

INTRODUCTION AND HUMANITARIAN CONTEXT

Ar-Raqqa city came under non-state control in 2013 before ISIL made it the capital of their self-proclaimed Caliphate in 2014. In June 2017, the Syrian Democratic Forces (SDF) launched a military operation to gain control of Ar-Raqqa city, supported militarily by the US-led Coalition through intense air-strike capability. By 20 October 2017, the SDF announced that it had gained control of the city and completed the military operation. By then, the estimated 220,000 people originally living in Ar-Raqqa¹ had all fled the city. While a good part of the civilian population chose to stay in villages close to Ar-Raqqa to return as soon as feasible, a significant number of families fled further afield and – after having gone through intense security screening procedures – were directed towards a series of IDP sites within Ar-Raqqa and Al Hassakeh governorates.

The battle for Ar-Raqqa city was marked by heavy clashes, a systematic use of explosive weapons in densely populated areas, complex and asymmetric tactics of urban warfare employed by ISIL, and other alleged violations of International Humanitarian Law (IHL) allegedly perpetrated by all parties to the conflict. The tempo of hostilities led to a massive destruction of civilian infrastructure and urban areas, significant explosive hazard contamination, as well as a massive displacement from the city and neighbouring villages. Displacement from urban and semi-urban areas in Ar-Raqqa contributed to over 1 million displacements recorded throughout 2017 in northeast Syria.

Following the change in control over the city and as soon as hostilities diminished in October 2017, the displaced civilian populations began to gradually return in a self-organised way, despite the reported high levels of explosive hazard contamination across the city. In line with “do no harm” considerations, and confronted with the dilemma of responding to humanitarian needs in a highly risky environment (both for civilians and humanitarian workers), the humanitarian community developed a common position informed by the Guiding Principles on Internal Displacement and the “Core Principles Guiding the UN Position Vis-à-vis Voluntary Return as a Durable Solution for IDPs in Syria”². The aim of the Policy document is to ensure that humanitarian assistance and services are provided in a manner that neither supports involuntary return nor encourages return in unsafe situations. On this basis, the humanitarian community in November 2017 released another policy guideline specifically focussed on the return to Ar-Raqqa city: “Conditions for voluntary, informed, safe and dignified returns of IDPs to Ar-Raqqa city” which outlined key pre-conditions for the provision of humanitarian assistance in Ar-Raqqa city and was used to advocate with the authorities to ensure that returns were safe, voluntary, dignified and sustainable.

Despite ongoing advocacy with respective local authorities currently controlling the city, as of July 2018, an estimated 147,000 people have spontaneously returned to the city³. This number may increase in the coming three months. Local authorities initially implemented a policy under which former residents of Ar-Raqqa city were allowed to return to their homes on a neighbourhood-to-neighbourhood basis, once these areas were declared “open” by the Raqqa Civil Council (RCC). These areas, however, are not considered cleared from explosive hazards according to International Mine Action Standards (IMAS). To date clearance activities have focused on spot tasks and clearance of key infrastructure sites within the city, however systematic clearance of neighbourhoods is required to enable a safe returns process which has been started from June. Comprehensive survey and clearance operations, with third party monitoring where clearance has been conducted by local actors, are mandatory before an area can be declared as safe. Given

¹ Population Task Force estimates

² Document presented in the HCT Syria on the meeting of 27 September 2017 and to the SSG meeting on 12 October 2017.

³ OCHA estimates

limited clearance capacity to date and the reported extent of the contamination, the threats presented by explosive hazards are expected to remain high, as demonstrated by the high number of casualties (fatalities and injuries) experienced in the second half of 2017 and during 2018. Following concerted advocacy, the RCC no longer declares areas as safe or open for return, while at the same time stating that they cannot prevent civilians from returning home if they choose to do so. Returns have reportedly taken place to most of the city neighbourhoods especially in Yarmuk, Ma'amoun, Tishrine, Batani, Qadessiyeh, Tas-heeh, Meshlab and Furat neighbourhoods, despite the significant risks related to explosive contamination.

The majority of returnees appear to have been displaced within Ar-Raqqa Governorate. Key factors driving these spontaneous returns appear to be people's desire to check their homes and property as well as poor living conditions at IDP sites. As such, part of the population who return to the city to temporarily check their homes leave soon after, while others chose to stay. Returnees are considered to be in dire need of support – over 50 per cent of whom are considered food insecure – and it is recognised that many returnees, including persons with specific needs, face additional challenges due to the absence of basic services in areas of return and therefore remain in a particularly vulnerable situation.

Surveying and clearance activities are progressing however given the extent and the nature of the contamination, together with the large levels of rubble, cleared areas and buildings remain limited. Unprecedented levels of contamination, including both improvised and conventional hazards have been reported throughout the city, increasing the need for survey, marking and clearance tasks. Clearance of larger multi-storey buildings can take several days/weeks, depending on the type of suspected contamination, requiring the mobilization of one full team and mechanical assets. Increased integrated clearance capacities are needed to support a safe returns process centred on the removal of explosive hazards and prevention of death or injury, while improving humanitarian access. This should be conducted through a systematic and prioritised approach, based on humanitarian impact and needs.

Within this context, humanitarian actors operating in northeast Syria have adopted a cautious approach to providing assistance to populations in need in Ar-Raqqa city in an attempt to balance the humanitarian imperative with the necessity to avoid the creation of push and pull factors that could lead to an increase in premature and unsafe return. In this vein, humanitarian actors envisage a gradual approach to responding in Ar-Raqqa city which focuses on those densely populated neighbourhoods where returns are concentrated, while coordinating closely with mine action actors to identify explosive hazard risks.

At the same time, humanitarian actors will continue to provide assistance to IDPs in their areas of displacement, including IDP sites/camps, and make efforts to enable IDPs to have regular access to reliable and accurate information on the conditions in neighbourhoods across Ar-Raqqa city, particularly with regards to contamination, to inform their decisions on return. Continuous advocacy on freedom of movement for IDPs currently in sites; on predictability and proper communication on the modalities of the "sponsorship system"; on the civilian character of the sites; on the proper conservation and restitution of previously confiscated civil status documentation, especially before return movements; and on the voluntary and well-informed character of return will continue to be pursued, directly with the Kurdish entities and with third parties exerting influence.

As the number of spontaneous returns continues to grow and in view of articulating a common and responsible approach to meeting the humanitarian needs of returning populations in Ar-Raqqa city, the following update to the Ar-Raqqa City Response Plan⁴ has been developed.

SCOPE OF PLAN

The scope of humanitarian interventions within this plan remains primarily focused on protection and life-saving interventions within the broader scope of the HRP, as well as limited efforts to gradually create conditions conducive to safe returns. Humanitarian partner's activities will be

⁴ First developed as an annex to the NES response plan in August 2017 and updated in November 2017.

limited to humanitarian assistance and not extended to stabilization efforts. The plan covers the remaining six months of 2018.

Humanitarian actors will make efforts to coordinate with stabilization actors to avoid duplication of efforts, while ensuring the preservation of humanitarian space and clear distinctions between these two sets of actors. The Ar-Raqqa City Council Reconstruction Plan provides the framework through which stabilization actors are planning activities. Certain aspects of this plan, including body and rubble removal and restoration of water and electricity networks are pre-requisites for substantive humanitarian action (refer to previous Raqqa City plan).

Risk Analysis

Explosive hazard risks

Limited capacity for large-scale contamination surveys and clearance is still preventing safe humanitarian access, resumption of services and reconstruction efforts. It also hampers the safe return of displaced people, while significantly impacting the lives of those who have already decided to return despite the threat. Health facilities in Ar-Raqqa city recorded some 618 blast wound casualties between 20 November 2017 and 8 June 2018.

The scale and scope of explosive hazard contamination in Ar-Raqqa city is reportedly extremely high, comprising a wide range of devices, such as landmines, abandoned and unexploded ordnances, and Improvised Explosive Devices (IEDs), including booby traps, improvised landmines and improvised explosive ordnance. Years of ISIL occupation and the following military offensive have resulted in various type of contamination, some of which have not exploded or were left behind. ISIL presence has commonly been characterized by the production and use of improvised devices- as stated above- which have been deployed on a large scale and are commonly found in private properties, agricultural areas and public infrastructure. These IEDs, in addition to conventional contamination in both rural and urban areas, present a significant risk to both the population living in or returning to Ar-Raqqa and to humanitarian workers.

