

# Civilian Protection in Urban Sieges: Capacities and practices of first responders in Syria

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# Civilian protection in urban sieges

## Capacities and practices of first responders in Syria

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Chas Morrison

Working Paper

September 2017

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**Urban; Governance**

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*Keywords:*

Conflict, humanitarian response, human rights, Syria, urban crises, civil society



Norwegian People's Aid



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Urban conflict in Syria has had devastating impacts on besieged civilians targeted by deliberate bombing and human rights abuses. Local actors, some with an overt humanitarian mandate, engage in first response activities, but often lack sufficient training, equipment and operationalisation. Our research from four besieged urban areas finds a range of capabilities, understandings and mandates within six different sets of organisations involved in first response. Our mixed-methods research methodology points to a strong evidence-base of the needs and strengths of organisations undertaking first response, and how external agencies can better support them.

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# Acronyms

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
CPUS	Civilian protection in urban siege
CTPSR	Centre for Trust, Peace and Social Relations
DFID	Department for International Development, UK
EC	European Commission
FGD	Focus group discussion
GAUC	Global Alliance for Urban Crises
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IHL	International humanitarian law
IHRL	International human rights law
INGO	International non-governmental organisation
LNGO	Local non-governmental organisation
NGO	Non-governmental organisation
NPA	Norwegian People's Aid
S&R	Search and rescue
SCPR	Syrian Center for Policy Research
SNHR	Syrian Network for Human Rights
SOHR	Syrian Observatory for Human Rights
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNSC	United Nations Security Council

# Executive summary

Urban humanitarian crises are increasing. Recent conflicts in Ukraine, Libya, Yemen, Iraq and elsewhere indicate a growing need to improve humanitarian programming, especially in urban areas where the bulk of fighting has occurred, and greater engagement with local first responders and a diverse range of other actors. This research project brought together NGOs, civil society and academics to undertake collaborative data gathering and analysis to investigate urban conflict response mechanisms. The research plan was designed in response to challenges identified by partners in major urban conflict zones in Syria experiencing prolonged and repeated bombardments, attacks and logistical challenges, where international humanitarian actors have very limited ground presence or influence.

This working paper documents and investigates perceptions of actors engaged in first response and civilian protection practices, and their capacities in opposition-held urban areas of Syria, with conclusions and recommendations for urban conflict actors globally. It presents an overview of the capabilities, shortcomings, opportunities and major challenges facing first responders in their own words. The conclusions are based on primary data gathered from first response actors in Aleppo and three other urban areas under siege by government armed forces and their allies.

This paper adopts a broad definition of 'protection' that refers to immediate emergency activities pre- and post- bombing, as well as legal and human rights legislation and compliance. This is partly because the term is more widely understood than 'first response' and covers preparedness and planning measures. It also avoids the sociocultural distinctions of sub-groups requiring specific protection measures, such as women, the elderly or children, which are understood in very diverse ways by different stakeholders. While the bulk of the stakeholders' activities are more related to first response, we have used 'civilian protection' as a comprehensive term that encapsulates various activities and mandates.

The research finds that organisations and individuals engage in what can be loosely termed civilian protection of some type, without necessarily being aware of how this links to international norms and practices or even perceiving themselves as doing protection work.

There is virtually no indication of familiarity with any international frameworks, conventions or policies on civilian protection. The Syria case is pertinent due to the absence of international observers, severity of civilian casualties by state and opposition forces, and the emergence of home-grown first responders. Many first response actors see their work as a natural, even inevitable reaction to the horrors of urban warfare and appear to be motivated by humanitarian and empathetic ideals, often marked by self-sacrifice, disregard for personal safety, and fatalism. In these urban conflict environments, a diverse, educated and motivated populace includes a wide range of protection stakeholders, comprising varying levels of professionalism, attitudes, capacities and aims. Some are motivated by faith, others by a sense of civic duty. Some are paid, and others are volunteers. Some have explicit protection mandates, and others are only tangentially engaged in protection activities. Six main groups of first response stakeholders emerged during our investigation:

1. **White Helmets (Syrian Civil Defence):** the most prominent first responder group in opposition areas of Syria, with an overt protection mandate and strong legitimacy.
2. **Medical professionals:** their first response capacities extend to medical treatment of conflict victims, focusing on emergency life-saving interventions under very constrained operating environments.
3. **Free Syrian Police:** established in 2013 with support from the UK government, and operating in Aleppo, Idlib and Daraa provinces; their mandate has been compromised by opposition forces and their role in rebel-held areas has been left somewhat unclear. For first response, they coordinate most closely with the White Helmets.
4. **Local councils:** offices of the Syrian interim government, they have a significant role in service provision and care of civilians, extending to basic amenities and communication with other stakeholders in opposition areas. While first response is not their primary mandate, they are heavily involved in supporting hospitals and schools and acting as an overarching coordinating body.

5. **Local NGOs:** these represent a variety of organisations, comprising community groups, faith groups, voluntary bodies, and local humanitarian agencies.
6. **Opposition first responders:** this group includes forces with varying levels of interest and engagement in first response and it is difficult to ascertain precisely their protection activities. Some are more overtly involved in first response and protection than others, partly as a method to secure local support and establish legitimacy.

