings, such as those in sub-Saharan Africa. On the contrary, the Middle Eastern region is characterized by middle-income countries where the level of medical care is often more sophisticated than the one the agency has been traditionally accustomed to. Further, the Syrian context demands INGOs engage in negotiations and potential collaborations with politicized aid actors at various levels, thus making it difficult for MSF to gain independent operational space (MSF, 2011 & 2014).

MSF started to respond to the Syrian crisis in March 2011 from Jordan, by donating medical supplies to Syrian health facilities. Those facilities were private clinics whose personnel treated wounded patients who could not get medical care in public hospitals – thus starting to establish a parallel system of medical care and supply in opposition-controlled areas. As

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1 See Acronyms and Abbreviations for the full names of the agencies listed.
2 MSF attempted to negotiate access to operate in regime-controlled areas, but was denied the authorization by the SARC, who argued that MSF’s presence was not needed in those areas.
well, MSF started donating medical supplies from Lebanon and Turkey through the UOSSM. In 2012, MSF began direct activities inside Syria, interacting with both national and diaspora medical groups. In 2014, as a consequence of a security incident, MSF withdrew its entire international staff following an agreement shared by all five MSF Operational Centers. It has operated remotely from Turkey since then.

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From a broad perspective, MSF and the UOSSM are part of a global humanitarian system in which international and transnational organizations are prominent actors (Barnett, 2008). This dissertation presents the case of their practical interactions within the framework of what is here called sociology of aid organizations, on the basis that the empirical study of social groups and their interactions is a useful and important “analyzer of phenomena of broader import” (Olivier de Sardan, 2005, p. 12). This framework places such interactions within the wider discourse around humanitarian partnership and the mutual social dynamics between international, transnational, and national aid organizations.
3. A SOCIOLOGY OF AID ORGANIZATIONS

3.1. Partnership in Humanitarian Action

The concept of partnership is central to today’s discourse around international aid and has been widely utilized in the field of international development (GHP 2007; OECD, 2005/2008; Tennyson, 2011). More recently, the importance of partnerships has been also recognized within the field of emergency humanitarian response (Ramalingam, et al., 2013; ALNAP, 2012; HPG, 2011a), on the basis that “given the anticipated rise in the number and complexity of emergencies, it is becoming clear that the formal international system cannot be expected to respond in all settings, all the time” (Ramalingam, et al., 2013, p. 5).

There is a growing awareness that in today’s complex emergencies, international aid actors need to rely on the capacity of civil society organizations and national actors as primary providers of humanitarian response, especially in conflict-affected settings where the access to populations in need has become more challenging for international agencies (Simonow, 2013; ALNAP, 2012; Ramalingam, et al., 2013; HPG 2011a). Besides those actors, the engagement of diaspora groups in responding to crises in their country of origin has also increased. This pattern is a consequence of today’s type of conflicts, which in the majority of cases present an intra-state nature and affect various identity groups – racial, religious, ethnic, cultural – with whom oftentimes diaspora communities identify (Demmers, 2002; IOM, 2015).

3.2. Humanitarian Diaspora

In today’s globalized world, diaspora communities have become increasingly engaged in their countries of origin in many ways and at various levels (Vertovec, 2009). For example, already recognized as important players in the development sector, diaspora groups also play a significant role as humanitarian actors. By responding to crises in their countries of origin, they are usually driven by stances of loyalty, solidarity, and commitment toward their communities affected by conflict or natural disasters at home (IOM, 2015; Barnett, 2008).

Diaspora groups usually maintain privileged links with their communities in their countries of origin. They are, therefore, uniquely placed to provide valuable information and contributions to the international humanitarian system (IOM, 2015). From this perspective, diaspora groups may cover the role of liaison between national and international actors.

Nonetheless, it is also relevant to highlight the arguments raised in relation to tensions that potentially occur between diaspora groups and their national and international counterparts. With regard to the relations with the communities of origin whom they aim to assist, frictions and divergences of objectives might occur as a consequence of the fact that local communities may view diaspora members as deserters who no longer understand the struggles of the original communities. In relation to diaspora’s engagement with
international actors, arguments have been made that, based on the obligations they feel towards their community, diaspora groups might try to reduce or deny operational space to international actors, whom they view as outsiders who do not belong to such a community (Barnett, 2008; IOM, 2015).

3.3. A Sociological Perspective

The engagement of national, diaspora, and international actors in today’s humanitarian responses has raised questions about their interactions and the way their mutual role should be shaped, especially in scenarios where power asymmetry on the part of international actors toward their counterparts is often a common feature (HPG, 2011a; Simonow, 2013). This level of engagement and redefinition of roles entails an analysis that is far from the general theoretical principles of good partnership, which have been already widely theoretically discussed (GHP, 2007). Rather, it errs towards a more social dimension of partnership, which involves, for example, underlying issues of power and ownership, and where the working styles and cultural background of the various groups shape their interactions (HPG, 2011a).

A paradigm defined by Olivier de Sardan (Olivier de Sardan, 1993; 2005) on the importance of social interactions between various groups within the context in which they operate provides the theoretical basis to analyze the interaction between MSF and its Syrian counterparts. This framework introduces the notions of political arena and strategic groups, where the former is the space in which the latter interact, enjoying different degrees of influence and power. The strategic groups usually come from different cultural backgrounds – such as international, diaspora, and national groups in the case of this research – and are driven by their specific interests, modus operandi, and objectives. Though the various actors involved operate within the same arena, their interactions are regulated by specific logic or strategies, as a result of a constant process of mutual negotiation (Olivier De Sardan, 1993; 1995/2005; Bierschenk, 1988; Dartigues, 2011).

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Though usually utilized in the field of international development, this paradigm is here applied to the specific context of an emergency humanitarian response. The highly challenging humanitarian and political landscape of present-day Syria is the political arena where the strategic groups – international and Syrian actors – interact. As discussed, the Syrian humanitarian landscape requires multi-actor partnerships where different actors engage in various interactions to address the humanitarian needs of the population. As such, the interactions between MSF and UOSSM presented here are a real case of an attempted partnership between an INGO and a Syrian diaspora aid organization in a humanitarian emergency setting. The challenges the two groups face at a practical level stem from divergences in addressing the population’s needs, and thus provide fertile ground to discuss the theoretical norms and principles that drive the humanitarian actions of INGOs and Syrian organizations, as well as each one’s role within such a humanitarian landscape.
4. METHODOLOGY

Given the social nature of the topic, this research utilizes a qualitative methodology and an inductive approach. As such, the focus on a specific case combined with a desk-based study provides the setting for addressing the aim, the objectives, and the research questions. By drawing its perspective from Olivier de Sardan’s paradigm presented in Section 3, this research primarily focuses on the micro-level of the social interactions between different groups, rather than on a macro-level normative perspective.

Based on this perspective, the desk-based study and the primary research identify specific themes that appear to be the most challenging for the interactions of the strategic groups presented. The research utilizes the information gathered through the initial desk-based study and triangulates it with the primary data collected through key-informant semi-structured interviews and the review of practice-based literature sources. It therefore allows the practice to re-inform the theory (*Walliman, 2011*) through further research questions and recommendations, provided in the discussion and the conclusion, respectively.

4.1. Desk-based Study

An important aspect of this part of the methodology is that the review of literature of the desk-based study investigates punctual issues rather than broader, more theoretical topics. It comprises a search of (1) academic publications, (2) reports and analysis of humanitarian organizations, and (3) reports of multi-stakeholders conferences or think-tank roundtable debates, in order to gather information on the key issues that appear to be the most challenging for the interactions between Syrian and international actors. The study utilized both hard copy and electronic documents.

4.2. Primary Research

The case of the interactions between MSF and the UOSSM represents the primary research part of the dissertation. It is addressed through semi-structured key-informant interviews and the review of practice-based literature.