Although clearance capacities are being deployed across Ar-Raqqa city, the scale of contamination urgently requires increased resources to respond to the needs. Key challenges to the mine action response include: 1) Limited capacities of local actors who do not conduct clearance activities to IMAS leaving the likelihood of residual risks in sites where they have worked; 2) Stabilization actors have limited resources and focus efforts on the clearance of critical infrastructure. Humanitarian mine action actors started survey and clearance operations in the city in June, following comprehensive risk assessments and mobilization of resources. Extremely limited existing local mine action capacity and the nature of the contamination means substantial technical training is required to deploy survey and clearance teams in addition to significant on the job training, all of which requires international technical oversight and context specific training designed to respond to the operational threats. Due to the types of improvised devices in urban and agricultural settings, integrated mine action methodologies are required including: survey, manual and mechanical clearance- to ensure resources are deployed efficiently to known contamination areas. This is importance given clearance in heavily damaged urban areas may take longer The number of consecutive days/weeks that may be required to clear an area or complete a task also means substantial risk and security assessments are required to ensure the safety of demining staff operating in this complex environment.

Key principles⁵

Local forces exercising the effective control of the territory are responsible for ensuring that conditions for civilians to resume their lives in places of return, voluntarily and in safety, are in

⁵ In line with UN Guiding Principles on internal displacement and the “Core Principles Guiding the UN Position vis-à-vis Voluntary Return as a Durable Solution for IDPs in Syria”.

place. Durable solutions include, but are not limited to, returning to the place of origin or previous residence once conditions are conducive to return. This does not rule out the possibility of other durable solutions such as local integration in surrounding areas of current displacement - provided that freedom of movement is granted and expanded, or settlement elsewhere in the country, in case IDPs are not able or willing to return. Based on the right to freedom of movement and choice of place of residence, the return to Ar-Raqqa city should therefore be considered in this broader context of durable solutions. To ensure that return is voluntary, safe, informed and dignified, the following key principles must be upheld:

- Under no circumstances should IDPs be encouraged or compelled to return or relocate to areas where their life, safety, liberty or health will be at risk;
- All IDPs should enjoy an equal right to return to their homes, regardless of their ethnicity, profile, time of displacement, or other considerations. If procedures are established to organize returns by forces exercising effective control over the territory, they should adhere to principles of due process and non-discrimination; IDPs are allowed to voluntarily return to their homes as soon as basic guarantees of physical safety are in place and are properly informed by the conditions in areas of return.
- Clear communication emphasizing security risks is provided by the forces on the ground to prevent any misunderstanding or misconception on the part of the displaced population.
- IDPs must not be forcibly relocated, except under exceptional circumstances if provided by law and absolutely necessary;
- IDPs must not be prevented from residing in their current areas of displacement until IDPs themselves deem that conditions are conducive for return, based on the information received;
- During displacement, freedom of movement has to be granted to IDPs for local integration to become an effective durable solution. Progress needs to be achieved in terms of increasing the facilitation for IDPs to exit IDP sites and to cease the sponsorship system.
- Regular, reliable and accurate information on the conditions in areas of origin (e.g. current security situation, status of infrastructure, availability of services, UXO contamination risks, progress in decontamination etc.), actions undertaken to improve conditions, and assistance to be provided must be provided to IDPs to allow them (in their current locations) to make a fully informed choice. Mine Risk Education needs to be intensified in all IDP sites, to mitigate risks upon return.
- Appropriate levels of services and adequate assistance are maintained in IDP sites in northeast Syria until conditions are conducive for returns, to mitigate any factors affecting the voluntariness of IDP decision-making towards a durable solution. Living conditions of and services for the displaced population in these sites must be safe and dignified, particularly for persons with specific needs. A protective environment must be strengthened in the sites, including by curbing practices such as smuggling and bribing. In no circumstances should returns to Ar-Raqqa city be prompted by the sole necessity to decongest existing IDP sites. There should not be any deliberate obstruction to humanitarian access and operations in the current IDP sites where the humanitarian community is committed to strengthen its efforts to deliver assistance.

Pre-conditions and risk-mitigating measures for humanitarian assistance in Ar-Raqqa city- progress made to date

For humanitarian actors to be able to provide the full range of humanitarian assistance and services in Ar-Raqqa city, as included in the HRP, the following pre-conditions must be met. Taking into account that meeting these preconditions may take time and recognizing the need to respond to critical life-saving needs, humanitarian actors will deploy its response efforts gradually. A number of risk-mitigating measures to be adopted by humanitarian actors are also proposed to manage risks related to safety and security of humanitarian personnel and beneficiaries:

1) Physical safety and explosive hazards contamination

To further deploy humanitarian assistance in Ar-Raqqa city, there is a need to significantly scale up the mine action response to reduce the explosive risks to civilians and humanitarian workers,

while identifying areas in which humanitarian assistance can be provided safely, with the support of the Mine Action sub-sector. Clearance needs to be conducted in a systematic manner, based on surveys and prioritised according to humanitarian need.

- As a first step, **large scale comprehensive explosive hazard survey** is required to further assess and understand the threats throughout the city and to enable clearance priorities to be determined in accordance with humanitarian priorities and standards. Humanitarian mine action operators have deployed and established capacity inside Ar-Raqqa city to begin technical survey. This will help to better inform the humanitarian community on areas considered safe or at risk.
- The establishment of an international team of experts exclusively dedicated to **third party quality assessment** of sites cleared by local entities is necessary to define the clearance status of those sites, whether they can be declared cleared or hazardous. This would also enable strengthened interaction with civil/local operators, improving their operating procedures and application of IMAS.
- **Marking of hazards and explosive hazard removal** is required, prioritizing areas where people have returned or have indicated they want to return, as well as where there is a humanitarian intervention (as well as routes to get there). There is a need for area-based clearance integrated with rubble removal and reconstruction efforts as well as humanitarian efforts and the safe return of IDPs.
- **Resources** for survey and clearance actors need to be increased and **sustained access** for mine action actors secured.
- Non-humanitarian and humanitarian mine action actors have finalized a **single data source for information** on mine action activities that can be mapped and communicated to the humanitarian community. Data has already been gathered and shared through various maps, accessible through a live portal specific to the northeast.
- **Tailored safety briefings** are being provided to humanitarian agencies operating in the area by the humanitarian Mine Action sub-sector. This needs to be strengthened and become mandatory for any staff working in Ar-Raqqa city and other contaminated areas.
- **Age (including children) and gender tailored risk education** is being delivered by various actors to populations who have returned to Ar-Raqqa city as well as to IDP sites and to surrounding communities who are hosting IDPs. Risk education material is also being distributed as part of other sector activities, especially in IDP sites, and is available through the Mine Action sub-sector to support efforts to reach more people.
- **A robust coordination cell** is required to coordinate the prioritization processes between the humanitarian community and mine action operators. While this mechanism is already in place with the deployment of a Humanitarian Mine Action Focal Point under the Protection coordination architecture, it will need to be strengthened once clearance operations scale up. The scale up of a humanitarian intervention must be coordinated closely with mine action operators: providing services prior to interventions through survey, marking and explosive hazard clearance may distort perception around the conduciveness of conditions of the city for safe return, and may place both humanitarian workers and civilians at significant risk.
- The **development and implementation of clear liability processes** between mine action operators and authorities to control returns based on safety conditions and operational achievements is required. Clear definitions of **procedural requirements for the handover of cleared lands**, between the authority, land owner, and demining organization is also required. There is a need to clarify legal responsibility and accountability of each actor.
- **Clear medical and casualty response mechanism and evacuation plans** must be in place to enable any humanitarian intervention in high threat areas, in addition to ensuring the provision of medical/ first aid training and emergency trauma bag training to UN and NGO staff members deployed.

2) Operational risk-mitigation measures

Taking into account limited clearance efforts given the nature and extent of the explosive contamination, humanitarian actors will deploy a series of risk mitigating measures when considering response activities in Ar-Raqqa city:

