



European
University
Institute

ROBERT
SCHUMAN
CENTRE FOR
ADVANCED
STUDIES



Middle
East
Directions

The Baath Party, Local Notables and Coronavirus Community Response Initiatives in Southern Syria

Abdullah Al-Jabassini

**Wartime and Post-Conflict in
Syria (WPCS)**

Research Project Report
04 May 2020
2020/08

© European University Institute 2020
Content and individual chapters © Abdullah Al-Jabassini 2020

This work has been published by the European University Institute,
Robert Schuman Centre for Advanced Studies.

This text may be downloaded only for personal research purposes. Additional reproduction for other purposes, whether in hard copies or electronically, requires the consent of the authors. If cited or quoted, reference should be made to the full name of the author(s), editor(s), the title, the year and the publisher.

Requests should be addressed to med@eui.eu.

Views expressed in this publication reflect the opinion of individual authors and not those of the European University Institute.

Middle East Directions
Robert Schuman Centre for Advanced Studies

Research Project Report
RSCAS/Middle East Directions 2020/08
04 May 2020

European University Institute
Badia Fiesolana
I – 50014 San Domenico di Fiesole (FI)
www.eui.eu/RSCAS/Publications/
cadmus.eui.eu



With the support of the
Erasmus+ Programme
of the European Union

The European Commission supports the EUI through the European Union budget.
This publication reflects the views only of the author(s), and the Commission cannot
be held responsible for any use which may be made of the information contained therein.

The Baath Party, Local Notables and Coronavirus Community Response Initiatives in Southern Syria

*Abdullah Al-Jabassini**

* Abdullah Al-Jabassini is a PhD candidate in International Relations at the University of Kent. His doctoral research investigates the relationship between tribalism, rebel governance and civil resistance to rebel organisations with a focus on Daraa governorate, southern Syria. He is also a researcher for the Wartime and Post-Conflict in Syria project at the Middle East Directions Programme of the Robert Schuman Centre for Advanced Studies.

Table of Contents

Executive Summary	1
Introduction	2
1. Overview of Daraa’s Healthcare System	3
2. The Syrian Government’s Response to Covid-19 in Daraa	5
3. Coronavirus Community Initiatives in Daraa: Organisation, Resource and Development	7
3.1. Low Penetration and Autonomous Local Initiatives	8
3.2. High Penetration and the Co-optation of Local Initiatives	10
Conclusion	13

Executive Summary

In March 2020, the Syrian Ministry of Health and the administration of Daraa's National Hospital refuted rumours of cases of Covid-19 and asserted that Daraa governorate was free of the virus. Although the rumours stemmed from insecurity, the growing civilian fear and suffering resulting from Daraa's crumbling healthcare system is not recent. Since July 2018, the month in which Daraa's rebels surrendered, the Syrian government has been facing numerous challenges in the provision of quality healthcare to the local population.

Against the backdrop of the debilitated health infrastructure, many civilians in Daraa decided to organise collectively, raise money and mobilise cross-border networks and diasporic communities to launch local initiatives against Covid-19. While these initiatives unwittingly pose a credible threat to its local control, the Syrian regime allows them to develop, as long as this philanthropic sphere remains strictly monitored and controlled. However, close to eight years of rebellion and the fragmented return of the Syrian regime to Daraa have altered the ties between local communities and the central authorities, creating variation in the ability of the Syrian regime to control individuals and resources in different regions. Therefore, the ability of the regime to capitalise on local initiatives is primarily based on the degree of penetration it has in a particular local community.

In areas of low regime penetration, the Syrian regime has limited control and is therefore weak in terms of overriding collective action, capitalising on resources and mobilising its networks of power. This has created an important autonomous space in which networks of community members have been able to organise independently, often under the aegis of clan sheikhs and notables.

In areas of high regime penetration, the Syrian regime mobilises its networks of power and requires them to intervene and support the launch of anti-coronavirus measures. While it has also tolerated the emergence of community-based initiatives in these regions, the regime has capitalised on the extra resources and workforce they provide to support local government institutions. These areas have witnessed a significant resurgence of the Baath Party and the Revolutionary Youth Union, which have hijacked local coronavirus initiatives to enhance political recruitment and promote their atrophied social role.

Introduction

On 22 March 2020, the Syrian Minister of Health, Dr. Nizar Yaziji, announced the country's first official Covid-19 case.¹ By 1 May 2020, the overall number of cases had increased to 44, including 27 recoveries and 3 deaths.² Syria is now preparing to grapple with the threat of Covid-19 after years of a fierce rebellion which has shattered the country's healthcare system and fundamentally weakened its capacity to cope with an outbreak. The decimation of infrastructure, which has left only 64 per cent of Syria's hospitals fully functional, the shortfalls in medical supplies and medicine, and the estimated 70 per cent of professional healthcare workers that have left the system are all fundamental factors that are pushing Syria's healthcare system to the brink of collapse and bringing the prospect of a catastrophic pandemic to the forefront for the country's already vulnerable population.³

As in other Syrian regime-held areas, in Daraa governorate in southern Syria, where just one Covid-19 case had been recorded by 28 April 2020, the government has stepped up measures to tackle the spread of coronavirus.⁴ Nevertheless, grassroots initiatives have emerged in parallel, engaged a wide range of community members and mobilised the resources available and cross-border networks not only to implement preventive measures against Covid-19, but to mitigate the impacts of the crisis as well.