Key-Informant Interviews

The semi-structured interviews of thirteen key-informants from MSF, UOSSM, and SUHA represent the main part of the primary research. The interviews were conducted face-to-face, via Skype, or via telephone. The semi-structured interviews were flexible and allowed the participants to provide valuable information by feeling freer to share their experiences and explain their perspectives in relation to the specific interactions discussed (*Marshall & Rossman, 2011; Walliman, 2011*). As such, this type of interviews was deemed suitable for this research’s focus on groups and their social interactions, rather than on a broader and stricter normative and theoretical perspective.
A topic guide of the main issues facilitates the interview process (Matthews & Ross, 2010), while the interview questions address the aim and the objectives of the research. The specific topics of the guide include (1) the description of the events, (2) the humanitarian objectives of the organization, (3) the record of key / challenging episodes in relation to the interactions between MSF and the UOSSM, (4) the reasons for operational or strategic decisions taken, and (5) personal feedback on the relationship and the potential for acting differently if given the opportunity. The same questions are utilized with each participant. However, when deemed necessary, new questions are added, in order to triangulate the information provided by previous interviewees.

The interviews were conducted with ten representatives of MSF based both in the field and in Paris headquarters; two representatives of the UOSSM, currently based in Paris; and one representative of SUHA, as well based in Paris. The key-informants chosen for the interviews represented their respective organizations at coordination levels. In this sense, the research tried to interview participants who covered similar positions. The key-informants were directly involved in the Syria mission, therefore the data collected were the result of first-hand experience – though probably biased by the time-factor, as the events discussed happened some years ago.

**Review of Practice-Based Literature**

A search of archive material, primary sources, and practice-based literature completed the primary research. Such a review was conducted in order to investigate, when deemed necessary, the specific operational strategy of MSF in Syria in relation to its interactions with its Syrian medical counterpart, as well to provide an appropriate chronological flow of the events reported. The search includes the review of archive material and internal documents of MSF mission in Syria, such as (1) project proposals and (2) situation and activities reports.

**4.3. Data Analysis**

The information obtained from the primary research provide the core content of the study and are classified on a thematic order, based on the specific challenging topics raised and discussed by the interviewees. Such a method provides a thematic analysis of the information by focusing more on recurrent themes or topics that had an impact in shaping the interactions between MSF and its Syrian counterparts. A map and a timeline of the MSF and UOSSM response to the Syrian crisis are given in Annexes 9.1 and 9.2, to facilitate the understanding of the findings in relation to the chronology and the geographical location of the activities mentioned.

The secondary data gathered from the desk-based study are then utilized against the results of the primary research, and vice-versa, to evidence where the theoretical discourse and the practice find a common ground, where compromises have been made or need to be made, and where actions can be adapted to the context. This process draws the conclusion and the recommendations of the research.
4.4. Ethical Considerations

An Ethics Form is provided in Annex 9.3. For purposes of confidentiality, this research does not reveal the names of the key-informants; it does however define them according to their location / level (Field, Capital, Headquarters (HQ)) at the time of the events, as deemed relevant for the perspective of the interactions and the perceptions that might vary according to different positions. The list of key-informants and interview dates is given in section 8 – References. Providing the fact that some documents accessed are internal and not publicly shared, this research codes them as MSF Document # 1 - 8.

4.5. Limitations of the Methodology

One of the limitations of the methodology was the inability to reach as many representatives of the UOSSM or other diaspora organizations as expected\(^1\). As such, it is here acknowledged that the Syrian diaspora perspective is less represented, if compared to MSF. Further, being myself an MSF employee may have led the Syrian informants to not feel totally free to answer questions that might criticize MSF’s approach during their interactions, thus leading to some potential bias in the findings.

If this research were conducted again, it would benefit from (1) a planned field visit to Turkey to gather further information from Syrian actors and MSF staff; and (2) a more comprehensive research strategy which might include, for example, an inter-sectional study of MSF experiences in their interactions with Syrian actors, rather than limiting the research to the MSF France operational center.

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\(^1\) Numerous attempts were made to contact as many key informants from UOSSM for interviews, but only two responded.
5. RESEARCH FINDINGS

5.1. Desk-based Study

Traditionally, the contemporary humanitarian system has based its policies and practices on interventions in low-income countries, such as the ones of most sub-Saharan Africa. Today, the discourse around humanitarian action also includes middle-income countries that are dominated by high geopolitical interests. Present-day Syria is one such context (Slim & Trombetta, 2014; ICG, 2013; HPG, 2011b).

Humanitarian practitioners and academics alike largely agree on the fact that the collaboration between international and Syrian aid organizations, either national or transnational, is a pre-requisite to provide a more adequate humanitarian response to the Syrian crisis. According to this argument, the actors involved in such an operational response should ideally complement each other for two main reasons. First, Syrian organizations tend to have better access, as they usually establish strong diaspora-national networks, where the national groups possess the knowledge of the context and have the relevant connections to reach areas not fully accessible to international bodies. Second, international agencies can provide the technical know-how, the supplies, and the financial support that Syrian actors often lack (MSF, 2013b; Grisgraber & Reynolds, 2015; PDGP, 2014). However, the way this collaboration should practically work is a very challenging issue. Differences between the actors often obstruct the creation of fully collaborative partnerships, where risks and rewards are shared, and equity is ensured. As such, there may also be instances in which international and Syrian actors must operate separately (Mechoulan, 2015; HPG, 2015; IRIN, 2015).

From a general perspective, if one recognizes that international agencies and Syrian actors aiming to increase the provision of aid inside Syria should establish a mutual framework of collaboration, one must evaluate how far this collaboration should and could go. In the first part of the research, the desk-based study has reviewed the literature that has been produced by academics and practitioners alike around the general discourse of the collaboration between international and Syrian humanitarian actors in relation to the provision of aid in Syria. It has specifically investigated which are the topics that, according to such literature, appear to be the most challenging for the interactions of all actors involved. As a result of the review, this initial study has identified four different topic areas of interest (or themes) that seem to be the most challenging in relation to the social interactions and dynamics this research analyses. Those topics have been categorized as (a) modus operandi; (b) politics and aid; (c) principles of humanitarian action; and (d) culture and context. One should, however, consider that this distinction is at times rather artificial, since the different categories are strongly related to each other and overlap, as evidenced in the findings below.
a. Modus Operandi

Many national and transnational organizations that responded to the Syrian crisis were newly formed, as they emerged as formal entities during the unfolding of the conflict. As such, they had no defined structure or operating model, thus could not follow the various requirements imposed by the bureaucratic system of international agencies. For example, the Syrian actors’ lack of proper reporting and accountability mechanisms, partially due to their unclear internal organization, is one of the major challenges faced by donors or INGO’s supporting Syrian aid groups. As a consequence, within a generalized feeling of mistrust, many international organizations and donors have been reluctant to support Syrian agencies, their argument being they could not assess whether the aid provided was indeed reaching the most vulnerable, or was diverted as a result of the Syrian groups’ potential political agenda. Syrian actors dismiss such arguments, highlighting the fact that monitoring and demonstrating the delivery of assistance is particularly difficult in the conflict-torn Syrian environment. (HPG, 2015; Mechoulan, 2015).

Divergences have occurred as well with regard to professional standards, which, in the case of Syrian actors, seem to be lower than the ones accepted within the sector. Though appropriate training could contribute to enable Syrian organizations to reach more accepted professional levels, arguments have been made in relation to the fact that INGOs should also try to adjust their system and adapt their requirements to the specific circumstances of the Syrian context (Mechoulan, 2015; IRIN, 2012; HPG, 2015).

