An analysis of humanitarian and health aid alignment over a decade (2011-2019) of the Syrian conflict

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Research Article

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Abstract

Background

The 11 years of the devastating conflict in Syria resulted in more than 874,000 deaths, and in thirteen million refugees and internally displaced people.\textsuperscript{1,2} The health system was severely affected and has become aid dependent. This study examines aid alignment over a decade of the Syrian crisis from 2011 to 2019.

Methods

Aid alignment was explored as a part of the 2005 Paris Declaration Framework on aid effectiveness. Based on OECD’s survey on monitoring the Paris Declaration,\textsuperscript{3,4} and based on a proposed methodology to assess aid effectiveness by Burall and Roodman in 2007,\textsuperscript{5} we designed a sequential mixed methodology to address two main indicators: alignment with national strategies and local procedures, and aid delivery through local systems. The quantitative part investigated the financial alignment of aid using financial data trackers, such as Creditor Reporting System (CRS) and the UN-OCHA financial tracking system (FTS), and the relevant humanitarian needs estimations by the Humanitarian Assistance Response Plans (HARPs), Humanitarian Response Plans (HRPs), and Humanitarian Needs Overviews (HNOs). The qualitative part relied on four Focus Groups Discussions (FGDs) and four expert interviews with key policy makers and practitioners involved in the health response in northwest Syria, with the aim to interpret the quantitative findings.

Results

While the study found an improvement in aid budget alignment with local procedures in Syria from 34% in 2012 to 86% in 2019, we found limited alignment with local strategies. Our qualitative findings pose doubts in the ability of the various data sources of humanitarian needs to reflect the actual realities, especially before 2014, due to lack of comprehensive local engagement and data systems by then. Therefore, even if humanitarian budget seemed to be aligned with the national procedures, the national plans did not seem to align with the actual realities, let alone the increase in the financing deficit over the years of the conflict. The reliance of humanitarian and health aid on governmental structures, as a main recipient, in Syria was much lower than other developing and fragile countries. This is mainly due to the nature of the Syrian conflict where the government is a party to the conflict.

Donors were found to have invested poorly in advancing national and sub-national planning in Syria, as a result of donors’ over reliance on the UN-led humanitarian system which struggles in armed conflict settings such as Syria. As a result, we found a disconnection between field realities, national planning, and humanitarian aid.

Conclusion

In light of the dreadful humanitarian crisis in Syria, there has been an adverse aid alignment. There is an urgent need to improve aid alignment through more investment in local planning even at district or governorate level. This is especially important to navigate through conflict sensitivities while responding to local needs and initiating local developments. These approaches, combined with adopting health sector-wide approach (SWAp), could contribute to a better initiating of the humanitarian-development-peace nexus in Syria, which in turn can contribute to a better aid alignment and aid effectiveness.

Introduction
Armed conflict settings are often very aid-dependent, and there are copious amounts of aid received by countries affected by conflicts. While there have been several studies tracking levels of aid to conflict-affected countries,⁶ there has been a dearth of research on aid effectiveness in these contexts.

Aid effectiveness can be defined, as per the World Bank, as “the impact that aid has in reducing poverty and inequality, increasing growth, building capacity, and accelerating achievement of the development goals set by the international community”.⁷ Aid effectiveness thus expresses the success or failure of aid to developing countries. In conflict settings, although donors try to play a neutral role, the impact of aid is not neutral and becomes part of the conflict mechanisms.⁸

The Organisation for Economic Co-operation and Development (OECD) Donors have made significant efforts to maximize aid impact and deepen development cooperation. These efforts have resulted in formulating fundamental principles and measures for aid effectiveness through four high-level forums in Rome, Paris, Accra and Busan in 2003, 2005, 2008, and 2011 respectively.⁹ However, during the past decade, donors have not given the required attention to aid effectiveness, reducing the positive impact that aid can have in recipient countries.¹⁰

According to the 2005 Paris declaration, there are five main principles for aid effectiveness: ownership, alignment, harmonization, managing for results and mutual accountability.¹¹ Our study focuses on examining aid alignment in the Syrian conflict between 2011 and 2019.