- **Mapping of Areas of Operation:** Humanitarian actors are strictly instructed to limit their movement and operations to marked routes that are regularly used by civilians, traders and military actors. Weekly meetings with the three demining actors are held to ensure that routes considered free of ERWs remain as such. Additionally, IMMAP in liaison with UNMAS has deployed a Mine Action Sub-WG Coordinator to the NES forum. IMMAP produces detailed maps reflecting the levels of contamination in the city, of critical infrastructure that has been cleared and of ongoing risk education efforts. These are available for the humanitarian community and shared on a regular basis through various channels. A coordination mechanism is in place between humanitarian and stabilization actors to take into account humanitarian priorities in the dynamic reprioritization process of the key infrastructure clearance task list. Humanitarian actors will continue to target areas/beneficiaries in areas of Ar-Raqqa city where there is comparatively less infrastructural damage and potentially less explosive hazard contamination and/or areas that are gradually cleared of explosive hazards according to information available. Further support will be required from the humanitarian mine action operators to safely plan and implement humanitarian activities in Ar-Raqqa city, as well as to coordinate prioritization of mine action tasks.
- **Mitigation Measures for Distributions:** For aid distributions, neighbourhoods for interventions are identified based on needs assessments, and contamination levels in coordination with local authorities. Multiple distribution points are often set up for simultaneous distribution to (a) minimize travel distance for beneficiaries, (b) to minimize crowd size and (c) to minimize the duration of the distribution process⁶. For WFP 12-16 food distribution points have been established, with the distribution undertaken over two to three days and beneficiaries divided into smaller groups to enable more effective management of the process. This process is undertaken in coordination with the communities themselves. A point has been made during recent WFP food distributions to not allow any military actor to conduct crowd control, or to even approach the distribution point. However, where requested (although done automatically for UN convoys) the coordinates of the distribution points can be shared with the civil-military coordination cell for de-confliction purposes. Furthermore, humanitarian actors ensure there is a one-way path from entry to exit for the distribution points, and significant empty space between the crowd and the distribution stand. In the past, schools have been identified as suitable distribution locations, as the buildings and access ways have proved to have been reliably cleared and have consistent foot traffic even outside of distribution times, provided that ongoing education activities are not disrupted.
- **Coordination:** Considering the rapid evolution of local dynamics within Ar-Raqqa city, humanitarian actors maintain close links to multiple local interlocutors, including local authorities, civil society, youth groups, and shop-owners to ensure there is accurate awareness of local perceptions and acceptance.
- **Explosive hazard awareness training:** Humanitarian staff operating in Ar-Raqqa city must undergo thorough safety training with regards to the dangers of explosive hazards tailored to the specific situation of Ar-Raqqa city. This training can be facilitated by a number of humanitarian mine action partners. Training of trainers is also available for security focal points, team leaders, etc. UN and NGO staff (including those working in partnership with the UN) are also strongly encouraged to receive specific security briefings before working in Raqqa City to adhere to agency specific SOPs developed based on Security Risk Assessments.

3) Conditions allow for neutral, principled and impartial humanitarian access in Ar-Raqqa city

- Humanitarian partners have safe and unhindered access to Ar-Raqqa city and are in a position to monitor the voluntary, safe, informed and dignified character of returns taking place;
- Humanitarian partners are in a position to conduct independent needs assessment and consult the displaced and returning population before, during and after return;

⁶ As a benchmark, the general food distribution of 200 food rations in Raqqa city lasted for three hours, while larger distributions of 600 food rations lasted for nearly the entire day.

- Access to humanitarian assistance and basic services must be non-discriminatory and based on needs alone;

4) Conditions for returns to be sustainable⁷

- Under these conditions, the humanitarian community should be ready to provide support, in particular through the following activities: provision of critical medical care and safe water; basic shelter assistance to support the immediate restoring of adequate living conditions; provision of food, and support to the restoration of basic services (health, education) to ensure an adequate standard of living; provide immediate protection support to address the psychosocial needs of a population exposed to hostilities and prolonged life under ISIL control, as well as to prolonged displacement with limited freedom of movement; provide specialised interventions including for children previously associated with the conflict, women/ girls survivors of GBV, other persons with specific needs, including those seeking to restore family links, particularly unaccompanied and separated children; support re-establishment of basic services and livelihoods as operational access and conditions improve.
- The prolonged absence of official civil documentation as a result of loss during displacement, destruction, confiscation, issuance of alternative documentation by ISIL will pose a number of obstacles for returnees to register civil events and access basic services. Conditions must be put in place to ensure the restitution before departure from IDP sites, allow the temporary exit of IDPs from sites to be able to document or retrieve documentation of vital events, as well as to follow-up on the issuance, renewal, and replacement of official civil status documentation.
- Given the critical level of destruction, the multiple displacements and other challenges (e.g. arbitrary deprivation of property and assets under ISIL presence), Housing, Land and Property (HLP) issues will pose a number of challenges, including for explosive hazard clearance, and might hamper sustainability of returns. Conditions must be put in place by the entities exercising effective control on the territory to ensure that affected civilians can peacefully recover their property and possessions, or, where not possible, that they will have access to restitution and compensation mechanisms upon their return, once the area where they want to return is being declared cleared. Ways to set up HLP dispute resolution mechanisms should be explored.
- Given the disruptive effect the presence of ISIL has had within communities in Ar-Raqqa and the possibility of discrimination or revenge attacks against those perceived to have been associated with, or having benefited from ISIL rule, mechanisms to support community cohesion/ defuse potential retribution and to support efforts to build community commitment to non-violent conflict resolution processes should be strengthened.

UN agencies and INGOs will continue to advocate with local authorities to ensure these conditions are met.

Accountability to Affected Communities

All humanitarian actors across the sectors are accountable to the people they serve. Community-based approaches, even during emergency response, should be incorporated by all Clusters/Sectors to ensure that communities are involved in decision-making and services that impact their lives. All responding humanitarian actors should ensure that accountability, feedback and complaints mechanisms are included in their emergency response and most importantly that the communities in which they are working are aware of these mechanisms and understand how to safely access them. With regards the decision to return to Ar-Raqqa city, this means that IDPs must be equipped with regular, reliable and accurate information on the situation in places of return (including on the explosive hazard contamination, overall security situation and availability of services) so that they can make a fully informed choice to deem for themselves whether conditions are conducive to return.

⁷ Some of these activities may start in the time framework covered by this plan, but will be part of a much extended intervention, which will be developed as conditions of safety and operability improve.

PLANNING FIGURES AND ASSUMPTIONS:

The population of Ar-Raqqa city before the crisis was estimated to number 220,000 people (almost 44,000 households) according to official government records. However, due to the changes in the control, military operations and the volatile security situation, thousands of people have been displaced within Syria, many multiple times, and some have sought refuge in Turkey and further afield. There were an estimated 120,000 people who fled during the offensive itself, reflecting the planning figure for the immediate scenario for returns in the first one to -three months. It is unclear what the rate of refugee returns from Turkey or other areas will be but this will be incorporated into planning figures as information on trends becomes available.

The influx of returnees to Ar-Raqqa city gradually increased in the months following the end of hostilities. In January 2018, the rate of return stood at around 700 households per day, across different neighbourhoods especially in Yarmuk, Ma'amoun, Tishrine, Batani, Qadessiyeh, Tashheeh, and Furat neighbourhoods. As of March 2018, more than 19,640 households, or 100,000 people had returned to the city, with a total number of 147,000 people having returned since October as of July 2018. Most returnees continue to come from host communities around Ar-Raqqa City, northeast Syria IDP sites and other governorates. According to REACH, the lowest levels of returns have reportedly been in the central and northern areas of the city, which featured the highest levels of damage following the conflict and are therefore likely to witness high levels of destruction and contamination. Roadblocks and damaged roads continue to restrict movement throughout the city, particularly for larger vehicles such as trucks and buses.

There are 23 designated neighbourhoods in Ar-Raqqa city and there have been significant returns to all of them to date. Markets are functioning primarily in the form of small shops and stands selling basic goods, although larger shops seem to also be emerging. The majority of assessed core food items are reportedly available in markets in 13 neighbourhoods (typically those which have featured the highest numbers of returns), while no core food items are available in markets in five neighbourhoods. The main barriers to market functionality are damage to buildings and limited availability of electricity. In central and western areas of the city, rubble and unexploded ordnance also reportedly represent a primary challenge. Hawala systems are reportedly functioning in eight neighbourhoods. Key Informants (KIs) reported the main barriers to the functionality of the Hawala systems are physical damage to the buildings in which hawala agents operate and network challenges due to communication and connection issues. There are also 22 reported functioning bakeries (REACH).

Returns to Raqqa City (July 2018)

| S.No | Neighborhood Official Name | Neighborhood KSA Name | Returnee families |
|------|----------------------------|--|-------------------|
| 1 | Yarmuk | part of Al-Hesewah neighborhood, Al-Tayar neighborhood | 1,970 |
| 2 | Ma'amoun | Al-Mashlab neighborhood | 2,640 |
| 3 | Tishrine | Al-Rmelah neighborhood, Al-Falougah neighborhood, sheep market, iron market, Al-Mashlab neighborhood | 1977 |
| 4 | Hettin | Al-Roumaniyeh neighborhood, Al-Hajanah neighborhood | 564 |
| 5 | Ammar Ibn Yaser | Al-Mashlab neighborhood, industrial area | 815 |
| 6 | Al-Thawra | Al-Heboub neighborhood, msaken Syarko, juvenile prison, faculty of literature, Al-Kahraba neighborhood, part of Al-Bado neighborhood | 2,210 |
| 7 | Batani | Al-Mashlab neighborhood, Al-Barazi neighborhood, Al-Batani neighborhood, Al-Sakan Al-Shababi | 1,705 |
| 8 | Qadessiyeh | Mafraq Al-Gazra, Mafraq Al-Hesewah | 2,310 |