From a broader perspective, both Syrian and international organizations reportedly admit that they feel there are significant differences in the way each one works. More specifically, many Syrian aid agencies recognize their lack of necessary experience and professional skills necessary to respond to the general requirements expected by INGOs. On the other hand, it appears that many international actors often face difficulties in understanding the Syrian culture and context – a topic this paper will discuss later – thus adapting to it. Further, in terms of general positioning within a potential form of partnership, Syrian organizations pointed out that they want “more recognition from the wider humanitarian community, as well as the chance to access direct funding, rather than working merely as silent implementers for international NGOs” (IRIN, 2015).

b. Politics and Aid

The politicization of aid has been a major challenge for the provision of humanitarian aid in Syria. Since the beginning of the conflict, the Government’s control over the provision of aid under the pretext of preserving its national sovereignty has limited the delivery of humanitarian assistance – thus leading to severe deficiencies in the provision of water, food, and healthcare in the country. Similarly, the opposition forces have also proved to be restrictive and manipulative in areas and populations they control (Mechoulan, 2015; Slim & Trombetta, 2014; HPG, 2013a).
As previously presented, humanitarian agencies seeking the approval of Damascus are bound to rely on the directives of SARC. The problems they have encountered here are two-fold. First, the approval procedures often require time-consuming negotiations; and second, as a consequence of the government’s overall control over the assistance provided, the areas of operations for INGOs and the amount of aid supplied are limited (HPG, 2013a; Slim & Trombetta, 2014). In contrast, many national actors who started to respond to the crisis in opposition-held areas appear to be, in the eyes of the international humanitarian system, either directly affiliated with rebel groups, or receiving a great deal of pressure to provide assistance based on the political agenda of various political or military stakeholders. By extension, the diaspora groups who established links with national organizations seem to be politicized, as well. As a consequence, international agencies wanting to collaborate with Syrian aid organizations outside the approval of Damascus might find themselves in the challenging situation of partnering with actors whose humanitarian motivations are, in most cases, perceived as the vest of political ones. This condition puts in jeopardy the very nature of humanitarian assistance, which is ensuring people receive assistance based on their need, without discrimination (Slim & Trombetta, 2014; HPG, 2015, 2013a, 2012).

From a broader perspective, Syria appears to be an arena where national and, by extension, transnational groups seek to oppose humanitarian actions that could obstruct the pursuit of their vested political objectives, erring toward a more beneficial politicized form of humanitarian response. While from an operational humanitarian perspective, the consequence is to potentially fail reaching persons in need; from a more principled level, a humanitarian system that becomes a political instrument risks operating at the expense of neutrality, impartiality, and independence – the key principles of humanitarianism (Barnett & Weiss, 2008; HPG, 2013a; Slim & Trombetta, 2014).

c. Principles of Humanitarian Action

The principles of humanitarian action – humanity, neutrality, impartiality, and independence – were developed by the International Committee of the Red Cross (ICRC) as an ethical and pragmatic framework to facilitate its engagement in conflict zones, and to define how an agency works and interacts with other actors in such contexts (ICRC, 1965). Today such principles guide the humanitarian community, and the adherence to them is one important component of its overall legitimacy and accountability (Leader, 2000).

The Syrian crisis has posed complicated challenges to such principles and to humanitarian agencies whose operational approach is based on them. First, the predicament of working either under the control of the Syrian regime and its monopolistic aid provider or in opposition-held areas controlled by fragmented groups has shaped the ethical choices for agencies around the principle of neutrality (HPG, 2015, 2013a). In this regard, it is worth mentioning that questions about INGO’s neutrality is not new, and, as such, the general discourse around humanitarian principles tends to give more relevance to impartiality and independence (Donini, 2011; Terry, 2002).
The effectiveness and validity of the principles of independence and impartiality is also questioned by academics and practitioners, especially in relation to the notion of humanitarian space – a concept introduced in the humanitarian lexicon in the early 1990s by a former MSF president (Collinson & Elhawary, 2012). From this perspective, an espace humanitaire – to use his words – is the arena where humanitarian agencies can (1) distinguish their roles and functions – to provide life-saving assistance to populations based on needs, without discrimination – from those of military and political actors; and (2) enjoy the proximity with the populations, thus the possibility of assessing their needs and monitoring the delivery and use of the assistance provided (Hubert & Brassard-Boudreau, 2010; Mancini-Griﬃoli & Picot, 2004; Minear & Smith, 2007).

In Syria today the humanitarian space is highly reduced, and international agencies cannot enjoy the degree of independence and impartiality they might enjoy in other contexts. Rather than the natural result of a principled approach, the humanitarian space in Syria appears to be a product of the dynamic interaction between the competing interests and objectives of various politicized actors (MSF, 2015; Collinson & Elhawary, 2012; Slim & Trombetta, 2014; HPG, 2015).

d. Culture and Context

Issues of trust and language appear in the literature as significant barriers to collaboration between Syrian actors and INGOs. A general frustration characterizes the attitudes of many Syrian actors toward the inability of the international system to provide a better response to the crisis (Mechoulan, 2015). This frustration sets a tone of mistrust, as Syrian actors feel the crisis and its humanitarian response have been neglected by the West, and, by extension, INGOs. Trust issues are also particularly visible in the reluctance to share information, from both Syrian and international agencies. Such forms of suspicion can often lead to the creation of completely parallel systems of work, which seriously challenges any attempt at cooperation (Mechoulan, 2015).

Language is another significant obstacle to better collaboration between international and Syrian groups. As the primary language of INGOs is English, Syrian organizations that have staff members who speak English are at an advantage for receiving assistance from INGOs. However, this may mean that organizations caring for populations in greater need, but that do not have English-speaking staff, are neglected (HPG, 2015). By that same token, without Arabic-speaking staff with knowledge of the local culture, INGOs risk overlooking nuances, priorities of the population, and even the opinions of their Syrian counterparts (Mechoulan, 2015).

By contrast, the Arab Muslim tradition of humanitarianism based on Islamic values of philanthropy, charitable giving (zakat), and social or family obligations (Moussa, 2014) – as potentially opposed to perceived international agencies’ Western values (Barnett, 2008) – is not thought to be the most challenging issue in the specific case of Syria. The two sets of values, in the context of Syria, are not mutually exclusive, especially given the history of
civil society and charitable organizations in Syria prior to the conflict. However, it remains an important component to consider in relation to the more general aspect of cultural sensitivity.

5.2. Primary Research

The findings of the primary research are the outcome of the review of archive material and internal reports of the MSF mission in Syria and 13 key-informant semi-structured interviews carried out between September and November 2015. The key-informants were 10 representatives of MSF, 2 of UOSSM, and 1 of SUHA. As per the nature of the semi-structured interviews, the respondents were free to raise their issues in relation to the interactions discussed. The topics discussed by the interviewees were similar to the ones identified through the desk-based study. The informants, however, raised more detailed points in relation to specific episodes of collaboration or disagreement between the medical actors involved.

a. Modus Operandi

Reporting

In relation to the provision, the distribution, and the utilization of the medical supplies inside Syria, the majority of MSF interviewees pointed out that the main source of disagreement with the UOSSM was the Syrian group’s inability to follow MSF’s procedural requirements in terms of return information and formal reporting (MSF Field Staff 1,2,4; MSF Capital Staff 1; MSF HQ Staff 2,3). On the contrary, while interviewed on the same topic, the UOSSM representatives did not mention reporting as a problem (UOSSM Staff 1,2). Further, according to the SUHA respondent, the interactions during the donations were positive, and no conflicts occurred in terms of reporting. This positive dynamic can explain, he continues, the collaboration with MSF that still exists today (SUHA Staff 1).

According to many MSF respondents, the UOSSM’s unclear internal structure and leadership, combined with its operational inexperience, were two contributing factors to their lack of adherence to MSF requirements (MSF HQ Staff 2,3; MSF Field Staff 1,4). At the time of the events discussed, 2011 and 2012, the UOSSM was recently formed and its internal leadership shifted from diaspora to local members, depending on each other’s presence in the field. As such, according to some MSF respondents, it was unclear to whom to talk when reports were required to make subsequent operational decisions (MSF HQ Staff 2; MSF Field Staff 4). Another factor, pointed out by one MSF informant, was the supposed divergence of priorities between MSF and UOSSM. While the former needed reliable medical data to properly evaluate the impact of the donations on the population, the latter’s major concern was the immediate distribution of medical supplies to the community (MSF Field Staff 4).

Some MSF respondents (MSF Field Staff 1,2) also highlighted that the frictions related to the UOSSM’s lack of accountability in reporting were worsened by a generalized climate of
mutual distrust and suspicion between the two organizations. At the source of this situation was, on the one hand, the UOSSM’s perceived vested political agenda, a topic this research will discuss later, and, on the other hand, that the locally based Syrian staff of UOSSM did not know MSF (UOSSM Staff 2). This unfamiliarity meant UOSSM was uncomfortable sharing information on its own internal system of distribution of donations inside Syria. Such frustration was felt in MSF headquarters, too, as confirmed by interviewees highlighting the fact that MSF was considering, at the beginning of 2012, whether to put the donations on standby (MSF HQ Staff 2,3). Regardless, MSF is still supporting various structures inside Syria, through donations, though without any direct link to UOSSM. Worthy of noting is that today – in very limited cases, for example between MSF and SUHA – reporting issues have decreased consequent to the improvement of the internal procedures of some Syrian medical actors (MSF HQ Staff 3).