This research paper begins by giving an overview of Daraa's health capacity and of the series of government-monitored precautionary measures taken to contain a potential outbreak of Covid-19 in the governorate. It then investigates the response of the Syrian regime and the Baath Party to the emergence and development of independent local initiatives. By moving the locus of analysis to the micro-level, the paper argues that the ability of the Syrian regime to co-opt local initiatives is determined by its level of penetration in a particular locality, or in other words, its ability to mobilise its own power networks and the extent to which it controls resources, activities and the population in a particular locality in post-rebellion Daraa.⁵

This research relies on original first-hand data collected during semi-structured interviews conducted in March and April 2020 with active medical workers, government employees in the health sector and civilians who launched and participated in local initiatives in Daraa governorate. Unless otherwise stated or cited, the data presented in this paper come from the aforementioned semi-structured interviews. In the light of the current situation in Daraa and in order to ensure the safety of all the interviewees, all names and personal identifying information have been omitted.

¹ Syrian Arab News Agency (SANA), "Minister of Health: Registering the First Coronavirus Case in Syria" (in Arabic), 22 March 2020, <https://bit.ly/2xb2GWI>

² Syrian Arab News Agency (SANA), "Ministry of Health: Six Recoveries and One New Registered Coronavirus Case" (in Arabic), 01 May 2020, <https://bit.ly/2WhbYbl>

³ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "Syria Anniversary Press Release," 6 March 2020, <https://bit.ly/2RuT2oo>; Joseph Daher, "'Before Corona, I Will Die of Hunger': The Socio-Economic Impact of Covid-19 on the Syrian Population and New Challenges for the Regime," MEDirections Blog, 2 April 2020, <https://bit.ly/39Yil8B>

⁴ Syrian Ministry of Health, "Syrian Arab Republic: Registered Coronavirus Cases" (in Arabic), accessed 28 April 2020, <https://bit.ly/3cWzhhA>

⁵ The term "state penetration" was originally coined and used by Zachariah Mampilly in the context of rebel governance. According to him, the history of state penetration in society affects the development of rebel governance. See Zachariah Mampilly, *Rebel Rulers: Insurgent Governance and Civilian Life During War* (New York: Cornell University Press, 2011).

1. Overview of Daraa's Healthcare System

In June 2018, the Syrian regime launched a military offensive to regain control over southern Syria. The heavy and sustained airstrikes and artillery shelling targeted at rebel-held areas badly damaged several hospitals and healthcare centres, which were consequently forced to close. Hospitals in al-Hrak, Bisir al-Harir, al-Mseifra and Eastern Ghariyah were demolished and many of their staff were killed in what appeared to be a deliberate targeting of healthcare facilities. This military offensive, combined with Russian-led negotiations, eventually forced the rebel organisations to surrender in July 2018.

Although the Syrian government promised to quickly resume service provision to the local population, years of armed conflict have left devastating effects on the infrastructure in Daraa and have made re-establishing a high-quality healthcare system an extreme challenge.⁶ According to the World Health Organisation's (WHO) annual report, Daraa's hospitals were some of the worst affected in Syria in the course of 2018.⁷ Another report published in July 2018 by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated that less than 50 per cent of the facilities equipped to provide healthcare in southern Syria were open.⁸ According to local sources, only 3 out of 7 public hospitals in Daraa were accessible at that time. Critical shortages in the medical workforce have also contributed to undermining the government's efforts to provide adequate medical care to the population of Daraa. Death, flight, dismissal by the Syrian Doctors Syndicate or a personal decision not to return to government-sanctioned posts out of fear of reprisals are key factors explaining the sharp decrease in the number of healthcare workers in post-rebellion Daraa.

Figure 1. Reconstruction Works at the National Hospital, Daraa City



Source: A local

The government's struggle to provide healthcare has prompted a few United Nations agencies to intervene and supplement the Daraa Health Directorate's efforts to improve provision. In July 2018, for example, the United Nations Children's Fund (UNICEF) supported three Directorate-run outpatient care facilities providing services for internally displaced people in several localities, including Kahil, al-Sahwa and al-Tiba.⁹ The level of medical care provided in public hospitals in Daraa remained poor up until the end of 2018 and a number of mobile clinics and first-aid squads

⁶ Abdullah Al-Jabassini, "Festering Grievances and the Return to Arms in Southern Syria," (Florence: European University Institute, Middle East Directions, Wartime and Post-Conflict in Syria, April 2020), <https://bit.ly/34nt2jL>

⁷ World Health Organisation (WHO), "Annual Report 2018," Syrian Arab Republic, 2018, <https://bit.ly/2Khj0aN>

⁸ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "Syrian Arab Republic: Daraa, al-Quneitra and al-Sweida," Situation Report, July 2018, <https://bit.ly/3ctOPcq>

⁹ Ibid.

were consequently deployed by the Syrian Arab Red Crescent (SARC) to provide additional services in densely populated areas.¹⁰

In the course of 2019, the Syrian government put more effort into optimising healthcare in Daraa. According to the head of Daraa's Health Directorate, Dr. Ashraf Bromo, essential hospital departments in Tafas, Nawa, Jasim and Busra al-Sham underwent partial reconstruction. However, the vital hospital in al-Hrak remains untouched due to the extent of the damage caused to it and the Syrian government's inability to repair it during such a time of financial meltdown and economic constraints.¹¹ To reduce the strain on over-stretched public hospitals, Daraa's Health Directorate restored a number of family health centres in localities such as Kherbet Ghazaleh, al-Shajarah, Tseel, Jasim and Nawa. It also provided support to two polyclinics located in al-Sanamayn and Daraa city to enable them to provide laboratory analysis, X-rays, dialysis services, diabetes treatment and specific care for pregnant women, yet it could not offer the same assistance to a third centre located in al-Jizeh, which since 2011 has only had the capacity to provide vaccines.