To achieve the principle of alignment in the Paris Declaration, donors must “base their overall support on partner countries’ national development strategies, institutions and procedures.”¹¹ Accordingly, the OECD developed few indicators to assess the various elements of aid effectiveness. For aid alignment, three indicators were identified: Alignment with local development strategies, budget support is aligned with local procedures, and project support is delivered through local systems. We tried to assess these three indicators in Syria to investigate aid alignment there.

Considering the scarcity of the literature on humanitarian aid effectiveness in conflict environments, a key question remains unanswered: Is humanitarian aid less likely to achieve the principles of aid alignment in contexts of conflict and violence? And is this linked to the lack of governance and accountability and the absence of governmental structures if such settings? The Syrian case study might help in answering these questions in relation to aid alignment.

**Study setting**

The Syrian crisis was described as “the worst humanitarian crisis of the 21st century”.¹² From the outbreak of protests in Syria in 2011 until 2020, the conflict seems to have causes about 874,000 deaths,² among which about 606,000 people were killed.¹³ Of the 22 million population of Syria, more than 13 million are refugees and internally displaced people.¹⁴ 98% of people in Syria live in extreme poverty, as they live on less than $ 1.90 per person per day.¹⁵

The areas of military influence changed dramatically in Syria between 2011 and 2019, and this was accompanied by significant changes at the level of governance and the management of humanitarian and health aid. Figure 1 illustrates eight different areas of influence in Syria as of 2019, and the country is politically more fragmented than ever.¹⁶
For simplification, we can distinguish between three main areas of control in Syria. (1) The GoS controls central, coastal, and southern areas supported by Russia, Iran, and Shia militias such as Hizabullah. (2) Various opposition forces control areas in northwest Syria in Idlib and Aleppo governorates supported by Turkey mainly. In these areas, two governments emerged; the Syrian Interim Government, which as formed by the National Coalition of Syrian Revolutionary and Opposition Forces in 2013 and operates in Turkish controlled areas,17–19 and the Syrian Salvation Government (SSG), which was formed by Hayat Tahrir Al-Sham (HTS) and operated in Idlib governorate.20 (3) The Autonomous Administration of North and East Syria (AANES) controls areas in northwest Syria supported by the USA and other international powers.21,22

The Syrian crisis necessitated a large scale humanitarian response which started in 2011 through local and international NGOs. In 2014, the UN Security Council adopted Resolution 2165 allowing UN agencies to provide aid into Syria through four border crossings to facilitate aid access to areas not under the control of the Syrian government.23 This resulted in three distinctive humanitarian hubs in Syria; one in Damascus delivering aid to areas under the control of the Government of Syria (GoS), another in Gaziantep/Turkey delivering aid to opposition controlled areas in northwest Syria, and a third in Jordan delivering aid to opposition controlled areas in southern Syria. To coordinate these three humanitarian hubs the Whole of Syria approach (WoS) was established in Amman/Jordan in 2015.25 The coordination mechanisms of the humanitarian response are run by the UN Office for the Coordination of Humanitarian Affairs (OCHA), which is responsible for leading the Humanitarian Response Plans (HRPs) and Humanitarian Needs Overviews (HNOs) and documenting the development process.26 However, the UN-led cross border aid in southern and in northeast of Syria ended in 2019 after the Russian and Chinese vetoed the extension of the UNSCR to deliver aid to these areas cross the border.24

Between 2016 and 2018 and with the collapse of the Islamic State in Iraq and Sham (ISIS), another humanitarian hub emerged in northeast of Syria delivering aid to areas controlled by the Self Administration of North East Syria. The humanitarian response in this hub is coordinated through the NGO Forum and through a Working Groups mechanism with loose links with the WoS approach in Amman.

Although the Syrian government has been accused of several war crimes including the use of chemical weapons against its own people,27,28 it is still considered as a legitimate government at the United Nations. Most of the aid financial trackers, such as the OECD’s Creditor Reporting System (CRS), therefore, recognises the Syrian government and not the other de facto governments in the different areas of control.29 It is crucial for us, therefore, not to limit our analysis to financial data from such trackers due to the bias of relying only on the structures and plans of the Syrian government.

