RAQQA: AVOIDING ANOTHER HUMANITARIAN CRISIS

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INTRODUCTION

After his visit to Raqqa in northeast Syria in late January, U.S. Agency for International Development (USAID) Administrator Mark Green highlighted efforts by the United States to facilitate Syrians’ return to the city and how U.S. support in the area helps make that possible. Raqqa is not under Syrian government control, and many donors and aid organizations are reluctant to engage in northeast Syria without explicit permission from the Assad regime. As a result, the United States has found itself largely alone as it has tried to help stabilize Raqqa and assist the local population to recover.

As the former capital of the Islamic State in Iraq and Syria (ISIS), Raqqa serves as an important barometer in measuring the progress of recovery in the wake of the liberation of much of northeast Syria. However, to date, efforts to stabilize the city and address the humanitarian situation have not kept pace with realities on the ground. Much of the city was destroyed during the fighting with the Islamic State, and what remains is heavily contaminated by improvised explosive devices (IEDs) set by the group before it withdrew from the city. Local authorities are struggling to help more than 100,000 returnees put their lives back together.

The nature and scope of that challenge are daunting. The decision by the United States at the end of March to suspend and review $200 million in funding for stabilization and recovery activities in northern Syria – including Raqqa – is therefore both very significant and deeply concerning. A team from Refugees International (RI) arrived in Raqqa shortly after the United States made the decision that it would freeze its assistance. While the resilience of the local population was extraordinary to witness, frustration with the pace of recovery was evident.

It is not yet clear which U.S. programs will be permanently cut during the assistance review. Indeed, the State Department told Congress in mid-June that the funding “continues to be subject to review.” However, it is all but cer-
tain that the total amount of money available for Raqqa will shrink. The Trump administration is eager to have other international donors share the burden of northeast Syria's recovery, but aside from some interim support from France, the United Kingdom, and Germany, no firm and public commitments have been made.

“Raqqa is like a sick person in an emergency room. So the money or treatment should come faster than the routine way. He is not a normal sick person.”

- ATTORNEY ADVISING THE RAQQA CIVIL COUNCIL

Any significant reduction in U.S. support will have troubling consequences for the local population and the stability of the area. If stabilization activities like water and electrical system repairs are no longer prioritized, for example, the overall humanitarian response will suffer. Perhaps most importantly, any cuts in support for programs designed to clear the city of explosive remnants of war (ERW) will have a major impact on the broader humanitarian situation in Raqqa and its environs. U.S. recovery support to northeast Syria must be reinstated immediately, and it must prioritize ERW removal in Raqqa at the same time as addressing the humanitarian needs of those living there.

The ultimate status of the northeast with respect to Syrian sovereignty remains to be determined. This question may be resolved through some form of negotiation or bargaining process between forces in the area and the regime in Damascus. Many expect the northeast to be reintegrated within the Syrian state, albeit with a greater degree of autonomy. But addressing humanitarian issues and stabilization needs cannot await that outcome. Responsible humanitarian efforts now can only help ensure that the outcome – whatever it is – does not come with enormous humanitarian suffering.

BACKGROUND

Raqqa city, the capital of ar-Raqqa province, and formerly the de facto Islamic State capital for three years, is one of the most heavily damaged places in Syria and arguably the most challenging humanitarian situation in the country’s northeast. At the time of its liberation from ISIS last October, humanitarians estimated that only a few thousand people were left in the city. Today, more than 130,000 internally displaced people (IDPs) have returned. The city is littered with explosive remnants of war, and extensive minefields surround many of its public facilities and travel routes. Electricity and water are in short supply, and the healthcare system is decimated. Although humanitarian needs are great and aid providers would like to help, the physical dangers prevent most groups from entering the city to offer assistance.


4. The name Raqqa for the purposes of this field briefing will indicate Raqqa city specifically. References to the larger governorate of ar-Raqqa will indicate such.
When the United States recently announced its intention to pull its forces out of northeast Syria, it created widespread fear in the region that the move would lead to significant instability. Such a move would leave an opening into which Turkey, the Assad regime, or a re-surging ISIS could flow. Any of these scenarios would likely cascade into large-scale displacement and a new humanitarian disaster. There were also concerns that U.S. humanitarian assistance would be withdrawn along with the troop presence, making it even harder to meet humanitarian needs.

Northeast Syria is not under regime control. The Kurdish self-administration that runs much of the region, and the local councils that administer Sunni Arab majority areas like Raqqa, have limited financial and operational capacity to provide for the needs of those who remain in displacement in their territory, or for those who have returned to areas recently liberated from ISIS. Where INGOs and UN agencies might normally fill in that gap, only a handful of such groups are on the ground, and most of them face significant access issues to vulnerable populations.

The Raqqa Civil Council (RCC) and other local government institutions are, on paper, in charge of stabilizing Raqqa and providing civilian governance in the wake of military operations. However, these institutions are only minimally equipped to address the city’s humanitarian needs. As one report observes, “Not much is publicly known about the [RCC’s] capacity or plans for the post-ISIS Raqqa.”