| | | | |
|----|-------------------------|--|---------------|
| 9 | Tas-heeh | part of Al-Hesewah neighborhood, Mafrag Al-Gazra, Mafrag Al-Sbahiye | 2,594 |
| 10 | Hisham Ibn Abd Al Malek | Al-Sha'aeeb neighborhood, Al-Bustan neighborhood, Al-Syasiyeh neighborhood, part of Sayf Al-Dawlah neighborhood, part of Al-Quateli Str. | 2,001 |
| 11 | Furat | Abu Al-Heef neighborhood, Garage, Fell Al-Kournish, Nzlt Shihadeh, ben Al-Jsrayn, part of Al-Tayar neighborhood, msaken Al-Panorama. | 1,983 |
| 12 | Mansour | Al-Mansour neighborhood, Al-Shammas neighborhood | 720 |
| 13 | Ad Dari'yeh | Al-Nahdah neighborhood, Msaken Hawd Al-Furat | 217 |
| 14 | Wihdeh | part of Al-Tayar Str., Al-Bado neighborhood, Moa'awiyah neighborhood, Al-Edikhar neighborhood, part of Nahda neighborhood | 940 |
| 15 | Hurriyeh | psrt of Al-Bado neighborhood, part of Al-Shuhada' neighborhood, Al-Hanada neighborhood, part of Al-Qitar neighborhood | 1,030 |
| 16 | Rafqa | part of Sayf Al-Dawleh neighborhood, Abu Al-Hayes Str. | 910 |
| 17 | Baath | part of Rmelah neighborhood, Esmaeel baker neighborhood, Tishreen bridge neighborhood, Friday market neighborhood, Shamal Al-Sekkeh area | 985 |
| 18 | Andulas | Kurds neighborhood, Agricultural airport neighborhood, Mafrag Hazimah neighborhood, Shamal Al-Sekkeh area | 224 |
| 19 | Salhiyeh | Al-Rawda neighborhood, Al-Maghmoureen mill neighborhood | 1,070 |
| 20 | Nahda | Al-Gamili neighborhood, Al-Basrawi neighborhood, Ibn Khaldoun neighborhood, part of msaken Al-Moa'lemeen, part of msaken Al-Sherta, part of msaken Al-Edikhar | 640 |
| 21 | Mahdi | Al-Sour neighborhood, Al-Safrana neighborhood, old mosque neighborhood | 764 |
| 22 | Amin | Al-Sharaksah neighborhood, Al-Fawaz neighborhood, Al-Thakanah neighborhood, msaken Al-Sehha, Al-Sakhani neighborhood, Al-Amasi neighborhood, part of Al-Mala'ab neighborhood | 460 |
| 23 | Rashidiyeh | Al-Egeli neighborhood, part of Al-Quateli Str., Sab' Darbat neighborhood, part of Al-Wadi Str. | 795 |
| | | | 29,524 |

RESPONSE STRATEGY

Under the 2018 Syria Humanitarian Response Plan [still draft], and based on the above principles and conditions for voluntary, informed, safe and dignified returns of IDPs to Ar-Raqqa city, humanitarian partners aim to support an 120,000 IDP (figure to be revised to reflect updated returns figures) spontaneous returnees to Ar-Raqqa city through the provision of life-saving assistance, increased resilience and livelihood opportunities as well as access to basic services, especially among the most vulnerable households and communities until the end of the year.

In view of promoting a gradual approach to providing assistance, based on humanitarian needs assessments and the protection risks associated with returns to the city and provision of humanitarian assistance, this plan focuses on the initial phase of response:

Characteristics:

Emergency humanitarian assistance to Raqqa city for 120,000 people (figure to be revised shortly to reflect latest returns figures), with 3-month target of 40,000 people living in areas with higher density of returnees and more accessible to partners

Actions Required:

- Assistance based on sector and agency assessments and further IM capacity within the NES INGO Forum to track data and assessment information.
- Coordination through the Humanitarian Mine Action focal point for prioritization of areas for humanitarian interventions based on safety risks
- Engagement of NES INGO Sector Focal Points; NES INGO Inter-Sector WG; UN sector lead agencies in Qamishli in coordination with the Inter-Sector Coordination Group in Damascus; and NES Forum/UN AHCT coordination at field level to ensure a coordination and effective response across Ar-Raqqa and Deir-ez-Zor.
- Formation of Ar-Raqqa & Deir-ez-Zor response coordination cell (UN, INGO, NGO)
- Coordination with local authorities at the city and municipality level.
- Where a community-based approach is not applied, a coordination of approaches to targeting and distribution modalities at sector level between NGOs and UN to promote a do no harm approach
- Systematic training of NGO and UN staff on explosive hazard risk awareness and on medical/first aid.
- Opening of INGO and UN Offices in Ar-Raqqa city or in neighbouring locations from where activities can be carried out. This should be done with technical support from the Mine Action sub-sector. A UN Security Assessment Mission was conducted in June and identified potential sites which could be used as offices for the United Nations and recommended 1) the assessment and clearance of the site and of the neighbourhood; 2) technical support from UNMAS all along the planning and implementation phases for a UN deployment and subsequent humanitarian response in Ar-Raqqa; 3) the scale up of mine action efforts.
- Maintain support to existing health, WASH, FSL, SNFI, mine action and protection interventions.

Capacity to deliver:

Currently 11 INGOs are operating in Ar-Raqqa City (5 Health, 5 Food Security, 6 WASH, 3 SNFI, 2 Protection, 2 Mine Action), with additional NGOs looking to commence operations over the coming period. Humanitarian partners are joining efforts to implement the plan, out of which 6 UN partners, 10 INGOs and 7 LNGOs are participating. As per the SSG coordination arrangements for northeast Syria the UN in the Qamishli hub will take the lead in coordinating this action in close coordination with the Inter-Sector Working Group in Damascus and the northeast Syria INGO Forum.

Northeast Syria INGOs implement direct programming and also work through local partners in Ar-Raqqa City.

The operational presence of INGOs based in Government-controlled areas remains a challenge in northeast Syria, as already visible in the earlier response to displacement. Advocacy should continue to highlight the humanitarian nature of the intervention and plead for lifting bureaucratic obstacles, to allow them to operate and to facilitate a more robust response.

Further phases of the response aimed at more sustainable interventions or assistance aimed at creating improved conditions for return (within the scope of the HRP) will be elaborated through future updates of this plan once conditions are in place for such type of interventions.

SECTOR RESPONSE PLANS



Food Security

Needs:

The livelihoods of Ar-Raqqa city residents have been shattered. The majority of the city's residents are IDPs living with host communities outside the city while around 12,652 residents and roughly 2,394 Ar-Raqqa city residents are known to still reside in the Ein Issa IDP camp. Many of these people are waiting for the city to be declared safe in-order to return and start to rebuild their lives. While others have already started to return.

Returnees face a difficult path to rebuilding their livelihoods. Ar-Raqqa city has limited job opportunities and many households are resorting to daily casual labor to sustain their household's income. Poorer households have reported eating less preferred and less expensive foods as well as limiting portion sizes to make ends meet. Child labor is also very common as many schools are still shut and household incomes are very low.

Key food commodities are available at regional prices in markets across Ar-Raqqa city, however residents' financial access to food remains a constraint. Returnees in Yarmouk and Qadessiyeh neighbourhoods, two of the poorest neighbourhoods in Ar-Raqqa city, reported that they are unable to purchase enough food to meet their household needs. Yet some better-off neighbourhoods, such as Ma'amoun are picking-up. Here food markets have emerged with food commodities available in markets due to improved supply routes and the increased purchasing power of residents. Additionally, more people are expected to return during the summer (around 10,000 families) as per the estimates of local authorities who in addition, have also highlighted the fact that Tishrine (Rmelah) neighborhood is witnessing acute needs in terms of overall assistance.

There are five bakeries in Ma'amoun, one in Yarmouk and one in Qadessiyeh. These bakeries are provided with wheat flour and diesel by the local authorities (200,000 SYP/ton of wheat flour and 65 SYP/litre of diesel). At the time of the assessment, a bundle of bread (1.5kg) was 70 SYP. Interviewed respondents reported consuming three meals per day, however most mentioned that they were relying on less preferred and less expensive foods in order to make ends meet. In addition, many had reduced their meal portion sizes.

Current capacity:

5 humanitarian partners available out of which 1 UN and 4 INGOs. WFP and FSS partners have a capacity to meet the immediate and monthly food needs for over 68,000 individuals, with WFP set to remain until December.

Target population:

147,000 individuals (29,524 households)

Sector plan:

In addition to addressing monthly food needs, sector partners will meet basic food needs through a variety of modalities including food vouchers to boost the market economy. Livelihood/urban strategy based interventions will be launched in the medium to long term.

In view of the still extensive risks presented by explosive hazard contamination, sector partners have been slowly scaling up their response, with WFP having received recent access/clearance. Response priorities over the planning period include:

- Scaling up the response in neighbourhoods where needs remain high and gaps are identified, and expand assistance per needs/safety criteria and in line with do no harm principles.

- Provide immediate food assistance to returnees through Ready-to-Eat Rations.
- Provide monthly food assistance to vulnerable returnees through the application of selection criteria that assesses profiles of food insecurity.
- Work on the cash based response through Food Security sector partners where markets are functioning and such a response is feasible, wider market and cash feasibility assessments will be conducted by the end of August.
- Conduct further assessments to identify livelihoods interventions.