Management

The joint management of a hospital opened in Atmah, Northern Syria, was another major source of disagreement between MSF and UOSSM. Some of the informants felt that opening Atmah marked the beginning of the end of the interactions between the two groups. This sentiment is made on the basis that when starting to work together inside the same structure, the divergences of the two organizations became more apparent than when collaborating in terms of medical donations (MSF HQ Staff 3; MSF Field Staff 4; UOSSM Staff 2).

As confirmed by the majority of the interviewees from both organizations, at the source of this conflict were the initial differences in terms of the kind of partnership the two organizations envisioned in Atmah (MSF HQ Staff 2,3; MSF Field Staff 4; MSF Capital Staff 1; UOSSM Staff 1,2). UOSSM wanted a full partnership where their clinical staff could actively provide medical care (UOSSM Staff 1,2). MSF, while agreeing in terms of sharing human resources, envisioned a hospital that would be practically run on MSF terms for reasons of independence. The decisions on the human resources to share and the medical protocols to utilize would be at MSF’s discretion (MSF HQ Staff 2,3; MSF Field Staff 4; MSF Capital Staff 1,2). As such, part of the disagreements occurred in terms of managing human resources and on defining their mutual positioning and responsibility within the hierarchical structure of the hospital. For example, UOSSM respondents complained about the fact that in some instances MSF did not allow UOSSM’s medical staff to work in the hospital. Meanwhile, some MSF interviewees highlighted the fact that UOSSM wanted to “fully manage the hospital, included distributing the salaries of the staff” (MSF HQ Staff 2,3). This struggle also suggests issues of positioning, ownership, and public image as health care providers – discussed below.

Medical Practice and Standards

MSF field respondents have also highlighted the nonconformities in medical practice as another source of conflict between MSF and the UOSSM (MSF Field Staff 3; MSF Capital Staff 2). This dispute was a combination of several factors. UOSSM medical staff members
were inexperienced in open armed conflict and in managing multi-trauma or specialized injuries (UOSSM Staff 1,2), and therefore they were accustomed to working with medical protocols and standard equipment appropriate in non-conflict situations (such as pre-conflict Syria), Europe, or the United States (as some of UOSSM medical doctors were part of the Syrian diaspora). These approaches and tools thus differed from those of MSF, whose protocols and equipment are often adapted to conflict and/or resource-poor settings (MSF Field Staff 3; MSF Capital Staff 2). According to one MSF interviewee, such variances led to episodes of frustration, where some UOSSM medical staff, having “very high standards,” reportedly considered MSF standard equipment as providing Syrians a “second quality health care” (MSF HQ 1; MSF Capital Staff 2), thereby openly criticizing MSF practice. Other sources of conflict related to medical practice also highlight clear cultural variances between the two parties. Some MSF informants reported disagreements occurring as a result of differing perspectives on what constitutes medical ethics and emergency care. Additionally, the two parties had varying beliefs on how to optimally utilize the limited amount of supplies at their disposal (MSF Field Staff 3; MSF Capital Staff 2). Such differences of opinion were also compromising MSF’s capacity to maintain full operational independence and impartiality – discussed below.

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From a broader perspective, it seems that the punctual disagreements in terms of staff management or medical practice and standards, which are per se very relevant, were also symptoms of a divergence in operational approach. According to most MSF and UOSSM informants, MSF seemed to be satisfied, at that time, with running Atmah hospital independently, preferring to adopt a more traditional MSF approach, as a direct provider of health care within its own structure (MSF Field Staff 1,2; MSF HQ Staff 2,3). As such, it disregarded alternative options proposed by the UOSSM, such as supporting and reinforcing further existing networks of Syrian doctors (MSF Field Staff 1,2,4; MSF Capital Staff 1; MSF HQ Staff 3). MSF interviewees recognized the organization was reluctant to send MSF medical expatriates to collaborate with Syrian staff in a Syrian hospital. Among the reasons for such caution were (1) a general restraint stemming from the difficulties encountered in Atmah hospital in terms of staff management and medical practice (MSF HQ Staff 3); (2) security issues, as at that time many Syrian field hospitals were targeted by the government forces (MSF HQ Staff 2); and (3) the perceived politicization of the UOSSM, from which MSF was trying to distance itself (MSF Field Staff 2; MSF Capital Staff 1,2).

b. Politics and Aid

The UOSSM respondents denied having any political affiliation, and justified their operations in opposition-held areas as a consequence of the Syrian government’s restrictions on the provision of aid (UOSSM Staff 1,2). On the contrary, some MSF informants were convinced otherwise and highlighted UOSSM’s suspected political affiliation to the FSA and other opposition groups in Syria, and to the Muslim Brotherhood on a more international level (MSF Field Staff 3,4; MSF Capital Staff 1,2; MSF HQ Staff 2). Some respondents from MSF
also pointed out that the Syrian medical personnel seemed to be appointed primarily for political rather than medical reasons (MSF Field Staff 3), and were also carrying out, in some cases, activist and military operations (MSF Field Staff 4).

Further, the majority of MSF interviewees argued that the humanitarian action of the UOSSM was partially a tool to push its vested agenda, which was a political positioning as the would-be Ministry of Health of the liberated Syria after the fall of the Assad regime (MSF Field Staff 4; MSF Capital Staff 1,2,3; MSF HQ Staff 2,3). To better understand this claim, it is worth explaining that in 2012, the time of the events presented, the military and political situation in Syria was more clearly shaped between government and opposition forces, with the latter more unified than it is presently, and gaining territory (MSF Capital Staff 1,2). Again, no UOSSM respondent described such a political agenda.

**Positioning, Recognition, and Political Authority**

The perceived positioning of UOSSM as the future Ministry of Health of the liberated Syria, and the one of MSF as an independent provider of health care trying to distance itself from the UOSSM for reasons of independence and impartiality created, according to some MSF respondents, a climate of competition between the two organizations (MSF Capital Staff 1,2,3). Whereas MSF interviewees felt that the UOSSM wanted to utilize MSF’s expertise and financial capacity while appearing as the main and direct provider of aid within its territories (MSF Capital Staff 1,2; MSF HQ Staff 3), the Syrian informants felt that MSF was utilizing UOSSM’s connections to get access inside Syria as a direct health care provider without giving the UOSSM the credit it deserved (UOSSM Staff 1,2).

All MSF and UOSSM informants cited as an example of such dynamics a Press Release that MSF launched two months after the opening of the hospital in Atmah. This document, stating that MSF opened an emergency hospital inside Syria with the help of a “group of Syrian doctors” (MSF Document 1, 2012), with no specific reference to the UOSSM, was publicly shared on international media. As such, according to UOSSM respondents (UOSSM Staff 1,2), it denied de facto the recognition the UOSSM felt it deserved for the effort put together with MSF in opening the hospital in “less than a week” (MSF Document 1, 2012). Further, on a more operational level, some MSF respondents recall episodes of conflict when, in 2013, MSF started to engage directly with other Syrian medical groups, such as SUHA among others (MSF Capital Staff 1,2). It appeared that challenges in the interactions occurred as a consequence of the fact that UOSSM wanted to be the “main channel of medical care between the West and Syria” (MSF Capital Staff 2), and therefore put pressure on MSF and other Syrian medical groups in this sense. Interestingly, however, when questioned on this topic, the SUHA informant stated that the relations with the UOSSM were not an issue; he was in fact working with them as an external pharmacy consultant, while simultaneously interacting with MSF (SUHA Staff 1).