According to the UN-OCHA, the top ten humanitarian donors for Syria in 2019 were: the USA, Germany, UK, EU, Canada, Norway, Denmark, Japan, France, and Sweden, respectively.30 And the top funded sectors in 2019 were: food security, health, education, water sanitation hygiene, emergency shelter and Non-Food Items (NFI), and protection, respectively.30

**Methods**

**Study design**

The study used a sequential mixed methodology to explore aid alignment in Syria between 2011 and 2020. The study design was informed by the OECD’s survey on monitoring the Paris Declaration,3,4 and by a proposed
methodology to assess aid effectiveness by Burall and Roodman in 2007. The study tried to assess aid alignment through two main indicators: (1) alignment with local strategies and local procedures, and (2) aid delivery through local systems. It is important to note that we intentionally use the term “local” instead of “national”. This is to accommodate the complex geopolitics of the Syrian conflict where “national” level can be tricky to define in the different areas of control, and where the GoS, the international recognised legitimate government, is a party to the conflict. We considered thus the different humanitarian actors that should be involved in assessing needs, developing response plans and budgets, and leading implementation and evaluation.

The quantitative part investigated the two indicators using financial data trackers, such as Creditor Reporting System (CRS) and the UN-OCHA financial tracking system (FTS) alongside with using the relevant humanitarian needs estimations by the Humanitarian Assistance Response Plans (HARPs), Humanitarian Response Plans (HRPs), and Humanitarian Needs Overviews (HNOs). The qualitative part then relied on four Focus Groups Discussions (FGDs) and four expert interviews with key policy makers and practitioners involved in the health response in northwest Syria, with the aim to fill gaps and interpret the quantitative findings.

Quantitative Analysis

Data sources

Data on humanitarian and health aid were extracted from the OECD’s Creditor Reporting System (CRS), and the OCHA’s Financial Tracking System (FTS). Despite some limitations of CRS and FTS, these databases provide a comprehensive source for tracking health and humanitarian aid for conflict-affected countries, which allow for analysis of different aid activities, multilateral and philanthropic donors, country donors and recipients, purpose, policies, and years. The CRS data used in this analysis are based on 31 April 2021 update and were downloaded on 15 August 2021. The FTS data were downloaded to an excel sheet on 17 August 2021. Financial data were collected and analysed from 2011, the year the protests began in Syria against the Syrian regime, until 2019, the last year available from the CRS database when downloading data from the CRS.

There are quite a few differences between CRS and FTS; CRS is more comprehensive and offers more details at donors’ and recipients’ levels, including different sectors and reporting values in both constant and current US dollars. In comparison, FTS provides continuously updated monitoring of funding progress against the Humanitarian Response Plans and appeal requirements.


Data was extracted based on gross disbursements rather than commitments, because we are looking for “the actual international transfer of financial rather resources, or goods or services valued at the cost to the donor”.

To analyse aid trends over the study period, we relied on the constant 2019 US dollar rather than the current dollar to account for changes in exchange rates and inflation. The Development Assistance Committee (DAC) deflator converts the amounts back to the value they held in a specific year; in our example, 2019. The aid database includes the bilateral ODA of the DAC members and excludes their contributions to the regular budgets of multilateral institutions when accounting for bilateral aid.
We excluded the Turkish humanitarian donor from our analysis due to a classification error in reporting on the CRS system. The Turkish donor reports the expenses on Syrian refugees in Turkey as an ODA grant, although these expenses did not reach the recipient country – in this case Syria.

Data on humanitarian needs and local strategies were extracted from the OCHA database FTS. The FTS database includes inputs from the OCHA’s humanitarian and response plans (HRPs) and the OCHA’s people in need (PIN) projection, which can be considered the most reliable sources on national needs and strategies. Alignment with needs and strategic plans was assessed by determining proportions of funding aligned with OCHA-approved plans from the total funding reported to the FTS. Also, annual plans coverage ratios were calculated during the study period.

Data on the use of local systems were extracted from the CRS database. The Paris Declaration recommended that donors use ‘recipient countries’ systems and policies to promote development goals. The percentage of health and humanitarian aid that flows through government channels was calculated. These ratios were compared with the global ratios of all fragile and developing countries receiving aid.