In spite of these improvements, an acute shortage of medical staff and specialised doctors continues to contribute to civilian suffering and undermines the government's efforts to make adequate healthcare widely accessible. In January 2019, Daraa's Health Directorate indicated that the number of specialist doctors has dropped from 300 to 52 and the number of general practitioners from 73 to 14. The Directorate has also reported the presence of only one ophthalmologist, one surgeon and one specialised orthopaedic surgeon to treat Daraa's entire population. In some cases, only two or three doctors are present at a given health facility (as in the hospitals in Nawa and Tafas), and in some more extreme situations, the manager is the only doctor present at a facility (as in al-Jizeh's polyclinic).¹²

Long waiting times – simple surgery such as a tonsillectomy can sometimes be postponed for up to 10 months – prevalent medical negligence, the lack of specialised doctors and medical equipment and difficulties in accessing regular testing are all reasons why many civilians opt for private healthcare in Daraa and Damascus, albeit at skyrocketing fees (i.e. \$150 or 190,000 SYP for a c-section surgery). As one Daraa resident explained, “Daraa's doctors became merchants, they exploit your need for quality healthcare and ask for extremely high fees ... this is what happens when the government does not monitor and control hospital prices.” For many locals, the worsening public health sector and the increasingly expensive private one contribute to feelings of pervasive uncertainty and fear which disrupt daily lives. “When you live with these conditions, you will always and unconsciously think of disasters, about where to get money from if one of your family members needs to be hospitalised ... I really have nothing left to sell except my clothes,” said one interviewee from Daraa.

In March 2020, rumours about critical Covid-19 cases in Daraa's National Hospital began circulating in the governorate. However, the Syrian Ministry of Health stressed that individuals who had recently been admitted to the hospital had not been diagnosed with Covid-19, they were suffering from “respiratory infections,” had received treatment and were ultimately discharged.¹³ Nevertheless, it was not long before Syria declared its first known coronavirus case on 22 March 2020, after which the government geared up for a battle against the virus and immediately imposed a series of precautionary measures that would restrict aspects of civilians' daily lives.

¹⁰ Abdullah Al-Jabassini, “From Rebel Rule to a Post-Capitulation Era in Daraa, Southern Syria: The Impacts and Outcomes of Rebel Behaviour During Negotiations,” Working Paper (Florence: European University Institute, Middle East Directions, Wartime and Post-Conflict in Syria, January 2019), <https://bit.ly/2CDpflK>; Syrian Arab Red Crescent, “Syrian Arab Red Crescent Activities in July 2018,” Damascus, July 2018, <https://bit.ly/3cqM23Q>

¹¹ Walid al-Zu'bi, “393,000 Services Provided at Daraa's Hospitals for 9 Months” (in Arabic), *Tishreen Newspaper*, 12 October 2019, <https://bit.ly/3b5qfOT>

¹² Walid al-Zu'bi, “After many of Daraa's doctors have migrated, two or three doctors, including the director, manage an entire hospital” (in Arabic), *Tishreen Newspaper*, 20 January 2019, <https://bit.ly/3ewTk80>

¹³ Russia Today Arabic, “Syria's Ministry of Health: No Cases of Corona in Daraa ... and the Country is Free of it” (in Arabic), 9 March 2020, <https://bit.ly/3b51Awd>

The arrival of coronavirus in war-ravaged Syria has pushed the regime to allow some 30 dismissed doctors to return to their government jobs in Daraa. However, the current shortage of medical equipment exacerbates civilian fears and raises serious doubts about the ability of Daraa's fragile healthcare system to battle a global pandemic. According to several interviews with medical staff at Daraa's functioning public and private hospitals, there are a total of 31 intensive care unit (ICU) beds with ventilators in Daraa as of April 2020.¹⁴ The number of ICU beds with ventilators and the serious shortage of medical personnel could culminate in the complete collapse of the healthcare system in the event of a Covid-19 outbreak in the governorate.

2. The Syrian Government's Response to Covid-19 in Daraa

During March 2020, the Syrian government implemented a plethora of precautionary measures in response to Covid-19. Educational institutions were closed, a curfew was introduced, cafes, parks and restaurants were shut, entry into Syria from neighbouring countries was prohibited and unauthorised travel between cities was similarly banned, the election of the People's Assembly was postponed, mosques were closed and Friday prayers stopped, the locations of medical quarantine centres were announced and the Ministry of the Interior was commissioned to organise patrols in cooperation with military and security forces to ensure compliance with the new guidelines.¹⁵

As in all the other regime-controlled areas, these measures were put into effect in Daraa governorate. The governor of Daraa, Major-General Khalid al-Hannous, formed an Emergency Cell Committee (ECC) to coordinate efforts in response to Covid-19 with the central government. The ECC is formed of two committees, the Health Committee (HC) and the Rationing Committee (RC), which meet daily, often with the presence of the Secretary of Daraa's branch of the Baath Party, Hussein Al-Rifai, to evaluate outcomes, discuss challenges and agree on tasks.