This positioning of MSF as an independent, direct provider of health care also challenged its interaction with other, more local, medical networks directly affiliated to military groups. A
major episode of such occurred when MSF opened a hospital in Kafr Khan, Northern Syria (MSF Document 4, 2012; MSF Capital Staff 1; MSF HQ Staff 1,2,3; MSF Field Staff 2). The positioning of MSF conflicted with the political authority that the Syrian medical branches of military groups controlling the area wanted to maintain in their territory and resulted in the closure of the project within a few weeks of its opening (MSF Document 5, 2012). Some MSF respondents (MSF HQ Staff 3; MSF Field Staff 2) claimed that the project in Kafr Khan was a bad experience because it was selected based on its location. The respondents stated that rather than choosing a specific location to work, MSF should have chosen a network of people who would consequently decide MSF’s area(s) of operation – thus ensuring acceptance and protection.

c. Principles of Humanitarian Action

According to some MSF respondents in the field and the capital (MSF Capital Staff 2; MSF Field Staff 3), the conflicting interactions with UOSSM also reflected the positioning of MSF in relation to the principles of humanitarian action – neutrality, independence, and impartiality.

Neutrality

Most of the MSF respondents from the field and the capital recognized that the question of perceived lack of neutrality was somehow mitigated by three main factors (MSF HQ Staff 2; MSF Capital Staff 1; MSF Field Staff 3,4). First, MSF was denied access into government controlled areas, despite its continuous requests (MSF HQ Staff 2). Second, the patients treated in MSF facilities were not only FSA fighters, but also included women and children who could not have access to public hospitals (MSF Field Staff 3). And third, in Atmah, for example, MSF even utilized the fact it was treating fighters as one of its acceptance strategies (MSF Document 2, 2014).

Independence and Impartiality

Major issues when interacting with UOSSM evolved in Atmah hospital in relation to independence and, by extension, impartiality, as highlighted by some MSF respondents (MSF Capital Staff 1,2; MSF Field Staff 3). It is initially worth noting that independent assessments of the needs combined with an impartial provision of care are a primary component of MSF humanitarian activities. As such, as per MSF informants, the then monopolistic link with the UOSSM in Atmah revealed itself challenging at two different levels. First, the conflicting opinions in terms of medical practice previously highlighted were also compromising MSF's possibility to enjoy the “independence of actions that [it] usually enjoys in conflicts” (MSF Field Staff 3). Second, in relation to the security management, another relevant aspect of MSF operations, its independence was reduced, as the organization fully relied on context information provided by the UOSSM, which were oftentimes reportedly unreliable (MSF Field Staff 3). As such, it was not possible to do any independent risk analysis, thus potentially endangering the security of MSF staff. MSF frustration with regard to security management and its dependence on the UOSSM is particularly interesting.
in relation to another aspect of MSF / UOSSM interactions – the topic of trust – discussed below.

d. Culture and Context

Mutual trust, cultural awareness, and understanding of the context are the main factors that contributed to establishing more positive relationships with the UOSSM, according to some MSF informants (MSF Field Staff 1,2; MSF Document 3, 2012). The respondents highlighted, for example, that building trust, through considering the Syrian counterparts as a source of information about the context and the humanitarian needs, as well as a source of protection while accessing Syria, did improve the collaborations between the two organizations. Security, as stated by one of the respondents, is ensured by creating networks and “is achieved if you keep being useful to the ones controlling the areas. If you help them with wounded, you get friends and protection” (MSF Field Staff 2). While these MSF respondents recognized the UOSSM’s political affiliation that others within MSF already highlighted, they also acknowledged the need for protection and thus the need to link with relevant medical politically affiliated groups in order to improve security and obtain relevant information (MSF Field Staff 1,2).

Further, according to one MSF interviewee, who has Arab Muslim origins, another issue that proved to be beneficial for MSF and UOSSM interactions was cultural awareness (MSF Field Staff 2), a topic oftentimes overlooked. For example, he reported that meeting the UOSSM members in a restaurant where the Syrian opposition groups usually gathered, rather than in an office, was a move that could open doors. Also, when starting a meeting, to talk about family and social matters, before discussing work-related issues, could help create a connection. Further, to be transparent and to explain MSF’s plans, before asking questions, could result in successful outcomes in negotiations. MSF interviewee’s knowledge of Arabic was an important added value – as also highlighted by other MSF respondents, some of them also Arabic speakers (MSF Field Staff 1,4; MSF Capital Staff 1; MSF HQ Staff 3).

A final issue that, according to many MSF informants, proved to be beneficial for the interactions here discussed was the understanding of the context, thus the creation of links with local communities and civil society groups (MSF Field Staff 2; MSF HQ Staff 1,2,3). Specifically, as reported by MSF informants involved in opening a hospital in the Syrian town of Qabasin, a contributing component to the successful interactions was the collaboration with various local actors of the area – such as the medical committee of Aleppo, the municipal council, the local authorities, and the district’s Islamic Court – whose rule was widely accepted by the community (MSF Document 6, 7, & 8 2013; MSF Field Staff 2; MSF Capital Staff 1). Further, being creative in terms of responding to the population’s needs – for example, by implementing outreach activities to support various field hospitals in the area – rather than remaining solely confined within an MSF hospital, proved to be beneficial in reaching more patients. The strategy thus increased the medical impact, as well as acceptance from the community (MSF Field Staff 2; MSF Capital Staff 1; MSF HQ Staff 1; MSF Document 6, 2013).
As final feedback, the respondents of UOSSM (UOSSM Staff 1,2) recognized some difficulties and disappointment in the interactions with MSF, especially in relation to the activities in Atmah hospital. However, contrary to the response of MSF informants, the UOSSM respondents state that they never felt competition with MSF; rather they considered it as a partner with whom, “as with others during time of war, you normally have short-term agreements” (UOSSM Staff 2).

The majority of MSF respondents agree that working with the UOSSM was necessary, and they do not regret it. Some MSF respondents expressed that in certain instances, in order to maintain independence, MSF should have directly dealt with officials and military authorities, rather than passing through the UOSSM – especially in relation to access for needs assessments, contacts, and security (MSF Field Staff 3; MSF HQ Staff 2). Further, in terms of operations and general positioning, some also highlighted that MSF should not have limited itself to its traditional way of operating. They felt MSF should have been humbler by supporting existing field hospitals or health structures through the creation of a collaborative network with various medical groups inside Syria (MSF HQ Staff 3; MSF Field Staff 2).
6. DISCUSSION

As evidenced by the desk-based study and the primary research, the reasons for the success or failure of such partnerships between international and Syrian aid organizations are multifaceted. The main issues that challenged these interactions are related to the agencies’ modus operandi, their political vs. humanitarian agenda, their adherence to humanitarian principles, and their understanding of the culture and context. Nonetheless, the findings evidenced how such categories overlap. For example, agreeing with an agency’s modus operandi may not occur without trust, based in part on common language, cultural understanding, and the benefits of day-to-day interactions. Further, agreements at one level of personnel may not occur at another level. For example, agreements about security and overall goals about the project at the level of coordination do not automatically facilitate the same agreements in practical output at the field level, and vice versa. There was not one event that ended the partnership between MSF and the UOSSM, nor does its overall lack of success at the time mean that such partnerships cannot work in the future.

6.1. Modus Operandi

Reporting

The research recognizes reporting and accountability mechanisms as issues that challenged the interactions of international and Syrian actors. In the case presented, however, it is worth noting that MSF recognizes these issues as challenging, while the UOSSM does not. This divergence in priorities could be explained partly by the organizations’ different operational approaches and goals. On one side there is MSF, with experience in humanitarian response and an internal specific structure that requires detailed returns of information in terms of medical data. These procedural requirements aim at evaluating its medical impact and ensuring its activities respond adequately to the needs it addresses. On the other side, there is UOSSM, a newly formed organization that counts as its members Syrian doctors from both Syria and the diaspora community, which is driven more by an activist spirit than from the operational angle of an INGO. Though this activist feature is more linked to a motivational issue than a modus operandi, it has an impact on UOSSM’s internal organization and operational priorities.

For MSF, the provision of services and having feedback are equally relevant; whereas, for UOSSM, the former aspect is more relevant than the latter. From a broader perspective, this reporting/accountability issue demonstrates a gap between international and Syrian aid agencies. While the former have become more procedural, the latter are mostly driven by an activist spirit and are not likely to intervene elsewhere than Syria. Nor would the latter likely exist without this specific crisis.