Protection

Needs:

The safe and sustainable nature of IDPs return to Ar-Raqqa city remain a significant concern, with the overall environment continuing to be characterised by numerous protection and safety risks. These risks include:

- high levels of explosive hazards contamination;
- the presence of unsafe buildings threatening physical safety and depriving returnees from suitable living conditions;
- lack and loss of documentation possibly hindering freedom of movement and access to services;
- the presence of numerous categories of persons with specific protection needs, including unaccompanied and separated children, female-headed households, women and girls at risk survivors of GBV, persons in need for psychosocial support due to the prolonged exposures to hostilities and to challenging situations in IDP sites.
- The situation upon return will also present additional challenges, including those linked to the loss of community and family support, the lack of resilience possibly triggering negative coping mechanisms including child labour and recruitment/conscription, including amongst children and youth.

As consultations with returnees during recent missions have revealed, the environment in Ar-Raqqa city is particularly challenging for persons with specific needs, due to dilapidated services, including specialised services for women and girls. Lack of electricity is particularly affecting women's health and safety; absence of reproductive health services may put the lives of women and adolescent girls at risk and deter the disclosure of situations of gender-based violence due to the lack of confidential space and channels of communication. The lack of livelihoods may also lead to different protection risks leading to harmful coping mechanisms, notably child labour and early marriage.

The lack of civil status documentation and notification of vital events during the years of ISIL occupation and during the period of displacement remains a major protection risk, possibly affecting several displaced and returnee families. In addition, the loss and destruction of cadastres and of property titles is thought to be common. The lack of documentation may affect even more women and girls, due to the restrictive policies enacted during the ISIL occupation.

In view of the depleted resources and facilities, there is a need to establish a variety of protection services and activities in favour of the most vulnerable population. In a traditional approach that prioritises community-based protection, the establishment of facilities such as Community Centres providing a variety of protection services; Women and Girls Safe spaces and Child Friendly Spaces to provide a suitable environment to various groups with specific needs is highly recommended. However, given the conditions in the city, the status of building and infrastructures, the capacity of the local partners, and the overall timeframe for the establishment of such interventions, it is likely that any initial protection-based activity will be carried out through mobile interventions from nearby facilities (e.g. in Ras El Ein/ Ein Eissa, in Tabqa). Initially, Mobile CFS teams can also operate from school buildings that may be restored or operational, after school hours. Consultations are ongoing with the local entities for an integrated Child Protection and Education intervention in Ar-Raqqa city.

Multifunctional mobile units, child protection mobile teams and integrated Reproductive Health and GBV mobile interventions will likely be the first type of interventions being implemented to support the population in need. The pace of clearance and rehabilitation of facilities, as well as the safety of humanitarian workers and the civilian population will then determine the possibility to establish static facilities. Efforts will also be made to work with some of the few existing community-based structures reportedly available (April 2018 Mission) in some neighbourhood (e.g. Mishleb), such as the People's House, the Women's House, the Department of Orphan and Disabled Children. Initially, until services are available in a full scope, these community structures can be supported to strengthen the identification of persons at risk.

Compared to other humanitarian activities related to the delivery of material assistance, protection activities require mobility, contact with the population, and building of trust through steady and physical presence. Given current conditions in Ar-Raqqa city, particularly the high level of contamination, a careful assessment will be required before the extension of protection activities in order to preserve the safety and the security of both the civilian population and service providers.

There are reported plans for the GoS to open a new civil registry premises in Sabkha (northern part of Euphrates River) where civilians from areas under the control of the Ar- Raqqa Civil Council can address Syrian State authorities for the issuance of official documentation issued by the Government of Syria. As in other locations, support can be offered to rehabilitate these premises so that they can function in the best interest of the civilian population.

Current capacity:

To date, the presence of protection actors inside Ar-Raqqa city remains very limited. Eight protection humanitarian partners are currently conducting activities, comprising 4 UN agencies in partnership with 4 local NGOs and 2 INGOs (MA).

Target population:

In principle, protection services and interventions will be offered to all people in need. Based on demographic data, it is foreseen that some 50-55 per cent of the population may be children, with some 25 per cent of the returning population likely to be represented by women and girls of reproductive age (source: UNFPA).

Sector Plan:

Priorities under the Protection sector response plan for Ar-Raqqa city comprise:

- Identification of national partners able to provide a variety of protection services in Ar-Raqqa city;
- Provide all humanitarian staff entering the city with explosive hazard safety training and updated information on current contamination and ongoing mine action efforts; ensure medical first aid training is also provided.
- Strengthen targeted risk education campaigns on explosive hazards to people most at risk, such as returnees, children and IDPs (including before departure from IDP sites);
- Conduct systematic survey, marking and clearance of both residential areas and infrastructures, such as roads, schools, hospitals, administrative building, fields, etc.;
- Ensure the provision of victim assistance⁸, including by ensuring access to health care services to survivors and indirect victims of explosive incidents, including emergency medical care, physical rehabilitation, prosthesis and orthotics, and psychosocial support to reduce the rate of impairment. Beyond the emergency phase, work should also focus on facilitating access to school, social inclusion, as well as work and employment; enhance initial mobile activities from nearby static facilities (in Ein Eissa, Tabqa, Hassakeh) through multifunctional protection teams already operating in displacement areas, in order to conduct protection needs assessments and consultation with the resident and returnee populations and identify needs for targeted interventions (e.g. women-headed, child-headed households, persons with disabilities).
- Initially through mobile teams, provision of psychosocial first aid and psychosocial support to guarantee a first response to foreseeable high levels of trauma and distress amongst the civilian population, particularly women and children. This may include basic recreational activities to support the psychosocial well-being of children, in safe and accessible locations;
- Child friendly RE awareness sessions and distribution of materials among children and caregivers in the activities of mobile Child Protection Teams.

⁸ Victim assistance interventions cut across different sectors. In this context, the role of Mine Action is to ensure victim assistance takes place and that victims' needs and rights are met/protected. Support of MA actors can go from referrals to health actors to providing direct assistance, depending on capacity available.

- Enhancing child protection actor presence and conceiving a referral system for children in need of urgent protection in coordination with existing structures and partners;
- Monitoring Child Protection needs making use of existing structures (e.g. schools or other community structures present in selected neighbourhoods);
- GBV services integrated within Reproductive Health services in Ar-Raqqa city to be delivered initially through mobile activities (mobile clinics);
- Distribution of dignity kits to women and girls of reproductive age;
- Together with local NGOs and community leaders, conduct Safety Audits in relevant target locations, with the aim of identifying and reducing GBV risks for women and girls as part of Protection and Gender Mainstreaming.
- Specific measures to combat stigmatisation- GBV prevention and response services should incorporate specific measures to tackle stigmatisation of GBV survivors and avoid re-stigmatisation. This can include the provision of GBV services through entryways such as health and safe recreational spaces (to be identified as access and presence increases, should the funding situation allow) and working with community leaders;
- Awareness-raising, initially through mobile teams, on the importance of obtaining/ restoring civil status documentation and on the procedures to acquire it. This activity will however need to be complemented by an assessment of existing procedures and will depend on the existence and operational capacity of the Civil Registration Offices;
- Maintaining the provision of protection services in IDP sites in northeast Syria, to avoid push factors and to continue to support the population who may not yet be in a position to return, while continuing to advocate at local and higher levels for the respect of freedom of movement and the end of the restrictive camp policy for IDPs.
- Continue to reinforce protection advocacy with various stakeholders and at various levels, particularly on the principles of voluntary, safe and dignified return of IDPs. This will include reliable and timely information to the displaced population to inform decisions on return



Shelter/ NFI

Needs:

An estimated 138,000 people have returned to various neighbourhoods across Ar Raqqa city. According to an Interagency Mission Report, 70 to 80 per cent of buildings are either destroyed or damaged. The assessment further highlighted that many buildings had been looted and as a result these houses were without doors, windows and electrical items.

There is a need for sector specific assessment that should be conducted in phases, considering the explosive contamination, clearance efforts and safe access. All standing buildings should be structurally assessed by the competent authority/personnel to ascertain the structural safety of the buildings. Buildings currently occupied by returnees should also be assessed not only in terms of structural safety but also for type and scale of shelter interventions required.

Many people's properties were either looted or damaged, and many returnees are literally living in empty houses and thus, are in urgent need for CRIs.

Current capacity:

There have been some limited shelter activities, such as the distribution of shelter kits and sealing-off kits, implemented in Ar-Raqqa city by northeast Syria partners. UNHCR plans to implement shelter activities, taking into account contamination and structural safety. There are limited funds available for shelter interventions despite the enormous scale of shelter needs. More partners and funds will be required in addition to sustained access to scale up the shelter responses.

Target population:

In the absence of a thorough assessment, it is difficult for the sector to determine a target population size.