Quantitative variables

Relying on the above-mentioned databases, we identified several variables to represent donors’ disbursements, humanitarian local strategies and procedures, and the use of local systems. The following table summarises the variables used in the quantitative analysis:

Table 1 List of variables included in the quantitative analysis
<table>
<thead>
<tr>
<th>Domain</th>
<th>Variable</th>
<th>Source</th>
<th>Comments</th>
</tr>
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| Donors’ disbursements                      | Health aid                | CRS    | This variable was a sum of the following variables *
1. Health General – (121)                |
2. Basic Health (122)                     |
3. Non-communicable diseases (123)        |
4. Population Policies/Programmes & Reproductive Health (130)

| Humanitarian aid                           | CRS                       |        | This variable was a sum of the following variables *
1. Emergency response (720)               |
2. Reconstruction, relief, and rehabilitation (730) |
3. Disaster prevention and preparedness (740)

| Humanitarian local strategies and procedures | Percentage of humanitarian plan coverage | FTS    | The FTS calculates this variable based on the HRP and the reported funding                                                                 |
| Percentage of humanitarian funding through plans | FTS                       |        | The FTS calculates this variable based on the HRP and the reported funding                                                                 |
| Number of people in need of humanitarian assistance | PIN                       |        | This variable was extracted from the “People In Needs” data from OCHA                                                                              |

| Use of local systems and channels          | The percentage of health aid through a recipient government | CRS    | These two variables were extracted from the CRS data where “recipient government” is named as the “channel reported” |
| The percentage of humanitarian aid through a recipient government | CRS                       |        |                                                                                                                                                           |

* The CRS database has a coding system that identify the purpose of the funding. Data on the destination sector are recorded using 5-digit purpose codes; it is a compulsory classification due to the specific areas that aid tends to support in the recipient’s countries. Thus, aid was allocated to the most suitable code available within each sector. 

Health aid was outlined by DAC 5 CODE 120: I.2. to 130: I.3, which includes Health General (121), Basic Health (122), Non-communicable diseases (123), and Population Policies/Programmes & Reproductive Health (130). Therefore, health aid represented just non-humanitarian health. So, there is no duplication with humanitarian aid. Humanitarian aid was outlined by DAC 5 CODE with 700: III, which includes: emergency response (720), reconstruction, relief, and rehabilitation (730) and disaster prevention and preparedness (740). These sub-categories have many health-related aspects in emergencies and humanitarian aspects. Nevertheless, they do not intersect with non-humanitarian health sub-categories in the health sector.

**Qualitative analysis**
The financial data were insufficient to assess aid alignment in Syria. We complemented the quantitative analysis with four Focus Group Discussions (FGDs) and four semi-structured interviews with experts, humanitarian practitioners, and public sector officials to fill gaps and interpret the quantitative findings. This was crucial because the quantitative data was not an accurate reflection of what is happening on the ground. This might be related to incompleteness and misclassifications in financial reporting, but more importantly it is related to the conflict sensitivities where the GoS is recognised in such databases as the only representative of national planning, strategies, and local systems.

We used purposive sampling followed by snowballing sampling approaches to identify the FGDs participants. The research team invited 31 humanitarian workers in senior positions from health NGOs and INGOs, local authorities, technical entities, and the Turkey Cross-border health cluster for Syria’s response to FGDs in Turkey – Mersin in August 2021. 25 out of 31 accepted and attended the FGDs, and 88% of the participants were from a health and medical background with vast experience in humanitarian and health programs. Four FGDs were conducted with an average of 12 participants in each one. The discussions were conducted in Arabic, with four research assistants as note takers. The FGDs were not recorded based on the participants’ preference.

The FGDs were followed by four semi-structured interviews with representatives of 4 leading donors in September-October 2021 to understand the key stakeholders’ perspectives, especially as they are heavily involved in implementing humanitarian and health services in northern Syria. The feedback from these key informants aligned strongly with areas discussed in the FGDs. The KIIs were conducted in English and recorded. They were later transcribed and anonymized using a unique identifier for each participant. Following a thematic analysis approach, data from the FGDs and the interviews were extracted and categorized into different themes.

Ethics approval

Ethical approvals to conduct the FGDs and the KIIs were obtained from the Idlib Health Directorate (June 16 2021) and King’s College London (September 22 2021).

Results

Alignment to national needs and strategies

**Overall improvements in aid budget alignment to local needs and strategies**

In 2011, 100% of the humanitarian funding was spent without a plan. Between 2012 and 2019, non-plan funding decreased from 66% in 2012 to 14% in 2019. Meanwhile, plan-aligned funding increased from 34% in 2012 to 86% in 2019. Overall, there was an increase in alignment with national needs and strategies over the study period (figure 2).