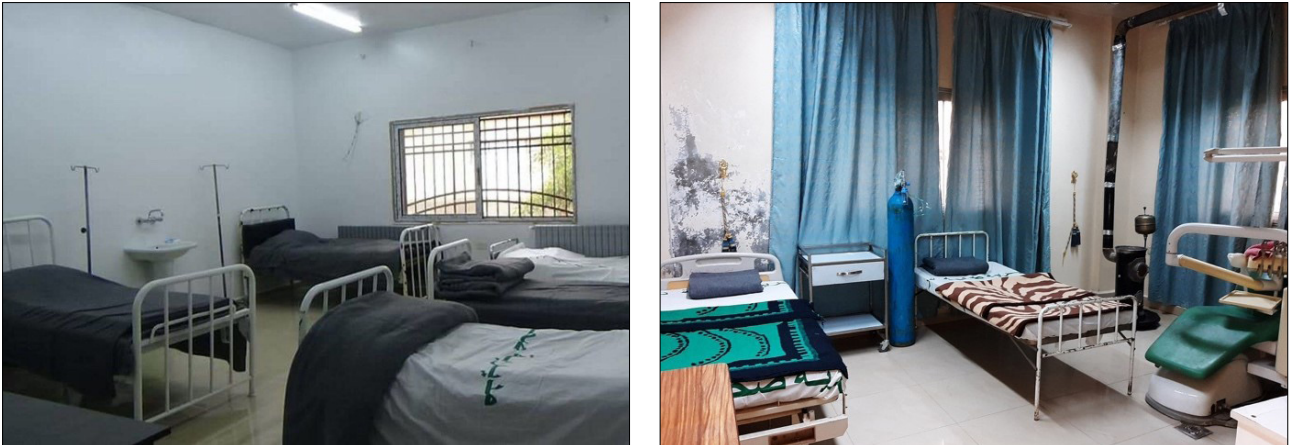
With the support of the SARC, the HC launched ongoing campaigns to disinfect streets, markets and bus garages in densely populated areas (e.g. Daraa city, Izra', Tafas and al-Sanamayn). An isolation centre was set up in Izra' hospital and three further quarantine centres were opened in Kherbet Ghazaleh town, in al-Basil Training Centre and in the al-Dahiye neighbourhood of Daraa city, with a total capacity of 92 beds (Figure 2).¹⁶ Al-Hannous toured these facilities, talked to their staff and ensured their readiness to host arrivals and suspected cases of Covid-19. By the end of April 2020, the two ill-equipped quarantine facilities in al-Dahiye and Khirbet Ghazaleh have hosted roughly 60 citizens, most of whom crossed the border to Syria illegally from Lebanon.

¹⁴ This number contrasts with a recent study which indicates that only 2 ICU beds with ventilators are present in Daraa. See Mazen Gharibah and Zaki Mehchy, "Covid-19 Pandemic: Syria's Response and Healthcare Capacity," Policy Memo (London: London School of Economics and Political Science, 25 March 2020), <https://bit.ly/2K7lc4C>

¹⁵ Russia Today Arabic, "Syria Suspends Visits and Travel from Iraq and Jordan for One Month" (in Arabic), 8 March 2020, <https://bit.ly/2V0zhHp>; Al-Watan, "The Prime Ministry Takes Several Preventive Decisions against the Coronavirus" (in Arabic), 13 March 2020, <https://bit.ly/2xnnObT>; Syrian Ministry of Education, "Extending the Suspension of Schools and Universities, 2 May 2020" (in Arabic), 11 April 2020, <https://bit.ly/3aYEViN>; Syrian Prime Ministry, "Decree No. 86 to Postpone the Election of the People's Assembly for the Third Legislative Session until Wednesday 20 May 2020" (in Arabic), 14 March 2020, <https://bit.ly/2Rul43c>; Russia Today Arabic, "For the First Time in Syria ... Suspension of Prayer at Mosques because of Corona" (in Arabic), 14 March 2020, <https://bit.ly/2Kbg7bL>; Arabic Sputnik News, "Closure of Restaurants and Cafes in Syria to Avoid Infection by the Coronavirus" (in Arabic), 17 March 2020, <https://bit.ly/2wv4Rn4>; Syrian Arab News Agency (SANA), "A Meeting of the Government Team Responsible for Addressing Coronavirus Adopts an Additional Package of Decisions to Address the Epidemic" (in Arabic), 10 March 2020, <https://bit.ly/3ehskJJ>; Al-Watan, "The Government Team Decides to Prevent Travel between Provinces to Confront Corona" (in Arabic), 27 March 2020, <https://bit.ly/2V3g1ZH>

¹⁶ Al-Basil quarantine centre was opened on 21 April 2020 in coordination with Daraa's Education Directorate.

Figure 2. Quarantine Centres in Khirbet Ghazaleh Town (left) and al-Dahiye in Daraa City (right)



Source: A local

For its part, the RC has been commissioned to coordinate with the Consumer Protection Committee to check bread quality and monitor for opportunistic price gouging on essential goods. In March and April 2020, 498 tickets were reportedly issued and 45 shops were closed for violating consumer protection laws and for reasons pertaining to illegal price increases or poor-quality products.¹⁷ The RC also supervises 16 government-run bakeries and 96 private bakeries in order to manage bread delivery to civilians through official committee- and neighbourhood-authorized distributors and prevent the formation of unnecessary crowds and queues. Nevertheless, the bread delivered to locals is often not very good quality and in limited quantity. In the opinion of one Daraa local, “they call it bread, I do not ... but we have to get used to it, there’s no other choice.” The RC also monitors the flow of essential goods into 17 branches of the Syrian Trading Establishment¹⁸ across Daraa and operates three roving vehicles delivering rations to some areas where civilians do not have access to a nearby outlet. However, the scarcity of certain products at the ‘Syrian Trading’ (e.g. tea, sugar, rice) has sent crowds of locals scrambling to obtain their rations and therefore makes social distancing almost impossible to enforce.