The United States provides some humanitarian support to local institutions. It also funds stabilization activities like demining, rubble removal, and repair of local water and power systems. A few other international donors offer assistance to the displaced and returning populations of northeast Syria.

“The protection and humanitarian needs in the post-ISIS Raqqa go far beyond the means and capacity of any humanitarian agency or a group of agencies.”

– UNITED NATIONS REPORT ON FIRST ASSESSMENT OF RAQQAA CITY

However, the needs of the population in Raqqa go far beyond the ability of these actors to address them. The United Nations assessment mission to Raqqa in early April highlighted the extent of the destruction and the depth of humanitarian need: “An estimated 70 to 80 percent of all buildings had been destroyed or damaged…up to 95 percent of households that had returned to Raqqa were food insecure and health services were lacking.” Local authorities told RI that there are growing frustrations among the population over a lack of services and assistance. The aid groups that are working in Raqqa are few and far between, and those operating from a distance are reaching only a limited number of people. To ensure the future stability of the city and the region, protection and humanitarian assistance must be the highest priorities right now.


Protection Concerns: Explosive Remnants of War and Landmines

While protection can mean different things to different humanitarian actors, the most basic version of it—personal safety—is one of the main hazards of living in and around Raqqa city, where the level of ERW and mine contamination is extreme. As with other areas it left behind, the Islamic State put a tremendous amount of effort into rigging Raqqa with explosives. Residences, water pumping stations, and hospitals are all contaminated. ISIS also created enormous minefields between villages and in agricultural land. Removing ERW is the most pressing need in Raqqa right now, and the biggest obstacle in the way of additional humanitarian and early recovery assistance. U.S. recovery support to northeast Syria must therefore prioritize ERW removal in Raqqa at the same time as addressing the humanitarian needs of those living there.

Safe mine clearance and ERW removal are slow, labor-intensive processes requiring high levels of expertise, training, and funding. Unfortunately, a full humanitarian response cannot begin in Raqqa until considerably more clearance is complete. Funding, technical assistance, and capacity-building for IED and mine clearance exist. However, existing resources are insufficient and clearance operations too slow to keep up with returns and the humanitarian needs that come with them.

Critical infrastructure is the main priority for demining and clearance. Accordingly, water pumping stations and access points to electrical grids are being cleared, as well as travel routes in the city. However, people are returning to the city to live, and are reaching homes that are still unsafe. Half a dozen neighborhoods around Raqqa have been pronounced habitable. While many returnees have gone back to these areas, there are many more who want to return to their actual homes in less safe areas. As local authorities set clearance priorities, they must consult with affected communities in order to know which locations are most urgent. Residential clearance that is up to humanitarian standards must be regularly incorporated into clearance activities.

Donors recognize the urgent need for demining and ERW removal in Raqqa. However, the complication of working in northeast Syria without permission from the government of Syria prevents many donors and implementers from getting more involved. The situation is made worse by the fact that the need for clearance of both types of ERW far outstrips the resources available. In order to keep the stabilization of Raqqa moving forward, and to thereby create an environment in which humanitarian assistance can continue to expand and reach more people, international donors must offer more and longer-term support for ERW clearance programs, and clearance actors must be ready to commit to extended projects.

The Impact of ERW Contamination on the Humanitarian Response

While the physical environment in and around Raqqa has clear effects on both personal safety and prospects for sustainable return, it also plays a major role in impeding humanitarian response. With the presence of so many explosive hazards inside Raqqa, aid groups are unable to offer services to the city’s residents because of the insecure operating environment. Only a very small number of INGOs and local Syrian groups provide humanitarian support and services in and around the city, and the ERW contamination hinders their work.

**Long-term effects:** ERW contamination comes with a series of humanitarian effects that can compromise people’s ability to recover. Where people do not have physical safety, they cannot live and move freely. They therefore have more difficulties finding livelihoods, and pov-
ery makes it harder to purchase food, obtain safe shelter, and get medical care. Purchasing food or paying for medical care will then likely put a family into debt. Deliberate and timely humanitarian assistance can help families step out of this cycle and become self-sufficient. However, in a place like Raqqa, it may be a long time before aid can happen on a wide scale. Whatever support is possible in such circumstances becomes more crucial than ever.

**Food distributions:** With poverty levels high and access to livelihoods low in the destroyed city, many people need humanitarian food assistance to get by. But RI heard that most large-scale food distributions could happen only at a certain distance from Raqqa, as specified by the implementing organization’s own security assessment. However, locating a distribution point outside the main city in this case may mean that people with needs simply cannot benefit from the distribution because their ability to travel safely is limited. Many other organizations simply decline to approach the area around Raqqa at all in order to keep their staff members safe.

**Lack of facilities:** Beyond ERW, simple destruction prevents many organizations from establishing operations and providing services in Raqqa. While sections of the city center have been cleared and buildings are in use by local authorities, there are not enough usable spaces to go around at the moment. The lack of usable buildings presents additional challenges. Hospitals and health clinics need structures that are free of explosives and that have water and electricity services. The same holds true for community service centers, schools, and warehouses holding food or humanitarian supplies.