Sector plan:

Provided that the security situation improves and access is granted, there should be a shelter specific assessment to understand the different shelter needs. Due to limited available funds and partners, the shelter response will have to be prioritized. Shelter activities will include the distribution and installation of shelter kits to support families whose houses require some minor repair/maintenance and rehabilitation of damaged houses. The sector also plans to support collective shelters where returnees and IDPs have sought accommodation. All shelter activities will consider HLP issues in close coordination with local authorities, beneficiaries and other sectors. The sector will explore expanding the shelter interventions considering access and partner's capacity, including funding.

As for the NFI response, the sector plans a targeted NFI distribution, based on vulnerability and needs. The sector is exploring the possibility of establishing a distribution mechanism to avoid duplication and ensure fair distribution.

Needs:

The quantity and quality of health care facilities remain a critical concern, as health services remain extremely limited throughout the city in view of the extensive damage to facilities. against the backdrop of a growing returnee population there are increased needs for community-level health service to provide both routine and emergency health interventions.

At the same time, numerous blast wounded cases continue to be reported as a result of extensive explosive hazard contamination. Out of 389 victims treated in Ar-Raqqa Trauma Stabilisation Point and Tal Abied National Hospital between November and March, 56 per cent of incidents occurred in people's homes or in residential areas. The proportion of adult male casualties decreased from 75 per cent of all casualties in January to 48 per cent in March, with an increase to 50 per cent in May. This corresponded with an increase in the number of adult female casualties in January and February, with males under 18 years old continuing to represent a growing number of victims- 23 per cent in January, 39 per cent in March and 28 per cent in May.

Three private hospitals and three primary health care centres in Ar-Raqqa city are partially functioning, offering basic health services and maternity care. Residents of the city still have limited access to outpatient services, emergency and comprehensive maternal obstetric and neonatal care, inpatient care, and surgical services. Two public hospitals and 21 PHCs need rehabilitation to meet the health needs of the Ar-Raqqa city population. Although pharmacies are operating in 10 neighbourhoods, the supply of medicines is very limited. Medicines are delivered to pharmacies from Damascus partners only, with shortages in diabetes medications, treatments for Asthma, IV fluids, antibiotics, and ORS widely reported.

Due to the high prevalence of NCDs, disabilities, and trauma cases among returnees, the need for medical evacuations is a priority. Currently the referral points for trauma are located in Tel Abied, Kobani, and Al Hasakeh city.

Delivering regular immunization services to the city is still a challenge, coupled with a measles outbreak across multiple governorates in northeast Syria affecting the city as well (over 3,600 reported cases of measles in Ar-Raqqa Governorate).

Efforts to scale up the health response in Ar-Raqqa city are challenged by irregularities in the provision of health supplies through cross-line and cross border modalities with the absence of approvals from the GoS for health supplies by road deliveries to Qamishli. In addition, security concerns and challenges in scaling up demining activities in the city continue to impede an effective health response.

Current capacity:

Six INGOs and one NNGO are operating in Ar-Raqqa city with support from UN agencies. As in June 2018, three health cross-border convoys from Iraq through Al Yarubiyah crossing made their way successfully in support to health actors in north east Syria.

The population largely depends on health services provided through private hospitals and health clinics in rural areas on the outskirts Ar Raqqa city. 19 out of 73 PHC centers across the governorate are reported as partially functioning but largely engaged only in vaccination activities.

In Ar-Raqqa city, the Health sector is aware of the presence of the following private hospitals: Al-Furat, Mashhadani, Dar Al-Shifa, Al-Nour. There is no information available on accreditation and licensing of these health facilities by the GoS.

The Saif Al Dawla PHC was became functional through the direct support of the cross-border actors (partially transformed to provide blood bank services). Similarly, another cross-border actor supported the reconstruction of Al-Ma'amoun PHC. The Al Rasheed (Dreia) health center was also reportedly able to resume functioning through cross-border support.

Based on available information, for referral purposes, Tal Abyad hospital provides both trauma services and blood support (a note: while being largely supported by cross-line and cross-border partners). Ath-Thawrah (Tabqa) national hospital is being rehabilitated by a cross-border partner and will provide a range of services (gynaecological, surgical, basic clinical laboratory, x-ray, pediatric services). In addition, the national maternity hospital was reconstructed by a cross-border partner.

The extensive roll out of health services through mobile medical teams and fixed health posts (note: being updated at present from May to July) largely covers the countryside, excluding Ar-Raqqa city. Operations continue to be seriously constrained by difficulties in obtaining approvals from both national and Kurdish authorities and the limited capacity of implementing partners (among the national NGOs) inside Ar Raqqa Governorate.

Health services (HeRAMS update) in Ar Raqqa city:

There are two public hospitals in Ar-Raqqa city (0 – are fully functioning; 0 – partially functioning; 2– non-functioning). According to the MoH, both hospitals are non-functioning, while the national maternity hospital has reportedly been reconstructed and reactivated by a cross-border partner since May 2018. There are a total of 19 PHC centres in Ar-Raqqa city, 17 of which are reportedly not functioning (0 – fully functioning; 2 – partially functioning; 17 – non-functioning).

Surveillance and vaccination:

Across Ar-Raqqa Governorate there are a total of 30 EWARS sentinel sites including 12 in Ath-Thawrah (Tabqa), 12 in Ar Raqqa city, 2 in Karama district and 4 in Tal Abiad. (WHO in collaboration with MoH supported the training of health workers in 7 DoH health centers in the governorate to expand further.)

As part of the latest national measles campaign which commenced on 15 July 2 in 7 governorates (Rural Damascus, Aleppo, Homs, Hama, Al-Hassakeh, Ar-Raqqa and Deir-ez-Zor) 122,079 children were vaccinated in Ar-Raqqa governorate covering areas including Ar-Raqqa city, Tal Abyad and Al-Tabqa

There is 1 supported fixed center with cold chain supplies for routine immunization as well 6 other centers for rural Ar Raqqa area.

During the latest bOPV SNID (22-30 April 2018), 73,933 children under 5 and 1,895 children above 5 were covered (94% coverage). In addition, Karama, Maa'dan, Tal'Abyad and Al-Tabqa areas were covered. A total of 201,831 children under 5 were vaccinated.

Availability of HR and services in public hospitals:

In mid-2017 there were a total of 262 staff registered in two national hospitals (209 staff in Ar Raqqa national hospital, 53 staff in the maternity hospital).

As of July 2018 there is no staff reported through MoH as both hospitals are registered as out of service while information is available that the maternity hospital has resumed functioning.

Availability of human resources, public hospitals:

According to the Directorate of Health of Ar Raqqa, the following staff are registered with them

| Speciality | Number of staff |
|--------------------------|-----------------|
| Specialist - orthopaedic | 5 |
| Specialist – general | 10 |

| | |
|---------------------------|---------------------------|
| Specialist - neurological | 4 |
| Emergency physician | 5 |
| Resident doctor | 20 |
| Dentist doctor | 40 |
| Nurse | 500 |
| Midwife | 100 |
| Technician | 100 |
| Pharmacist | 182 |
| General hospitals | 2 / Children - Obstetrics |
| Private hospitals | 8 |
| General medical points | 2 |
| Medical points for NGOs | 7 |

Availability of services in public hospitals:

| Type of health services | Ar-Raqqa National hospital | | Maternity hospital | |
|-------------------------|----------------------------|-----------|--------------------|-----------|
| | January 2017 | July 2018 | January 2017 | July 2018 |
| Emergency services | Yes | No | No | No |
| Outpatient services | Yes | No | Yes | No |
| Inpatient services | Yes | No | Yes | No |
| Emergency surgeries | Yes | No | Yes | No |
| Elective surgeries | Yes | No | Yes | Yes |
| Laboratory | Yes | No | Yes | No |
| Blood bank | Yes | No | No | No |
| Imaging services | Yes | No | Yes | No |
| ICU | Yes | No | No | No |
| Trauma | Yes | No | No | No |
| Burn unit | Yes | No | No | No |
| Communicable disease | Yes | No | NA | No |
| Hypertension | Yes | No | NA | No |
| Cardiovascular | Yes | No | NA | No |
| Kidney | Yes | No | NA | No |
| Rehabilitation service | Yes | No | NA | No |
| Evacuation | No | No | No | No |
| Child health | No | No | No | No |
| Nutrition | No | No | No | No |
| Maternal newborn | No | No | Yes | Yes |
| Abortion | No | No | Yes | No |
| Diabetes | No | No | NA | No |
| Cancer | No | No | NA | No |
| Psychiatric service | NA | No | NA | No |

Functionality of PHC centers (including specialized clinics)

| # | Health Centre Name (EN) | Health Centre Name (AR) | Functionality |
|----|-------------------------|-------------------------|-----------------------|
| 1 | Training and care | الرعاية التدريبية | Non-functioning |
| 2 | Hamida At-Taher | حميدة الطاهر | Non-functioning |
| 3 | Sana'a Mhedli | سنا محيدلي | Non-functioning |
| 4 | Ar-Rafika | الرافقة | Non-functioning |
| 5 | Third Health | الصحي الثالث | Non-functioning |
| 6 | Al-Battani | البتاني | Non-functioning |
| 7 | Seif Ad-Dawla | سيف الدولة | Partially functioning |
| 8 | Al-Ma'amoun | مركز المأمون | Partially functioning |
| 9 | Natural Obstetrics | مركز التوليد الطبيعي | Non-functioning |
| 10 | Al-Mansour | المنصور | Non-functioning |
| 11 | Malaria | الملاريا | Non-functioning |
| 12 | HIV | الإيدز | Non-functioning |
| 13 | Tuberculosis | السل | Non-functioning |

| | | | |
|----|-------------------------------|--------------------------------|-----------------|
| 14 | Dental care | مركز طبابة الأسنان | Non-functioning |
| 15 | Against Rabies | داء الكلب | Non-functioning |
| 16 | Polyclinic | العيادات الشاملة | Non-functioning |
| 17 | Thalassemia | التلاسيميا | Non-functioning |
| 18 | Leishmania | الليشمانيا | Non-functioning |
| 19 | Typhoid fever and Brucellosis | الحمى التيفية + الحمى المالطية | Non-functioning |

Target population:

The plans targets 98,000 people in need for health assistance.