Figure 3. A Patrol in Sayda Village During the Curfew



Source: A local

¹⁷ Syrian Arab News Agency, “75 Rationing Fines Issued in Daraa in One Week” (in Arabic), SANA, 8 April 2020, <https://bit.ly/3ehlweS>; Tishreen, “279 Rationing Fines Issued in Daraa” (in Arabic,) *Tishreen*, 3 Mary 2020, <https://bit.ly/2Wpfl6P>

¹⁸ The Syrian Trade Establishment is a state institution with hundreds of outlets in regime-held areas which sell food and other products at low cost.

To ensure respect for the daily curfew in Daraa, the ECC cooperates with the local police to patrol neighbourhoods between 6pm and 6am on weekdays, and between 12 pm and 6 am on Fridays and Saturdays (Figure 3). By the end of April 2020, nearly 40 civilians in the cities of Daraa and Izra' had been arrested for breaking curfew, with some additionally being fined up to 50,000 SYP (USD 40). In most instances, the arrestees spent two nights at the police station, paid the fine and signed a pledge to respect the curfew before being released. In eastern Daraa, imposing the curfew is not the responsibility of the police but of the 8th Brigade of the Russian-sponsored 5th Corps. In Busra al-Sham and surrounding areas, the 8th Brigade deploys patrols to ban gatherings and observe markets and shops to ensure that sellers are following the basic protective measures. It is further responsible for imposing a lockdown when suspected cases of coronavirus are reported.¹⁹

In the course of March and April 2020, more rumours of Covid-19 emerged and began circulating in the governorate: stories of a young man who had returned from the United Arab Emirates to Jasim city, of a soldier in the Syrian Army from Jillen town who was reportedly transferred and quarantined alongside his family in Damascus, and the case of a young man who was quarantined in Damascus before being allowed to leave for his hometown, Smad, who then suffered respiratory complications and allegedly died of “tuberculosis” in Busra al-Sham hospital on 26 March 2020. While these Covid-19 stories are not linked to actual medical diagnoses or officially confirmed by the government, the simple act of sharing them worsens feelings of fear and helplessness among the civilians and has triggered the emergence of local initiatives to implement additional preventive measures. “These stories will make people feel doubtful about every word a doctor says, even if he is honest and truthful ... for me, rumours kill people faster than any virus, and that’s why we need to cooperate so as to protect our society,” one civilian from Daraa governorate stated.

3. Coronavirus Community Initiatives in Daraa: Organisation, Resource and Development

In addition to the measures deployed by the Syrian government in Daraa to fight Covid-19, civilians in many localities have launched small-scale grassroots initiatives to raise public awareness of the new coronavirus and introduce basic protective measures against it. In the context of Daraa, a local initiative or grassroots initiative should be understood as a voluntary or charitable community-based action that mobilises community members and the resources available to take the measures necessary to face threats and mitigate their impacts, especially when the state is perceived to be unable or unwilling to do so.

Countless examples of local civilian-led emergency initiatives and actions to provide direct support to community members in several localities in Daraa can be cited: sanitising schools and streets, printing posters and flyers to supplement public awareness campaigns, making free rations and loaves of bread available to families in need, providing financial support and wage relief, distributing packs of protective gloves, masks and sanitising products, and forming mobile medical teams to provide free medicine and check-ups in people’s homes are all examples of local initiatives reported in Daraa.

Although the Syrian regime has not overtly attempted to shut down community-based initiatives, it has aimed to acquire their resources and guide their actions. However, the neo-liberal immediate pre-

¹⁹ On 18 April 2020, for example, a suspected case of coronavirus was reported in Busra al-Sham. The woman who was thought to be infected had recently travelled to Daraa from Damascus. She was immediately sent back by the 8th Brigade to undergo tests and a curfew preventing entry and exit from her neighbourhood was unilaterally imposed. The case, however, was declared negative on 20 April 2020.

war policies that jettisoned the rural and peripheral constituency,²⁰ the eight years of rebellion which dispelled some previously held certainties and changed expectations, and the fragmented return of the Syrian regime to Daraa have altered and recast links, giving rise to a variation in the robustness of the ties between the Syrian regime and local communities across Daraa. Therefore, the ability and level of success the Syrian regime enjoys in co-opting local initiatives in post-rebellion Daraa depends on the degree of penetration it has in particular local communities, or in other words on its ability to mobilise its own power networks and the extent to which it controls resources, activities and the population within the community.

3.1. Low Penetration and Autonomous Local Initiatives

The Russian-led negotiations in July 2018 not only ended rebel rule but also placed restrictions on the access of the Syrian regime to certain localities in Daraa and prevented the re-establishment of its absolute control over resources and people throughout Syria.²¹ With genuine Russian patronage, civilians have tapped into a complex network of clan sheikhs, activists and former rebels integrated in the 8th Brigade of the Russian-sponsored 5th Corps to oversee government service provision and demand better local governance.²² When the coronavirus arrived in Syria, locals immediately benefitted from the effectiveness of this network and the low Syrian regime penetration in their communities, or in other words its inability to capitalise on their resources or control their behaviour so as to create an important autonomous space in which to organise and launch local Covid-19 response initiatives in parallel with those prescribed by the government.