It is clear from figure 3 that the percentage of total funding reported to FTS decreased steadily during the study period compared to the required fund, from almost 184% in 2012 to 75% in 2019. However, plans coverage started at around 60% in 2012, peaked in 2013 at 68%, and bottomed out in 2015 at around 53%, eventually settling on a ratio similar to the starting ratio of about 64%.

It can be seen in figure 4 that while aid funded through plans and total funding reported to FTS increased over time, there was a growing gap between required funding and total funding after 2014 and between required funding and
funding through plans over the study period.

**Available data might not reflect the actual realities on the ground**

The FGDs and the KIs focused on how HRPs and HNOs methods were developed under the leadership of the OCHA and their weaknesses. Participants confirmed that available data does not reflect reality before 2014, which is the year when the humanitarian cluster system was established in Turkey for the cross-border humanitarian response in northern Syria. The cluster system, led by the OCHA, has been responsible for leading the Humanitarian Response Plans (HRPs) and Humanitarian Needs Overviews (HNOs) and documenting the development process. Therefore, comprehensive data about humanitarian needs and appealed funds were unavailable for all parts of the country before 2014.

The participants argued that even after 2015, representative data on aid budget alignment with local plans might be limited due to an absence of a national body to support the development of nation-wide and needs-based response strategies. While the cluster system involves local humanitarian actors in developing response strategies, the engagement of local governance structures in northwest and in northeast Syria in such processes was almost absent. These indicators, therefore, might poorly represent the actual reality on the ground, especially in northwest and in northeast Syria. So, the actual concept of local needs and strategies was not reflected in the mentioned process. For example, several participants mentioned the case of the Strategic Advisory Group, which was established by the Whole of Syria coordination mechanism as part of the health cluster in Gaziantep and was supposed to engage all local actors – including local governance structures in needs assessment and response strategies. However, this advisory group has been deactivated since 2018, and accordingly the governance bodies in northwest Syria have since not been involved in needs assessments and in developing response strategies. This deactivation remarkably impacted the national perspectives of needs and strategies for funds in the development process of HNO and HRP. The participants argued that the subsequent HRPs, in 2019 and 2020 were poorly representing the actual needs and the sub-national response strategies in northwest Syria. The 2021 HRP had not yet been released at the time of the workshop in Mersin in August.

Another challenge that might hindered the completeness and the representation of data is the conflict complex geopolitics and the accompanied complexity in the humanitarian structures to navigate through these geopolitics. One participant mentioned that the HNO is usually affected by the political and military influence in the various areas of control. For example, the GoS is heavily involved in needs assessment in its areas of control. There is precedent evidence that suggests the manipulation of humanitarian aid by the Assad regime. The participants argued that the GoS always submit questionable and mostly manipulated data to the HNO and the HRP. Since 2019, the GoS started to base their data for HNO and HRP on the number of people in regime controlled areas rather than on the actual needs, infrastructure, and preparedness. On the other hand, we have an absence in the participation of sub-national governmental authorities in both northwest and northeast Syria.

**Alignment: aid channelled through governmental bodies**

**Very limited use of governmental channels for both humanitarian and health aid in Syria**
There is a tendency for health donors to work through a recipient government in both fragile states and developing countries in most years of study (figure 5). Whereas the situation in Syria is different, as the percentage of funding that passes through the recipient government as a first channel is much lower than that of fragile and developing countries in all years of study. This is, according to the FGDs and the KIIIs, because the GoS was receiving very limited non-humanitarian health funding over the ten years of the conflict. However, we note an increased use of the government's channel in 2013 and 2015 in Syria.

In contrast to health aid, donors tend to use the government’s channels for humanitarian funding in developing countries much more than in fragile states over the study period (figure 6). However, the numbers for Syria are close to zero during the ten years. This is, according to the FGDs and the KIIIs, in line with the humanitarian principles of neutrality and impartiality considering that GoS is a party to the conflict.

The need to re-define the use of local systems by humanitarian and health aid

The CRS and the FTS databases recognise official governmental bodies only when calculating the percentage of aid going through local systems. The participants in the FGDs argued that this classification should be redefined, especially in conflict settings such as Syria. In conflict settings, the humanitarian principles prevent humanitarian donors and actors from engaging directly with the parties to the conflict. In the case of Syria, the GoS is one party to the conflict, which was accused with many war crimes including the use of Chemical weapons. The participants, thus, suggested that the use of the local systems should be extended to other local actors and grassroots governance structures that represent the local communities without being parties to the conflict.