Sector plan:

The Health sector response will provide support through various modalities comprising the (i) delivery of health supplies, (ii) the expanded operational presence of implementing partners, (iii) the roll out of technical programs and (iv) the presence of technical focal points.

The overall objectives of the Health sector focus on restabilising public health services in Ar-Raqqa city through:

- Support for emergency rehabilitation and operationalization of all public health facilities (through physical rehabilitation of public health facilities)
- Organization of temporary fixed health posts and scheduled presence of medical mobile teams.
- Enhancing the provision of life-saving and life-sustaining health services in areas where the population is displaced

:

Some of the key health sector Syria hub response activities include:

- Increase health service coverage through the provision of outreach services through implementing partners.
- Increase quality of NCD/primary healthcare.
- Vaccination campaigns (polio, measles and routine immunization programmes) to be scaled up in coordination with and with support from WHO, UNICEF and NGOs which are active in the city, with emphasis on increasing immunization coverage through fixed and outreach teams (through maintenance of cold chain and provision/installation of the solar refrigerators; support to partners while providing operational costs).
- Increase access to mental health and psychosocial support services.
- Support referral systems from the city for trauma cases and patients needing hospitalization, through the identification of health referral points and health facilities across the governorate.
- Implement nutritional screening/ surveillance centres for children and support referrals to treatment centres for complicated SAMS cases
- Strengthen epidemiological surveillance and early warning programmes (EWARN/ EWARS) for communicable diseases through timely reporting from sentinel sites, capacity building and by increasing overall geographic coverage.
- Maintain child health care.
- Provide integrated Reproductive Health (RH) and Gender-Based Violence (GBV) services including family planning supplies and counselling, gynecological consultations, ultrasound diagnostics, antenatal care including supplements, post-natal care, psychosocial support and referral for deliveries and comprehensive emergency obstetric and neonatal care.
- Coordination with stabilization actors and local health authorities regarding programmes targeting the rehabilitation of health facilities, supporting local health actors and capacity building for medical staff in the area.



Water, Sanitation and Hygiene (WASH)

Needs:

Access to safe water remains the primary need in Ar-Raqqa city. While water is being provided through water trucking services by private vendors, local authorities and a few INGOs, a huge portion of trucked water is reported to be untreated and of poor quality making people sick. Moreover, water trucks are unable to access many areas where roads remained blocked or damaged, and people are forced to move to other neighbourhoods to access services.

Water networks and water pumping stations were significantly damaged due to hostilities and explosive hazard contamination, resulting in limited access to safe drinking water, with the lack of electricity a further limiting factor. The main water treatment and pumping station, located to the south of the city across the Euphrates River, is reportedly undergoing repairs and capacity tests. It is reported that the water station is powered by a dedicated generator, although there are difficulties in securing the necessary quantity and quality of fuel supply. Residents of some neighbourhoods, along the river and in the eastern part of the city, report limited access to piped water supported by the main station and Sok Al Hal water treatment station. However, the service is sporadic and insufficient, forcing people to purchase water from water truck vendors. Key informants were able to indicate areas of the main pipe network that are in potential need of repair, but as water is not yet being pumped through the majority of the network, it is not possible to test the network in all areas of the city. Unexploded ordnance and rubble poses a further barrier to testing pipe networks.

Sanitation is becoming an increasingly urgent need in some areas, with the sewage systems destroyed during the fighting and bombing in the city. There are concerns that with poor sanitation and solid waste management, there will be increased levels of sanitation related diseases, such as diarrhoeal diseases. The sewage network is reportedly relatively undamaged and key informants estimated that only 5 to 10 per cent of the network is in need of repairs. However, damage to the water infrastructure and the related lack of sufficient water, prevents partners from conducting comprehensive tests. Garbage is not officially collected in most neighbourhoods and there are also reported cases of uncollected corpses remaining in damaged and destroyed buildings. As a result, rodents and pests are prevalent, and residents are vulnerable to diseases such as leishmaniasis. There is a substantial risk that these diseases becoming more common, with households coping with insufficient water primarily by modifying hygiene practices

Although markets are partially functional, with some key NFIs available, the reduced purchasing power of returnees means that it is more likely that in the event of increased WASH related diseases, there will be a greater demand for NGO distribution of hygiene related products. Hawala systems are reportedly functional in some neighbourhoods, providing opportunities for cash assistance.

Current capacity:

UNICEF is providing a sufficient quantity of liquid sodium hypochlorite to water treatment stations supporting Ar-Raqqa city. UNICEF carried out and completed technical assessment of water stations, with cost estimates and BoQs prepared. UNICEF has a technical facilitator to support WASH programmes inside the city. There are two INGOs providing water trucking services with chlorination and monitoring of water quality in some neighbourhoods of the city, as well as communal water storage tanks and water distribution points. Chlorination for all city's water supply is conducted by one partner. Some INGOs distribute HH level water disinfectants, NFI kits and provide mine and hygiene awareness. Two INGOs and stabilization actors are working on rehabilitation of city water treatment stations and the water network, while another INGO supports the RCC water department with O&M materials and equipment.

Target population:

62,000 people will be supported with family hygiene kits distribution, 100,000 people with access to chlorinated drinking water, and 60,000 people will benefit from rehabilitation of sanitation network.

Sector plan:

The sector plan will prioritize the following activities:

- Continuation of water trucking to the neighbourhoods not served/underserved via water network.
- Provision of communal and household level water storage tanks and distribution points
- Provision of water disinfectants at water utilities, chlorination at water sources used by water trucking service providers, distribution of HH level disinfectants and awareness raising.
- Development of Water Safety Plan.
- Market based programming (unconditional cash, vouchers) where markets are functional, complemented by in-kind NFI distributions.
- O&M support to water treatment station.
- O&M support to RCC water department (materials, equipment, capacity building).
- Support to water treatment station rehabilitation.
- Construction of additional emergency water treatment stations in case the pre-conflict stations are not able to provide water to northern neighbourhoods of the city.
- Construction of additional water filling points for water trucking and chlorination to ensure safe water is supplied by private vendors to city residents.
- Rehabilitation of the water network.
- Rehabilitation of the sewage network
- Support to SWM.
- Vector control campaign.
- WASH support in functional schools.
- Mine awareness supposed to be included in all programs directly targeting beneficiaries.



Nutrition

Needs:

The already poor nutrition practices in Raqqa are expected to worsen given the length and number of displacements faced by the affected population, as well as a decline in the purchasing power of returnee households. Hence, there is a need for nutrition interventions for affected children and pregnant and lactating women to prevent the rise in acute malnutrition.

Current capacity:

6 humanitarian partners (1 UN, 2 INGOs and 3 LNGOs)

UNICEF QFO planned and submitted a PCA for one year with a local NGO to establish two fixed and one mobile clinic (CMAM centers offering treatment for severe and moderate acute malnutrition) to cover Ar-Raqqa city, Tabqa city, Mansura sub-district, Jurnea sub-district and Ein Issa camp with an integrated package of nutrition services. This PCA targets 71,280 girls and boys under five years of age and PLWs for screening, treatment and/ or provision of nutrition supplies.

In addition, there is one INGO providing nutrition services for children aged between 6 – 59 months who have presented to health clinics with severe acute malnutrition. Supplies are available to treat these children with ready-to-use therapeutic food.

Target population:

71,280 girls and boys under five years of age and PLWs for screening, treatment and/ or provision of nutrition supplies.