Although many problems in terms of reporting still remain, the findings suggest that this situation has started to change. The fact that MSF is having positive returns in limited cases suggests, from a broader perspective: (1) a change of internal governance of the Syrian
organizations, which are getting more organized by following models of INGOs; (2) INGOs are becoming more accustomed and tolerant of the Syrian humanitarian landscape, as well as more comfortable and knowledgeable of the mechanisms of donations inside Syria; and (3) the donors’ requirements might play an important role in shaping the reporting responsibilities of the Syrian organizations. For example, the UOSSM is currently running the biggest emergency hospital of Northern Syria in Bab al-Hawa and a post-operative structure in the Turkish town of Reyhanli. These facilities have been funded by UN agencies and the French Ministry of Foreign Affairs, among other donors, who would all require feedback and reporting to continue the flow of donations.

Management

The conflicting interactions of MSF and UOSSM in relation to the management of human resources highlight the inexperience of both agencies in working in partnership together, while also suggesting an underlying problem of power struggle. Both organizations expressed this struggle in relation to hospital governance and ownership of the project, thus highlighting the relevance of a more political aspect of their interactions. At the basis of these disagreements is the positioning of both organizations as the main/sole direct provider of health care inside the hospital.

To better understand this dynamic, one should again consider the nature of the agencies involved. MSF is an aid organization that, as many INGOs, typically requires independence of action to ensure its principles are maintained and its clinical protocols are adopted; it is accustomed to directly providing assistance. On the other hand, UOSSM is a diaspora organization that feels the duty to provide direct services to its own population, confirming a common feature of such types of agencies, as previously noted. Although ready and willing to receive MSF’s support, UOSSM legitimately did not accept its direct supervision.

This component of the Syrian groups’ desire to be direct providers rather than silent implementers confirms the findings of the desk-based study in relation to a legitimate frustration the Syrian groups felt toward their international counterparts. It highlights as well a clear overlapping of activities between the two agencies, a feature that could broadly apply to other INGOs and their Syrian counterparts.

Medical Practice and Standards

With regard to medical practice and standards, the disagreements between MSF and UOSSM highlight a divergence of professional practice between international and Syrian actors. It is beyond the scope of this discussion to analyze the specifics of MSF’s and UOSSM’s medical practice and patient care and their different clinical approaches. However, it is relevant to highlight two main factors that might have contributed to these disagreements. First is the inexperience of Syrian actors to work in conflict-affected areas, in contrast to MSF’s four decades of experience in such settings. Simultaneously, the Syrian doctors have decades of experience working inside Syria with their own population and a sophisticated health care
system, in contrast to MSF’s inexperience in the country. It is reasonable that the Syrian doctors may feel uncomfortable to have non-Syrians teaching them how to practice medicine in their own country, even if the setting has become a conflict-zone and thus a terrain familiar to these non-Syrian actors. Second, the fact that many of these disagreements on medical practice happened at field level suggests a lack of communication and field staff who are fully aware of these differences and how to adapt accordingly.

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The disagreements stem from a more general issue of operational approach, as both organizations acted as the direct providers of services within the same health structure, thus creating a climate that MSF members felt was competitive. This situation suggests divergences of agenda and issues of cultural understanding. Both issue are discussed in upcoming sections.

6.2. Politics and Aid

According to the current literature, the main consequences of the politicization of aid in Syria are the limited access to the population in need and the reduction of the INGOs humanitarian space. Indeed the practical case reflects these consequences, largely due to the political environment in Syria. In the case presented, it is the politicization of medical actors, manifested through underlying issues of positioning, recognition, and political authority, which impacts the relationship between MSF and its Syrian counterparts.

Positioning, Recognition, and Political Authority

The very nature of the situation in Syria is politicized. Syrian actors may be politically affiliated by default, whether because they are not allowed to work in certain areas due to the parties controlling these regions, because they themselves are comprised of individuals who have been persecuted by one political party or another, or because the actors themselves have a political agenda. In the case presented, UOSSM denied such a political agenda, where MSF felt it was indeed a motivational factor behind the organization’s activities.

Within these dual perceptions lies a conflict of each party’s positioning as a provider of medical care. In many contexts, MSF is accustomed to being positioned as a direct provider of medical aid to its patient populations, whether through the provision of staff, medications, and/or medical protocols. In the case here, many MSF informants felt UOSSM wanted to be not only a direct provider of care, but also the sole provider, due in part to an underlying political agenda. UOSSM sought recognition for its work with MSF and the work it was doing for its people, a fact that both parties agree on, regardless of the reasons behind this desired recognition.

The question becomes, not whether the Syrian actors are politically motivated, but can an INGO continue working with an actor who either openly has or whom the INGO believes to
have a political agenda, particularly when that agenda limits the INGO’s humanitarian space. In this case, at least at the field level, MSF began distancing itself from UOSSM and seeking ties with other organizations. In so doing, it further denied recognition of UOSSM as the sole provider of medical care in the region. (A similar dynamic occurred when MSF positioning implicitly denied political authority to local medical branches of military groups controlling areas where MSF aimed to operate). As a consequence, MSF lost access to a large part of the population for whom UOSSM was providing medical care. In cases where MSF’s interactions with Syrian actors had more success, interventions were based on the input from large networks and responses to needs, thus avoiding interfering with the political ambitions of specific groups.

In other contexts, MSF has cooperated with politicized actors in order to meet the needs of its patient populations. As mentioned, it is not specifically the potential political agenda of MSF’s counterpart that led to the dissolution of the partnership, but rather a constellation of factors, of which politicization is one. The relationship of politics and aid and its consequential reduction of humanitarian space also have an impact on the capacity of MSF, and broadly INGOs, to maintain their operational humanitarian principles. Furthermore, at a basic level, whether UOSSM had political ambitions or whether MSF denied UOSSM recognition – both for its work and as a political authority – each group questioned the motivations of the other and fundamentally did not share mutual trust in this regard.

### 6.3. Principles of Humanitarian Action

The degree of compromise that international agencies might be willing to accept in order to operate in the Syrian environment must be balanced with their adherence to the humanitarian principles of neutrality, impartiality, and independence.

**Neutrality**

As discussed in previous chapters, INGOs in Syria are forced to decide whether to work in government- or opposition-controlled areas, thus seeing their neutrality already reduced. Further, given the fragmented nature of the opposition groups, it is challenging to be neutral while collaborating with those groups. In fact, MSF’s trying to maintain its neutrality by building networks with various medical groups, thus denying the sole authority to the UOSSM, had a practical impact on their interactions.

**Independence and Impartiality**

The findings show that the international agencies’ attempting to maintain independence and impartiality was another source of conflict in their interactions with Syrian organizations. The practical case shows that conflicts stemmed not from opposing views on the principles themselves, but from difficulties in maintaining those principles in relation to specific components of activities, such as medical practice and security management. In relation to medical practice, no respondents referenced an example where impartiality itself was
compromised – that is, where the treatment of a patient was denied due to discriminatory factors. However, in having limited independence to decide which populations were most in need as a partial result of the partnership with the UOSSM, the patient population was limited, as well. Thus, the lack of independence led to a lack of complete impartiality with regard to access to specific populations, but not in terms of specific patients’ being denied care. The principle of impartiality is relevant for treating patients and goes beyond humanitarian principles as a question of medical ethics, as well. Further with regard to medical practice and independence, the disagreements over medical protocols and standards are not only conflicts of management and power struggles, as discussed above. They reflect each organization’s desire to exercise its own independence.

The response of whether it is possible or even necessary to maintain independence with regard to security management differed even among MSF respondents. Some interviewees felt MSF should have conducted its own security analysis, without relying so heavily on the input of UOSSM. However, other interviewees who had more productive interactions with UOSSM felt that relying on the Syrian group for protection allowed MSF’s entrance to areas not previously accessed by any INGO. In such a volatile and insecure environment, is it possible to complete an independent risk analysis when the organization is dependent on other parties for safety? Further, international aid organizations always rely on other parties when analyzing and managing security. The question, therefore, is less about independence, in this regard, as one cannot be fully independent in such an environment. Rather, the question is about trust. The parties must trust each other’s input.

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While the adherence to humanitarian principles provides legitimacy to international organizations, one should question whether this is also the case for Syrian groups, just as a simple extension of their collaboration with INGOs. However, as discussed previously, humanitarian principles and the principles of charity and relief in the Arabic-speaking and Islamic world are not necessarily opposing. In this specific case, the relevance of the context in which the interactions take place, as Olivier de Sardan’s paradigm highlighted, plays a role. In the context of Syria, national and diaspora groups are serving their own community, while some of their members have been, in some cases, threatened or persecuted by different warring parties. As such, their sentiments towards the population and the political actors are different from those of international agencies.