**Shelter:** Safe shelter and housing are also in short supply in Raqqa due to destruction and explosives. RI heard about multiple families living in one room that had been cleared of ERW while they waited for other homes or spaces to be made safe. Such accommodations often have no water or electricity available, and it is likely very dangerous to move around in the environs. This limits livelihoods opportunities, prevents children from attending the schools that might be functioning, and makes it difficult for humanitarians to access—or be accessed by—these families.

**Healthcare:** Multiple humanitarian organizations spoke to RI about the desperate need for more and better medical care in Raqqa. In Raqqa specifically, the majority of hospitals and clinics were destroyed. Healthcare professionals told RI of people dying of injuries from IEDs and mines because they could not get to a medical facility in time to receive attention. The UN Office for the Coordination of Humanitarian Affairs (OCHA) has recorded hundreds of these blast-related casualties since October as people attempt to do their own clearance in places of return. With a critical lack of sufficient medical care available, the death toll from these incidents continues to rise. Only two hospitals now serve the population, and a wider public health crisis is in the making. For the past three years, diseases like diabetes and cancer went untreated, children were not vaccinated, and infectious diseases reemerged where they had previously been well-managed.  

**Limited local capacity:** In the absence of a robust international humanitarian presence in Raqqa, local authorities are the main providers of assistance, but they are quickly exhausting their resources. One Raqqa official told RI that his committee had invested in rehabilitating a public bakery, supplying grain and fuel. The bakery was successful, and additional private ones had to be opened to meet the needs of the population. When the funding ran low, the committee went through the process of requesting that an INGO provide the grain. One month later, they still had no response. It is not

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clear where the process for requesting help broke down, but the end result was still that hungry people could not reliably get bread.

The Question of Return

As RI moved around Raqqa, it became clear that people were indeed returning to the city even without the elements of normal daily life in place. In order to make those returns sustainable and to prevent tension and competition for resources among communities, the city must have a fully functioning humanitarian response. At the same time, communities hosting the displaced must have support in accommodating IDPs and refugees in order not to create conditions that make return to Raqqa seem preferable. Where people do choose to return, they must be well-informed about the potential pitfalls. Organizations and authorities working with Raqqa residents and potential returnees (both refugees and IDPs) must expand information campaigns that allow people to make informed choices about living in Raqqa and the potential dangers. At the same time, donors must have deliberate plans in place to support international and local communities hosting displaced Syrians from Raqqa in order to prevent premature and unsafe returns to the city.

RI also heard on multiple occasions that fear of creating a pull factor to unsafe areas is part of what keeps the humanitarian community from offering a more robust response. This idea appears to be changing steadily in the face of how many people are coming back to Raqqa even with no prospect of assistance. There is a growing recognition that humanitarian assistance must be aligned with returns and not seen as a pull factor, and international and local NGOs must continue to increase their presence and operations in areas of high return.

Specifically, INGOs and the UN (to the extent it is politically feasible) must establish operations in or closer to Raqqa city. There are areas of the city that have been cleared and are safely accessible to enough people that support programs would make a real difference in the ability to move forward after conflict. The UN, international and local NGOs, and local authorities in Raqqa should collaborate to establish a humanitarian “hub” in the city with the intention of increasing access to services and support for vulnerable people. This would involve finding or creating a safe space in which multiple groups offer a range of services in a location that is accessible to larger numbers of people than are currently reached.

Many Syrians, including those who ultimately left the country and became refugees, had already been displaced multiple times. While the number of times people have moved does not necessarily change the nature of their humanitarian needs, it can have a significant effect on their depth. Thus, many returnees who are moving for the third time, for example, have become more vulnerable with each relocation, and the lack of support and services in their areas of return can be even more harmful.

CONCLUSION

The support the United States provides for recovery in northeast Syria helps uphold the stability of the region. That aid is especially crucial in the city of Raqqa, where more than 100,000 people have returned to rebuild their lives, but where assistance is relatively scarce. To ensure the future of the city and the region, protection and humanitarian assistance must be the highest assistance priorities right now.

International donors support the local authorities in Raqqa to a limited degree, but there is a huge gap between the city’s needs and the ability to address them. More humanitarian donors and aid providers need to operate in Raqqa, but this will depend very much upon the success of demining and IED removal. However, there are areas of the city that can
function as a hub for humanitarians in order to serve more people in need, and aid groups must take better advantage of that opportunity even as demining occurs.

Until a full humanitarian response develops in Raqqa, and until more donors are comfortable putting resources into both the city and the northeast Syria region, the United States remains the main supporter of Raqqa’s stability and recovery. Shrinking the aid available is an invitation for further instability in a place where progress has finally been made and should be nurtured.

Getting rid of ISIS was not the end of support efforts, it was simply the beginning of the recovery phase, and of the United States’ most essential investment in Syria so far.

**Refugees International Senior Advocate Daryl Grisgraber traveled to Raqqa in April 2018.**
ABOUT THE AUTHOR

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