There are three main factors that have arguably tilted civilians' preferences for cooperation in this time of pandemic even though personal resources may be becoming increasingly limited. First, organising local initiatives to assist fellow community members is not a new phenomenon in Daraa. It is a practice that people are accustomed to without expectation of reward or appreciation during peacetime which has been carried over into wartime and now into a time of crisis. Blood ties, *faz'a* (rapid response), collective responsibility and shared moral conventions facilitate the emergence of local initiatives which are often established under the direct supervision of clan sheikhs and local notables. "Before the war, we always coordinated efforts to provide indemnity to peasants whose harvest was poor ... During the war, we collected money to support civilians with food baskets and provide medical surgeries for the injured ones ... Daraa is not new to this type of initiative, and I think people respond based on the idea that 'today you help, tomorrow you will be helped,'" as one Daraa local explained.

Second, civilian fears concerning the potential impacts of the coronavirus, their experience of a shattered and deteriorating healthcare system combined with mounting scepticism surrounding official government figures are giving rise to activism, increasing cooperation and leading to collective action in order to avoid a catastrophic threshold being reached. As another Daraa local stated, "we have to forget about the government and rely on ourselves ... the government did not even provide enough medical supplies to hospitals. Do you think it can deal with a virus that even countries with developed healthcare systems are struggling to beat?"

²⁰ Raymond Hinnebusch, "Syria: From 'Authoritarian Upgrading' to Revolution?" *International Affairs (Royal Institute of International Affairs 1944-)* 88, no. 1 (2012): 95–113.

²¹ This is not the case in areas regained militarily by the Syrian regime. The two different strategies adopted to coerce Daraa's rebels to surrender (the use of armed force and Russian-led negotiations) demarcated different emerging political orders and defined the terms of the Syrian regime's presence across Daraa. See Al-Jabassini, "Festering Grievances and the Return to Arms in Southern Syria".

²² Abdullah Al-Jabassini, "Governance in Daraa, Southern Syria: The Roles of Military and Civilian Intermediaries" (Florence: European University Institute, Middle East Directions, Wartime and Post-Conflict in Syria, November 2019), <http://bit.ly/38eCzKA>

Third, the closure of the Nasib border crossing due to the Covid-19 pandemic on 8 March 2020 has left many people with severely reduced incomes (e.g. porters, drivers). In addition, the sharp decline in the incomes of small business owners and daily wage earners (e.g. barbers, construction workers) as a result of the curfew and the limitations imposed on movement and activities have decreased the purchasing power of an important percentage of the local population. This situation is worsened by rampant market manipulation in Daraa and reported coronavirus price gouging of up to 40% and another 35% after the beginning of the month of Ramadan.²³ To mitigate the economic impacts of the preventative measures against coronavirus, many groups of locals have organised initiatives to distribute basic goods (e.g. bread, rice, sugar) as one way to assist those who have become worse off due to the pandemic. “Since the government does not seem to have a plan, we had to collaborate to assist those who lost their work to ensure they get their basic needs,” an interviewee from Daraa explained.

The civilian tendency to rely on community organisation and limited resources is not only the result of restrictions imposed on the Syrian military and security institutions but also of the extremely weak return or in some cases complete absence of an institution that dominated societal activities for decades: the Baath Party. While the party and its youth branch, the Revolutionary Youth Union (RYU), have been uprooted in areas such as Busra al-Sham town, they have re-opened their doors and resumed modest activities in localities including Ma’raba, al-Museifra and Ghasm. Both the party and the RYU have lost much of their prowess in political recruitment and organisation of social life that created a space for locals to rely on in their social networks to organise daily living activities. “We have very few Baath members in our area ... they do not bother us or try to intervene in our initiative,” reported a local from eastern Daraa.

In practice, how does a local initiative emerge and develop in these areas? At the core of an initiative are the needs and concerns expressed by the community. In communities with low regime penetration where tribal characteristics are pronounced, the communities’ requirements are most often communicated to those who sit atop the social pyramid: clan sheikhs and local notables. As they interact with and listen to locals on a daily basis, sheikhs and notables sensed the local fear mounting in relation to Covid-19 and observed the economic crisis generated by the government’s precautionary measures. Therefore, many opted to mobilise the resources available and societal forces to start local initiatives which not only meet the needs of their communities but also preserve their prestige and social authority, which in practice derive from their ability to fulfil their duties to the local population.

Although local initiatives in Daraa are much under-reported, numerous campaigns emerged in March and April 2020 in response to the coronavirus and to mitigate the acute economic downturn it generated. Local notables in a town located in the eastern region of Daraa, for example, suggested distributing bread and food baskets to households whose primary breadwinner’s work had been affected by the pandemic. In order to do this, they engaged dismissed government employees to survey the number of families impacted and communicate with bakeries to calculate the potential cost of this campaign. The notables then raised the question of the initiative during their assemblies and appealed to diaspora communities to send remittances to help fund the initiative. When the requisite amount of money had been collected, the sheikhs and notables approached bakeries to instruct them to give free bread to particular families or deliver it to their homes either via existing local bread distribution schemes or by mobilising local youths to carry out the task in their place.