Though asking Syrian actors to abide by the principles of neutrality, impartiality and independence while responding to a crisis is legitimate, it may miss a full understanding of the context. In politicized conflicts, such as the one in Syria, where the community itself is fragmented, diaspora groups may be aligned with one or another party during the conflict. As a consequence of these affiliations, they may feel many forms of pressure to maintain the relationships, but at the expense of upholding neutrality and independence. On the contrary, at least for medical organizations, it is more feasible to uphold the principle of impartiality at
the individual patient level, as it is based on the notion that people should receive assistance solely according to their needs, and is therefore a question of medical ethics.

6.4. Culture and Context

Issues of mistrust and cultural misunderstanding, including language barriers, are highlighted by both theory and practice as challenging topics in relation to the interactions between international and Syrian organizations. From a practical perspective, one should reflect on how the interactions between MSF and Syrian counterparts improved when trust between the different actors was indeed built. As a consequence of its humbler approach, the trust that was built between the two parties allowed MSF to better understand the context and create networks, thus gaining acceptance, rather than imposing its presence as a direct provider of health. As such, its response was more closely adapted to the needs of the population it aimed to serve. Though this is a positive aspect, it highlights that cultural awareness and knowledge of language is very important to ensure that at the field level, where most of the challenges happened in terms of medical practice, the interactions could be improved.

In some cases, the interactions between MSF and more local committees and communities were smoother than with the UOSSM. The potentially difficult relationship between diaspora and more national- or community-based groups, as previously discussed, may be a potential further explanation of the better engagement between MSF and locals, rather than with diaspora groups. However, this explanation does not allow for the assumption that local and diaspora groups are always at odds, or that INGO’s should look to work only with local communities. In fact, because members of the diaspora community left before the conflict due to persecution by the regime, they may find support by local communities who are currently facing the same persecution.

Thus, the idea that MSF’s successful interactions with local communities vs. its less-than-successful interactions with one diaspora-based organization is due to the local vs. diaspora nature of the respective groups is not fully accurate. This dynamic may have contributed to the success with the former, but it is also likely that other factors – such as MSF’s ability to maintain impartiality, create networks, and address the needs of the population as deemed by the population – were more prevalent factors.
7. CONCLUSION AND RECOMMENDATIONS

7.1. Conclusion

This dissertation has investigated the interactions between international organizations and Syrian actors in the present context of Syria. In this humanitarian landscape, Syrian actors have played a vital role in providing assistance to the population, thus partially meeting needs that would not be addressed otherwise. On the contrary, since the beginning of the conflict, the often-unsuccesful mutal cooperation of international and Syrian actors left many of the latter to work mostly independently from the international humanitarian system. Nonetheless, the scale of the crisis still urgently demands a higher degree of operational collaboration between these actors.

To address the broad topic of the interactions between international, national, and diaspora groups in present-day Syria, this dissertation has utilized a micro-level, sociological perspective based on a paradigm of Olivier de Sardan on the importance of social interactions between different groups. The research has placed those interactions within the broader discourse around humanitarian multi-actor partnerships and the mutual social dynamics between international, transnational, and national aid organizations.

This dissertation has utilized a desk-based study and primary research methodology. The desk-based study investigates the academic literature around the potential for partnerships between Syrian and international aid organizations. The primary research provides a thematic review of the interactions between MSF and the UOSSM, presented as a monograph and documented through key-informant interviews and a review of practice-based literature. By combining both findings, the research has identified specific themes that reflect challenges related to the interactions discussed. Specifically, these themes are (a) modus operandi; (b) politics and aid; (c) principles of humanitarian action; and (d) culture and context. The findings demonstrate that these categories often overlap.

With regard to the modus operandi, major challenges occurred from variances in professional requirements specifically related to reporting/accountability issues and medical practice. The former issue suggests a divergence in priorities as a consequence of MSF’s and UOSSM’s different operational approaches and goals. The latter issue suggests a divergence of professional practice between international and Syrian actors, as well as a lack of field personnel fully aware of these differences and fully prepared to adapt accordingly. The study also demonstrates how, more broadly, the inexperience of both agencies in working in partnership together, and their similar positioning as direct providers of medical care, was a source of tension in their interactions.

In relation to politics and aid, the main consequences of the politicization of aid in Syria are the limited access to the population in need and the reduction of the INGOs’ humanitarian space. Specifically, the politicization of Syrian medical actors manifested itself in these
groups’ desire for recognition and political authority. Their positioning as sole providers of medical care conflicted with MSF’s positioning as a direct provider of such. The main point the research highlights is therefore not whether the Syrian actors are politically motivated, but whether INGOs and Syrian actors can work together regardless of this potential political motivation.

With regard to the principles of humanitarian action, the research shows the challenge for INGOs to potentially compromise their full adherence to the principles of neutrality, independence, and impartiality in order to operate in the Syrian environment. The legitimacy these humanitarian principles provide to INGOs may not automatically apply to Syrian groups. Neutrality is by default reduced in Syria, where international and Syrian aid organizations cannot simultaneously work in government- and opposition-controlled areas. Independence and impartial access to the population may have to be balanced with accepting the autonomy of the partner organization and its operational approach. On the other hand, impartiality on its own was less of an issue in the case presented, as both actors were medical organizations following principles of medical ethics.

In relation to culture and context, issues of mistrust and cultural misunderstanding, including language barriers, challenged the interactions between international and Syrian organizations. Trust, in particular, was a recurring issue that arose and overlapped among all four themes. As the practical case shows, cultural awareness and knowledge of language on the part of INGOs’ personnel at all levels (from coordination to the field) can lead to a consequent higher degree of mutual trust, thus facilitating more positive social dynamics with Syrian counterparts.

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The ability to maintain impartiality, communicate and create networks with its Syrian colleagues, and address the needs of the population as required by the local counterparts were major contributing factors for MSF’s gaining access to areas that could not be reached previously. As the challenges of such interactions overlap among the four themes presented, so do the successes. Drawing from this particular positive outcome, one may conclude that INGOs and Syrian aid organization may successfully partner together with some degree of flexibility, compromise, and trust required on each side. These requirements exist at various levels of personnel and overlap within and among the four major themes developed in this research. Such interactions are feasible in an environment where INGOs and Syrian actors alike are transparent at every level about their internal hierarchy and are able to constantly communicate the rationale behind their approaches and ideas.

7.2. Recommendations

INGOs and Syrian aid organizations alike must acknowledge each other’s strengths and mutually benefit from them. At each level of interaction, there must be constant cooperation, not just at the macro level of principles and access but also, and especially, at the micro level
of day-to-day activities. Though they may benefit from the specific expertise INGO’s have in similar conflict settings, Syrian actors know the local context and population and have a history and future in the country. As such, the parties that may be required to compromise the most in this setting are INGOs. The following recommendations are aimed at them.

The final set of recommendations is a list of topics for possible further research.

**Modus operandi**
- Support and complement the Syrian counterpart’s work, rather than duplicate it, acknowledging that this support may require a degree of flexibility in the INGO’s usual modus operandi as a direct provider of humanitarian assistance.
- In reporting, provide human resources to analyze data or train/hire Syrian counterparts in this task, thereby allowing Syrian actors to provide the operational services and respecting both parties’ priorities.
- In medical aid, ensure field staff properly explains not only the medical protocols, but also the clinical rationale behind the choice of protocols. The organization must simultaneously adapt to the local standards of care, when possible and/or relevant.

**Politics and Aid**
- Recognize that the Syrian humanitarian landscape is based on political and military affiliations.
- Base interventions on input from large networks of actors and responses to needs in order to avoid contending with the political ambitions of specific groups.

**Principles of Humanitarian Action**
- Adhere to humanitarian principles without expecting or forcing the same level of adherence by Syrian actors as a *conditio sine qua non* for engagement with them.

**Culture and Context**
- Invest in staff members well versed in the language and cultural nuances at all levels of activity – from coordination to field.
- Create networks and rely on Syrian groups to provide contextual information and protection.
- Exchange trainings at various levels whenever possible, in an effort to reinforce the different skill-sets each party brings to the collaboration.
- Establish trust through transparent dialogue and communication regarding goals, motivations, and issues that may arise.