Sector plan:

The current stock available in Qamishli is sufficient to cover the distribution of preventive nutritional supplies for 41,390 boys and girls and PLW, including 350 malnourished across northeast Syria. Additional stocks of preventive nutrition supplies are in the pipeline to be shipped to Qamishli for approximately 120,000 boys and girls and PLW to prevent micronutrient deficiency, in addition to therapeutic and preventative supplies for 41,390 boys and girls and PLW in the beginning of September. Stocks of nutrition supplies will be made available to people in Ar Raqqa city as well as additional prepositioned items based on identified needs, population updates of returnees and security conditions.

CMAM (Community Management of Acute Malnutrition) centers will be established through implementing partners to provide therapeutic approaches for malnourished children and mothers including the provision of enhancement and promotion of breast feeding and IYCF when the security situation allows.

Integrating nutrition services in already existing mobile and fixed clinics in Ar-Raqqa Governorate and expanding nutrition services through the current and newly identified partners (depending upon access to the area) will also be prioritized. A faith based organization was identified and will work within one month providing Health and Nutrition services for Ar-Raqqa Governorate's IDPs and Returnees.



EARLY RECOVERY

Needs:

Ar-Raqqa city has experienced significant levels of destruction to infrastructure, leaving significant debris, increasing hazards to the civilian population. In the absence of a robust local waste management service and limited explosive hazard clearance capacity, solid waste management is an issue across the city. There is an urgent need of rubble and waste removal, including of possible hazardous material, to reduce security risks to the civilian population and to pave the way for restoring and repairing the housing, water, access, sewage, energy and social services infrastructure. Social service facilities in Ar Raqqa city have been heavily damaged or destroyed due to the fighting and bombing. Water networks and pumping stations as well as the sewage systems are also significantly damaged. The national grid is currently not able to supply electricity inside the city due to the damage to the transmission and distribution systems as well as the network itself. Most parts of the city are relying on the supply of electricity from neighbourhood generators. The limited availability of electricity is affecting the operation of basic social services, return of markets and commercial activities, and generation of livelihood opportunities.

Due to the high level of destruction in Ar-Raqqa city, many families have lost their assets and livelihoods. Currently, the city has limited job opportunities and many households are resorting to daily casual labor to sustain their household's income. The purchasing power of returnees is very limited. Restoration of livelihoods through support to re-open small enterprises such as shops and productive workshops, while the re-establishment of rural-urban value chains is urgently required to prevent negative coping mechanisms.

Furthermore, years of hostilities, the presence of ISIL, and displacement has had a significant negative impact on the social fabric of the communities within the city. Discrimination or revenge attacks are possible. In addition to putting in place mechanisms to intervene in potential acts of revenge, community-based initiatives to defuse tensions and restore social fabric are urgently needed. Targeted and mainstreamed initiatives for promoting social cohesion and community security are needed to prevent latent tensions from flaring up, particularly against more marginalized sections of the community. Legal support for obtaining essential civil and HLP documentation is urgently needed to prevent dispossession.

Current capacity:

8 humanitarian partners are available to support the response in Ar-Raqqa city (4 UN, 1 INGO and 3 LNGOs).

Target population:

56,000 affected persons (direct)

Sector plan:

In support of the third Strategic Objective of the HRP 2018 (Promoting Resilience), the ERL sector will initiate resilience-based assistance to affected people and communities in Ar-Raqqa city to strengthen their self-reliance to and ability to recover from the crisis and to reduce dependency on life-saving and life-sustaining humanitarian assistance. The planned ERL interventions will thus provide quick impact projects that support the rehabilitation of basic and social services and

infrastructure as well as the creation of short- to mid-term livelihood support opportunities. Hence the ERL sector will prioritize the following avenues of actions:

- Removal and management of debris and accumulated solid waste through a labor intensive scheme and in close collaboration with the humanitarian mine action sector for 1) the planning to implementation phase, both for survey and clearance and 2) for the provision of specific training to rubble removal and reconstruction workers.
- Urgent rehabilitation of essential basic and social services (health centers and schools) and infrastructure (water, sanitation, electricity and renewable energy) through a labor intensive scheme,
- Support to the rehabilitation of houses targeting the most vulnerable
- Rapid stabilization of livelihoods through the rehabilitation and cleaning of workshop and shops, and provision of tool-kits and productive assets, and support to home-based female artisans and producers
- Providing PWDs care and community-based psychosocial support
- Rapid interventions to promote social cohesion, protection and community resilience based on context sensitivity analysis



EDUCATION

Needs:

In Ar-Raqqa Governorate, formal education has been suspended by the GoS MoE since 2013 when the city came under the control of non-state actors and later ISIL. Due to disruption to education, particularly during the years under ISIL-control, many children are unable to either read or write unless family members were able to teach children at home. Children in Ar-Raqqa city were also exposed to ISIL's ideology and many traumatic events. The number of school age children among returnees to Ar-Raqqa city is estimated at 52,000 children based on the returnee population of 138,000.

The Ar-Raqqa Civil Council took over education services in Ar-Raqqa city and rural areas in coordination with the Self-administration. In Ar-Raqqa city, there are 32 functioning schools, including six schools in private houses rented by the Ar-Raqqa City Council, attended by more than 10,000 children (grade 1-9). The 32 schools are operating in relatively 'safer' or comparatively less damaged neighbourhoods, such as the Mashlab/ Ma'amoun or Yarmouk/ Jazraa areas.

The rest of the 42,000 school age children are most likely out of school in Ar-Raqqa city, the majority of whom may be adolescents. Currently, there are no alternative learning opportunities to support out-of-school children. Additionally, there are no secondary education services nor universities available to the adolescents of Ar-Raqqa city.

The RCC-operated schools are using a modified version of the GoS curriculum, however, these schools are not recognized by the GoS-MoE as they are not under MoE supervision. In fact, the MoE did not open exam centers for students to sit the official grade 9 and 12 exams in KSA/RCC-controlled areas in May/June 2018. No certificates will be issued to the students, unless they travelled to GoS-controlled areas. The lack of accreditation is one of the greatest education concerns for school age children and their families.

At least 25 schools in Ar-Raqqa city are confirmed to have been destroyed. Many of the functioning schools in the city are expected to be neither child-friendly nor conducive for learning, as many are reported to be partially damaged and may not be fully cleared from UXOs, with WASH facilities barely functioning. Most schools are in need of rehabilitation, including the rehabilitation of WASH facilities, and require basic school furniture and equipment.

Currently 2,700 teachers are registered with the RCC, although it remains unclear how many of them are in service. Teachers' salaries are paid by the RCC and are reported to be slightly higher than the one set by GoS MoE. Some 60 per cent of teachers are university graduates, while 40 per cent are graduates from institutes or secondary schools. It is unknown how many of them hold teacher licenses and/or have teaching experiences. Training of trainers (ToT) for teacher training was reportedly conducted in April, while the roll-out of teacher training is scheduled for July and August.

Another flexible and alternative learning opportunity for children that have been out of school an extended period is through the self-learning materials (SLM), jointly developed under the leadership of the Ministry of Education in Syria (Damascus) and supported by UNICEF and UNRWA (United Nations Relief and Works Agency). The SLM is not curriculum content, it consists of tools based on or directly drawn from the Syrian national Damascus curriculum, condensed and fast-tracked for out-of-school children who have missed out on regular schooling opportunities. This is part of the sector's efforts to utilize innovative and flexible strategies to ensure every child's right to education is met, with a focus on the most vulnerable and marginalized children

Current capacity:

Eight humanitarian partners are available, comprising one UN agency, three INGOs, and four LNGOs.

Target population:

42,000 school age children.

Sector plan:

The priorities under the sector response plan include the following:

- **Resumption of Education:** Support for the resumption of education for children will be accelerated through quick impact projects, such as a Back to Learning campaign, including the provision of essential education supplies (school bags, textbooks, teaching and learning materials) and the identification and re-absorption of teachers into functional schools. Additionally, more longer-term support could include early childhood education services for pre-school age children.
- **Safe and Protective Learning Spaces:** The establishment of safe and protective learning spaces through small-scale rehabilitation of learning spaces, including gender-sensitive/inclusive WASH facilities, hygiene promotion, psycho-social support and activities, mine risk education, school safety and risk reduction planning, critical child protection messaging and the establishment of a referral system for specialized services in coordination with other sectors is another key priority. Participation of children as well as communities is essential.
- **Psychosocial support to learners and teachers:** Children's mental health and wellbeing are critical foundations required for learning. Through providing children and adolescents with structured/semi-structures psycho-social support and recreational activities, children's MH/PSS needs can be addressed, and additionally, children will be attracted to return to and stay in school.
- **Outreach:** Outreach activities and the provision of non-formal education (literacy classes and remedial support using self-learning materials, coupled with life skills) for out-of-school children and those at risk of dropping out, with the emphasis on adolescents.
- **Teacher Professional Development:** To ensure the quality of learning processes, teacher training as well as regular supervision/support to teachers is a critical area to be strengthened. The teacher training package includes active learning, classroom management, psychosocial support and risk education based on the identified training needs.