Additionally, the numbers about the aid percentages through the Syria government channel might be misleading, as the Syrian government does not control all of the Syrian territories. Furthermore, projects were implemented in areas where other government bodies operate, such as the Syrian Interim Government in northwest Syria and the Autonomous Administration of North and East Syria. Unfortunately, there is no information in the CRS system on whether some funding has passed through the structures of the other government bodies or where the aid is spent.

The manipulation of aid by the Assad regime

Although the data suggest that the use of channels of the GoS has been very limited, the participants of the FGDs argued that these data could be biased. They argued that the data show the percentages of funds passed through the official governmental bodies of the GoS as a first channel; the data, however, do not consider other channels that are closely affiliated with the GoS, such as the Syrian Arab Red Crescent, Al Bostan charity – which is run by members of the Assda’s family, and the Syria Trust for Development – which is headed by Asmaa Al Assad. These NGOs received significant funding as first or second channel, and their response strategies and implementation is completely aligned with the Syrian government plans.

Furthermore, the participants discussed the balance between the use of local systems and the possibility of empowering a party to the conflict. While the Paris declaration has an embedded aim that humanitarian responses should contribute to the recipient country’s resilience, this assumption might be tricky to implement in conflict settings where national government are parties to the conflict. The participants recalled several incidents where the GoS manipulated humanitarian funding for its own interests, which might have contributed to strengthening its
political and military position. There should be, therefore, other mechanisms to work with local systems and increase the sustainability of humanitarian aid without empowering parties to the conflict.

**Conclusion And Discussion**

There have been very limited studies that assessed aid alignment in conflict settings. A review in 2004 for international aid in fragile settings suggested that the incentive effect of aid reform in fragile states is highly doubtful. In Southern Sudan, a study in 2018 found poor aid alignment and a need to increase donors’ cooperation and strengthen the government’s financial system. Another study in Afghanistan in 2012 found that aid is often ineffective, fuels nepotism and corruption in fragile states, especially in conflict, and is rarely an effective development tool.

This study contributed to the efforts of evaluating progress towards more aid effectiveness through assessing aid alignment in the Syrian conflict. The official financial trackers, such as the CRS and the FTS, indicate an improvement in aid alignment in Syria between 2011 and 2020 from 34% in 2012 to 86% in 2019 – compared to OCHA’s humanitarian and response plans (HRPs). However, our study suggests that this improvement might only poorly reflect the actual realities on the ground. Issues such as data completeness and representation, conflict geopolitics and data transparency, manipulation and politicisation of aid, and the way national and local systems and channels are defined are all challenges to be considered when assessing aid alignment learning from the Syrian context. Our study thus proposes a key question: how can aid alignment be improved when the targeted government is implicated in war crimes and crimes against humanity?

The health and humanitarian fundings increased significantly in Syria throughout the ten years of the study, in line with the increase in humanitarian needs. In parallel, the availability and the quality of needs assessments and planning processes also improved significantly. In the early years of the conflict, there was no official UN led response covering the whole country. It was not until July 2014 when the UN agencies were allowed to deliver cross border aid to areas out of the control of the GoS. The response planning thus was very limited before 2014. This explains why the humanitarian funding in 2012 and 2013 was more than the required plans. In 2014, the humanitarian funding was almost equal to the response plans, before the deficit in humanitarian funding increase from 2015 onwards. The first consolidated appeal for Syria was launched in 2015 after the OCHA led a nation-wide planning process covering the different areas of control, which resulted in the 2015 Syria Strategic Response Plan (SRP) and the 2015 Humanitarian Needs Overview (HNO).

For health funding the gaps in data are even more remarkable. There are no overall response plans for the health sector – that covers the whole country – over the study period, neither from the GoS nor from OCHA. Therefore, we cannot know to what extent health aid is aligned with real needs. However, health aid showed slight alignment in 2013 and 2015 in Syria, corresponding to the most significant internal displacements in Syria in 2013 – with about 3.5 million IDPs, and the launch of the whole of Syria approach in 2015. Finally, a slight improvement in 2017 corresponds to the second most significant internal displacements with about 2.9 million IDPs at that time.