**Recommended Topics for Further Research**
To further the knowledge on the topic discussed, MSF could invest in a more comprehensive research strategy that might include the following areas:
- An inter-sectional study of MSF experiences in their interactions with Syrian actors
- An investigation of MSF’s challenges and/or successes in Southern Syria and in similar neighboring contexts (e.g.: Iraq, Yemen)
- A specific study on the impact of security on the potential for collaboration with Syrian actors in these contexts

On a more general level, further topics of research may include:
- The interactions between international and Syrian actors in Syria’s neighboring countries (e.g.: Lebanon, Jordan, and Turkey)
- The collaborations between international and Syrian non-medical actors
- A study that focuses on the interactions between donors and Syrian actors
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### 8.2. Primary Sources

#### Interviews

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9. ANNEXES

9.1. Reference Maps of MSF and UOSSM Activities

Map 1: Syrian Arab Republic and location of Aleppo Governorate
Source: UNOCHA, 2014
Map 2: Aleppo Governorate
Source: UNOCHA, 2013

- Atmah (MSF/UOSSM)
- Kafr Khan (MSF)
- Qabasin (MSF)
- Reyhanli (UOSSM)
- Bab Al Hawa (UOSSM)
9.2. Timeline of Activities and Context Events

<table>
<thead>
<tr>
<th>Month</th>
<th>MSF and UOSSM Main Activities</th>
<th>Major Context Events</th>
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<tbody>
<tr>
<td><strong>2011</strong></td>
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</table>
| March      | - *Médecins Sans Frontières* (MSF) starts responding to the Syrian crisis from Jordan through donations.  
- The Rassemblement des Médecins Libres, soon-to-be *Union des Organisations Syriennes de Secours Médicaux* (UOSSM), is formed in Paris. | - The Syrian uprising starts in Dara’a.                                               |
| April      | - MSF is in Damascus to negotiate access with the Syrian government and the Syrian Arab Red Crescent. The negotiations fail.  
- MSF team moves from Lebanon to Turkey. Donations and financial support continue, via the UOSSM. | - The Free Syrian Army (FSA) is officially formed.                                     |
| June       | - MSF meets UOSSM in Paris. Discussions about assessments in Syria and support from Turkey.     |                                                                                      |
| October    | - MSF’s exploratory mission along the Syrian-Turkish border with UOSSM support.                |                                                                                      |
| **2012**   |                                                                                                |                                                                                      |
| January    | - The UOSSM is officially formed in Paris.                                                     |                                                                                      |
| April      | - UOSSM proposes MSF to open a joint project in Atmah.                                        |                                                                                      |
|            | - MSF team moves from Lebanon to Turkey. Donations and financial support continue, via the UOSSM. |                                                                                      |
| June       | - MSF and UOSSM open Atmah Emergency Hospital.                                                 |                                                                                      |
| July       | - UOSSM’s post-operative center, *Daar al-Istshfiaa*, opens in Reyhanli (Turkey), supported by MSF and *Médecins Du Monde* (MDM). | - The *Battle of Aleppo* begins.                                                     |
| August     | - MSF’s Press Release about opening the project in Atmah.                                      |                                                                                      |
|            | - MSF’s exploratory mission in North Aleppo region.                                            |                                                                                      |
| October    | - MSF opens a surgical hospital in Kafr Khan, in collaboration with medical networks other than UOSSM. |                                                                                      |
| November   | - Disagreements in the hospital and political pressure from military groups.                  |                                                                                      |
| December   | - MSF leaves Kafr Khan.                                                                       |                                                                                      |
2013

**January**
- MSF team identifies Qabasin, in Northern Aleppo Governorate and decides to open a project there.
- UOSSM’s hospital in Bab al-Hawa opens.

**May**
- Qabasin activities start. Collaboration with local authorities, civil society organizations, and medical networks.

**August**
- The Islamic State of Iraq and Sham (now Islamic State) takes control of the Northern Aleppo Governorate.

2014

**January**
- Five members of MSF team (Brussels Operational Center) kidnapped in northern Syria.
- MSF evacuates its international staff from Syria.
- Kidnapped MSF team is released.
- Qabasin project closes due to security issues.

**July**

**August**
- Battle between the FSA and IS in northern Aleppo Governorate.
Faculty of Technology, Design and Environment

Ethics Review Form E1

This form should be completed by the Principal Investigator / Supervisor / Student undertaking a research project which involves human participants. The form will identify whether a more detailed E2 form needs to be submitted to the Faculty Research Ethics Officer.

Before completing this form, please refer to the University Code of Practice for the Ethical Standards for Research involving Human Participants, available at http://www.brookes.ac.uk/Research/Research-ethics/, and to any guidelines provided by relevant academic or professional associations.

It is the Principal Investigator / Supervisor who is responsible for exercising appropriate professional judgement in this review. Note that all necessary forms should be fully completed and signed before fieldwork commences.

Project Title: INTERNATIONAL, DIASPORA, AND NATIONAL HUMANITARIAN ACTORS IN PRESENT-DAY SYRIA. THE INTERACTIONS BETWEEN MÉDECINS SANS FRONTIÈRES AND THE UNION DES ORGANISATIONS SYRIENNES DE SECOURS MÉDICAUX

Principal Investigator / Supervisor: BRIGITTE PIQUARD

Student Investigator: MASSIMILIANO REBAUDENGO

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the study involve participants who are unable to give informed consent? (e.g. children, people with learning disabilities, unconscious patients)</td>
<td>☐</td>
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<tr>
<td>2.</td>
<td>If the study will involve participants who are unable to give informed consent (e.g. children under the age of 16, people with learning disabilities), will you be unable to obtain permission from their parents or guardians (as appropriate)?</td>
<td>☐</td>
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<tr>
<td>3.</td>
<td>Will the study require the cooperation of a gatekeeper for initial access to groups or individuals to be recruited? (e.g. students, members of a self-help group, employees of a company, residents of a nursing home)</td>
<td>☐</td>
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<tr>
<td>4.</td>
<td>Are there any problems with the participants’ right to remain anonymous, or to have the information they give not identifiable as theirs?</td>
<td>☐</td>
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<tr>
<td>5.</td>
<td>Will it be necessary for the participants to take part in the study without their knowledge/consent at the time? (e.g. covert observation of people in non-public places?)</td>
<td>☐</td>
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<tr>
<td>Question</td>
<td>Yes/No</td>
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<td>6. Will the study involve discussion of or responses to questions the participants might find sensitive? (e.g. own drug use, own traumatic experiences)</td>
<td>Yes</td>
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<td>7. Are drugs, placebos or other substances (e.g. food substances, vitamins) to be administered to the study participants?</td>
<td>Yes</td>
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<tr>
<td>8. Will blood or tissue samples be obtained from participants?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>9. Is pain or more than mild discomfort likely to result from the study?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>10. Could the study induce psychological stress or anxiety?</td>
<td>Yes</td>
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<tr>
<td>11. Will the study involve prolonged or repetitive testing of participants?</td>
<td>Yes</td>
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<tr>
<td>12. Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>13. Will deception of participants be necessary during the study?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>14. Will the study involve NHS patients, staff, carers or premises?</td>
<td>Yes</td>
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If you have answered ‘no’ to all the above questions, send the completed form to your Module Leader and keep the original in case you need to submit it with your work.

If you have answered ‘yes’ to any of the above questions, you should complete the Form E2 available at [http://www.brookes.ac.uk/Research/Research-ethics/Ethics-review-forms/](http://www.brookes.ac.uk/Research/Research-ethics/Ethics-review-forms/) and, together with this E1 Form, email it to the Faculty Research Ethics Officer, whose name can be found at [http://www.brookes.ac.uk/Research/Research-ethics/Research-ethics-officers/](http://www.brookes.ac.uk/Research/Research-ethics/Research-ethics-officers/)

If you answered ‘yes’ to any of questions 1-13 and ‘yes’ to question 14, an application must be submitted to the appropriate NHS research ethics committee.

Signed: Brigitte Piquard

Signed: Massimiliano Rebaudengo

Date: July 3rd 2015