While some of these initiatives rely on local resources – such as civilians who dip into their savings or whose income is relatively unaffected and they share part of it – others are essentially based on the engagement of diasporic communities. In many instances, expatriate members of local communities

²³ Al-Watan, “Ramadan Table Costs a Syrian Family 600,000 SYP?! Youssef Tells ‘Al-Watan’: Prices Increased 40 Percent because of Corona!”(in Arabic), 25 April 2020, <https://bit.ly/3eWlny6>

(in particular those based in the Gulf states) have participated in community-based initiatives in Daraa, including street sanitisation, ration basket distribution and the delivery of water tanks in al-Jizeh, Ma'raba, and Busra al-Sham, with financial remittances. "Notables and sheikhs have appealed to sons of the clans based abroad to wire finances and support their people ... Many of them wired money to distribute bread, deliver water tanks, buy medical supplies for hospitals and dispensaries and donate to deprived families ... Although this support is not constant, it makes a huge difference amid these harsh economic conditions," a resident of eastern Daraa explained. However, since their host countries are also affected by the spread of the pandemic, the humanitarian response of the diaspora cannot be counted on indefinitely. Salary cuts, restrictions on movements and the closure of transfer companies have reportedly led to a 50-70% decrease in the amount of money expatriates send back to their families in Syria, according to estimates in April 2020, with the expectation of a further 50% decrease to come over time.²⁴

It should be noted that not all local initiatives are organised and planned. There are also numerous examples of spontaneous bottom-up local initiatives. For instance, several communities have brought local notables and medical staff together to discuss methods to raise awareness about Covid-19. As a result, doctors and nurses formed volunteer teams to visit patients in their homes in Busra al-Sham town and others formed committees to patrol the streets and ban weddings and funerals in al-Karak town, all under the aegis of local notables and sheikhs.

In sum, from their experience of the government's dysfunctional return and the poor quality of the services it struggles to provide, these same people who urged the Syrian government to resume service provision two years ago have now decided to rely on local capacities and resources to overcome adversity during this time of crisis, and probably beyond it. While these independent initiatives are philanthropic in nature, they also cement local networks, further recast the ties between society and the state, and challenge the Syrian regime's attempts to tighten its grip on communities and the individuals within them.

3.2. High Penetration and the Co-optation of Local Initiatives

While local populations enjoy relatively broad freedom to launch independent local initiatives in areas of low regime penetration, testimonies from other areas where the regime either maintained its grip during the rebellion or regained territorial control militarily in June 2018 suggest quite another story. The high degree of penetration of the Syrian regime in these communities is evidenced by an unlimited and unrestricted presence of state-affiliated and allied armed actors. Despite the multiplication of armed actors and the space of lawlessness that this generates, the regime is readily able to mobilise its networks of power to take control over resources and the activities of the people residing in these communities.

When the coronavirus arrived in Syria and the idea of local initiatives began to materialise, the Syrian regime prepared its power networks to step in and assist the government in the implementation of the precautionary measures it announced. Unsurprisingly, it was not long before the multiple NGOs and charities operating in regime-held areas began promoting and executing pandemic response measures in a race to exhibit their loyalty. In Daraa governorate, for instance, al-Bustan coordinated efforts with Daraa's Governorate Council, which requested manpower to assist the Syrian Trading branches.²⁵ Al-Bustan has sent many of its staff members to assist in load deliveries, organise and distribute rations, prevent crowd gatherings and supervise queueing at Syrian Trading outlets.

²⁴ Al-Iqtisadi, "Expatriates Have to Deprive their Families in Syria of Monthly Remittances" (in Arabic), 11 April 2020, <https://bit.ly/2KHi1rh>; Al-Iqtisadi, "Remittances are Expected to Decrease to Two Million Dollars a Day" (in Arabic), 8 April 2020, <https://bit.ly/2xKa41q>.

²⁵ Al-Bustan is a charity association established in 1999 along the coastline in Latakia and Tartus by the al-Makhlouf family, Syrian President Bashar al-Assad's business tycoon relatives.

Established in 2011 and licensed in January 2012, Syria's Youth Imprint (SYI) is another example of an NGO that has evolved into an *ad hoc* structure in regime-held areas. During the Syrian conflict, the SYI operated closely with the Baath Party and launched several campaigns in regime-held areas to support and provide aid for displaced people, martyrs' families and injured soldiers. When the threat of Covid-19 began looming, the SYI launched its 'National Campaign for Urgent Social Response' initiative in Syria's regime-held areas and organised its crisis activities under the supervision of the Ministry of Social Affairs and Labour. In Daraa, the SYI deployed its staff to distribute information leaflets in Nawa, sanitised streets and vehicles and delivered bread to martyrs' families and injured soldiers in Ibta', distributed cloves to police officers in Da'el and delivered aid to families in Jasim town (Figure 4).

Figure 4. SYI Members Distributes Food to Poor Families in Jasim City (left) and Sanitises Streets in Izra' City (right)



Source: A local

Meanwhile, the Syrian regime has also allowed bottom-up local initiatives organised by ordinary civilians to emerge without a pushback. As this type of collective action provides social services in the place of or in parallel with those of the government – which is struggling to provide services with stretched financial resources and a shrinking workforce – the Syrian regime has not attempted to disrupt nascent community-based initiatives and has in fact given over social space to endorse, encourage and promote their emergence and development. However, as they may unwittingly detract from its control at the local level, the regime attempts to co-opt and limit the autonomy of these initiatives originating outside of the state structure and beyond its control.