The proportion of health and humanitarian aid passed through the structures of the recipient government as the first channel in Syria was much lower than the highly fragile and developing countries. Avoiding governmental channels by donors is consistent with the literature, as donors tend to avoid state channels when political commitment is lacking. This has special importance in Syria since the Syrian government is accused of many war crimes, including besiegement, bombardments of civilian areas, and the use of Chemical weapons. Additionally, there
are many reports on the manipulation of aid by the Assad regime.\textsuperscript{43,44} Although many countries, including major donors, imposed unilateral sanctions on the Assad regime,\textsuperscript{61–63} almost all of these sanctions exclude humanitarian aid.\textsuperscript{64} The Assad regime thus focused primarily on humanitarian aid as the only access to international funding. However, avoiding GoS channels should not mean excluding all local channels. There is a variety of local structures, including bottom-up local governance structures and local NGOs, that can act as local systems to receive humanitarian and health aid.

\section*{Recommendations}

Avoiding governmental channels while ensuring aid alignment in conflict settings can be done usually with what is called “shadow alignment.” This means implementing projects based on the government’s vision without allocating resources directly through its channels.\textsuperscript{65} In Syria, the shadowing can be done by improving the OCHA led needs assessments and response planning to involve as many as possible of local actors and bottom-up governance structures in the different areas of control. This is especially important in northwest and northeast Syria where there are well-developed local health bodies that can develop sub-national or district level strategies. This would inevitably contribute to a better aid alignment in Northern Syria. In these two areas, health donors can use sector-wide approach (SWAp),\textsuperscript{66} in contrast to the traditional project approach which is currently in use. This can help strengthening district-level local capabilities within the existing reality of de facto decentralization in Syria. On the long run, this can contribute to better local leadership and ownership and improved channels for resources flow, which in turn paves the way for more balanced local developments.

In regime-controlled areas, donors can negotiate with the GoS to work directly with local authorities on governorate-level without going through the central government. This approach may be appropriate to work in all Syrian regions, as working with the central health authorities represented by the ministries of health of different governments carries risks of corruption, politicization and manipulation of aid. Whereas, working at the level of health directorates contributes to increasing the participation of local communities, and increasing their ownership of development plans and reduce the politicization of health aid.

The split of Syria into different areas of control seems to be the de facto reality for the foreseeable time.\textsuperscript{67,68} Considering the hot contact lines between these different areas of control and the possible politicisation and militarisation of aid, the humanitarian aid should continue to be delivered cross the border into areas out of the GoS control in northwest and in northeast Syria. These cross border humanitarian operations are threatened by the Russian and the Chinese vetoes at the Security Council. In 2019, these vetoes led to the expiration of the humanitarian border crossing into northeast Syria.\textsuperscript{24} The humanitarian operations in northwest of Syria are also under continuous threat. Humanitarian donors should work on developing alternative mechanisms for cross-border humanitarian operations to avoid the politicisation of such decisions at the Security Council. This will ensure more aid effectiveness in the various areas of control in Syria.

\section*{Declarations}

\subsection*{Acknowledgement}

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\subsection*{Authors’ contributions}
The initial framing, outlines, literature review, and initial drafting of the piece, multiple rounds of edits, and producing the final manuscript were carried out by MA. All the other authors contributed to further literature review, additional content, and a round of edits. AE contributed to the overall structuring and producing the final draft. All authors read, edited and approved the manuscript.

**Availability of data and material**

All of the data sources used in this study were publicly accessible.

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**Declaration of Competing Interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

**Why Conflict and Health?**

This manuscript explains the alignment of health and humanitarian aid during a decade of armed conflict in Syria, and it is in line with the aims and the journal's scope.

**Publication**

The content of this manuscript has not been published or submitted for publication elsewhere.

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**Figures**
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influences areas in Syria in 2019

**Figure 2**

humanitarian funding for Syria 2011-2019 (FTS)
Figure 3
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Figure 4
Humanitarian aid trends VS People in need in Syria 2011-2019 (FTS)
Figure 5
Health aid through a recipient government 2011-2019 (CRS)

Figure 6
Humanitarian aid through a recipient government 2011-2019 (CRS)