This co-optation of community initiatives offers the Syrian regime several advantages. First, with the poor quality of service delivery in Daraa, intervening in local initiatives allows the Syrian regime to capitalise on extra resources and manpower to implement the precautionary measures ordered by the government in response to Covid-19. While locals have willingly approached the municipality in a display of loyalty and cooperation in some situations, in many other instances they have planned and funded their initiatives alone before eventually accepting the intervention of the municipality out of fear of possible selective violence. For instance, locals who donated and collected resources to organise an initiative to sanitise the streets, shops and mosques in the cities of Daraa, Izra' and Jasim have not done so independently but under instruction by the government municipalities to help them execute the task.

Second, local response initiatives to the crisis offer the Baath Party an opportunity to reverse its atrophied role and revive its image as the *de facto* 'leader of society.' The party, the role of which at the local level is more salient than any other government institution in high regime penetration communities in Daraa, has launched a 'Together we can' campaign to support the government, engaging the forces

of the Baath Battalions to assist local police in monitoring civilian compliance with the curfew and simultaneously opening the door for volunteers to register at the party divisions.²⁶ Simultaneously, members of party divisions and branches have launched small-scale local initiatives that do not require resources or much manpower (e.g. overseeing bread production, supervising civilians as they queue for rations etc.). If not conducting tasks themselves, they have been deployed to monitor and intervene in organising and implementing community initiatives. For instance, locals who voluntarily sanitised the streets of Nasib town, young people who helped to clean entire neighbourhoods and distribute awareness flyers, people who donated money to fund the sanitisation of mosques and the market in al-Sanamayn city, and others who collected or received money from diaspora communities to support the bread production and distribution in many localities across Daraa did so in coordination with, and under the direct supervision of, the local Baath Party branch members and officials.

Third, local response initiatives to Covid-19 have been used as a tool for political recruitment. In particular, amongst Daraa’s young people the Baath Party and the RYU have intervened in local initiatives so as to accommodate youth forces and gain party popularity among the younger generation. For instance, between 25 March and 20 April 2020 alone, the Baath Party registered 75 new young members in al-Sanamayn city because of their willingness to volunteer to support the municipality. The RYU has also called on younger people to volunteer and register with the Union in several localities, including Izra’ and al-Sanamayn. Lured by food baskets and 7,000 SYP (USD 5) financial incentives, the RYU has registered nearly 20 young recruits from al-Sanamayn city who were deployed to assist the SARC. The RYU has reportedly deployed its members to help to service public bakeries, to monitor markets to control prices and to organise civilian queues and sanitise government premises in several localities such as the cities of al-Sanamayn and Izra’ (Figure 5).

Figure 5. RYU Members Working at al-Sanamayn Bakery (left) and Sanitising Government Premises in Izra’ City (right)



Source: RYU

Finally, it is important to note that the high level of penetration that the Syrian regime enjoys in some areas of Daraa does not necessarily ensure a secure environment in which the Baath Party and its youth organisations can resume social activities. An increasing number of assassinations in the governorate, including a number which have targeted members and senior Baath Party officials – such as Salwan al-Jundi, Secretary of Nawa’ party branch, who was assassinated on 7 April 2020, the 73rd anniversary of the foundation of the Baath Party – complicate a return to a governorate that was once one of the Baath Party’s main social bases.

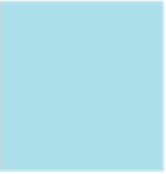
²⁶ Al-Baath Media, “To Reinforce the Social Role of the Baath ‘Together we Can’ to confront corona” (in Arabic), 14 April 2020, <https://bit.ly/2RYHytn>; For information on the Baath Brigades, see: Abdullah Al-Jabassini, “From Insurgents to Soldiers: the Fifth Assault Corps in Daraa, Southern Syria” (Florence: European University Institute, Middle East Directions, Wartime and Post-Conflict in Syria, May 2019), <http://bit.ly/2oTzoXG>.

Conclusion

The suffering of Daraa's people caused by the governorate's deteriorating healthcare system is not new. However, the dire state of the healthcare infrastructure, the acute shortage of healthcare workers and the lack of adequate medical supplies produce acute vulnerability to an outbreak of the current Covid-19 pandemic. The pandemic's arrival in Syria is not only another demonstration of the weak and ineffective system of post-reconciliation governance but also sheds light on two important realities.

Owing to its high degree of penetration in certain territories, the Syrian regime has the capacity to control resources and individuals in communities regained militarily and in ones where it maintained a firm grip during the rebellion. In addition to its power networks, local initiatives offer the Syrian regime extra resources and an expanded workforce to help perform government duties. In contrast, due to its low degree of penetration in other areas, civilians retain a considerable degree of autonomy to mobilise community members and utilise their resources in governance-related issues without interference by the Syrian regime.

The return of the Baath Party to Daraa follows the same logic. In capitalising on local initiatives, the party and its RYU youth branch, the activities of which were minimal following the return of the Syrian regime to Daraa, have discovered a new tactic for political recruitment and a strategy to revive their leading role in society. This is, however, not the case in localities where the regime has a low degree of penetration, where the Ba'ath Party either has a modest role or has been totally uprooted.



Research Project Report
04 May 2020
2020/08



ISBN:978-92-9084-886-8
doi:10.2870/149648