This paper does not distinguish human rights violations or war crimes carried out by the regime from those committed by other armed factions. We do not investigate solutions to the conflict or allocate blame, and we are concerned only with aspects of first response and civilian protection. None of the interview and survey questions posed to respondents enquired about ceasefires, terminating the conflict, negotiated settlements or peace agreements. All the questions relate only to protection and first response issues, the operational environment of the respondents and their recommendations for improving work activities and other changes they would like to see. However, it was often difficult to limit interviewees and focus group discussants, particularly if they wished to speak freely and open up about various challenges of working and living under siege. This was particularly the case for the opposition groups who assist with first response.

The findings suggest increasing remote support to organisations working in first response and encouraging a move away from ad hoc approaches towards more professionalism and standardisation that incorporate better preparedness and mitigation measures in addition to response.

The following are recommendations to improve external support for civilian protection:

- Develop more inclusive ways to relate international protection norms and frameworks and build a closer engagement with local actors and their understandings, activities and capabilities.
- Extend guidance and information within international humanitarian law and other binding frameworks to operationalise first response activities with a focus on ground-level governance, coordination and capacities.
- Widen the narrative on what constitutes 'humanitarian' response, focusing firstly on local capabilities and how international actors can support these, not the other way round.
- Adopt more inclusive mechanisms that integrate a larger set of first response actors and other stakeholders involved in civilian protection.



## 1

# Background to the research project

## 1.1 Operational environment

The conflict in Syria is catastrophic. The numbers of casualties, the duration of the civil war, the horrific targeting of civilians, the use of torture and of proscribed weapons position this conflict as a case study for the worst violence in modern times and highlight the inability of formal political mechanisms to halt it. The exact numbers of casualties are highly disputed, and it is difficult to distinguish civilian and combatant deaths. There are no universally accepted numbers of casualties, torture victims, extra-judicial killings, or numbers of female or child victims. Both regime forces and opposition forces are accused of lying about casualty numbers and claiming combatants as civilians. Whichever figures are accepted, the massive numbers of people in humanitarian need, IDPs, refugees, and overall fatalities, all serve to emphasise the incredibly challenging work environment for first responders and other humanitarian actors. The organisations below have reported the following numbers of casualties and displaced peoples:

- The Syrian Center for Policy Research (SCPR) claims a total death toll of 470,000 (up to February 2016) (SCPR, 11 February 2016).
- The Syrian Observatory for Human Rights (SOHR) estimates from 321,000 to 465,000 total casualties (March 2011 to March 2017) and more than 14 million wounded and displaced (SOHR, 13 March 2017).
- Staffan de Mistura, the UN and Arab League Envoy to Syria, estimates total casualties of 400,000 (March 2011 to April 2016) (Foreign Policy, 22 April 2016).
- The Syrian Network for Human Rights (SNHR) reports that the civilian death toll alone has reached 207,000 (SNHR, 18 March 2017).
- The UNHCR has registered over 5 million refugees (June 2017) with the majority in Jordan, Lebanon and Turkey (Inter-agency Information Sharing Portal, n.d.).
- Syria currently has the biggest internally displaced population in the world: 6.5 million people, including 2.8 million children (UNHCR, n.d.).
- 13.5 million people require humanitarian assistance (UNOCHA, n.d.).

The Syria conflict is characterised by the immense suffering of civilians: the deliberate targeting of humanitarian actors, blocking or destruction of humanitarian supply convoys, human rights abuses, mass killings, gang rapes, torture and use of proscribed weaponry. Siege warfare violates many different treaties on human rights and international humanitarian law. Numerous competing armed groups, both insurgents and pro-government, shifting alliances, and multiple international actors who have failed to agree on a strategy all complicate the conflict environment and humanitarian provision. Aleppo was one of the major urban areas contested by the regime and rebel groups and has been devastated by indiscriminate shelling, airstrikes and bombing. Many inhabitants have fled, and

the remaining suffer massive risks and deprivations. During the course of our data collection from May 2016 to January 2017, opposition-held neighbourhoods of Aleppo were recaptured by the regime.

This research relates specifically to urban areas of Syria where the bulk of the fighting has occurred, and where siege conditions have been most severe. However, large numbers of displaced civilians also reside in rural areas. Blocked roads, absence of basic services and denial of humanitarian access are defining characteristics of the Syrian civil war. Organisations such as the White Helmets emerged in urban areas alongside other service providers operating in cities, such as hospital staff and local interim councils. Some of the elements discussed in this paper also relate to rural areas and to humanitarian protection in general, but we focus on urban siege environments and the actors operating within them.

All parties to armed conflict must ensure that civilians are protected. This is enshrined in international humanitarian law, the Geneva Conventions and Additional Protocols. Attacks may only be directed against combatants and are forbidden against civilians (ICRC, n.d.a) unless they take up arms (ICRC, n.d.b). Humanitarian access and free movement of civilians must be maintained. However, recent conflicts in Syria, Ukraine, Yemen, Iraq, and elsewhere experience deliberate targeting of civilians. There is a growing need to both improve adherence to civilian protection and strengthen capacities of local first responders. This research brought together NGOs, civil society and scholars to investigate first response practices and shortcomings in Syrian urban conflict. The project was designed in response to challenges previously identified by partners involved in civilian protection and other humanitarian efforts.

Guidelines, strategy papers and policy recommendations on urban civilian protection exist (GAUC, 2016a; 2016b), as well as legal frameworks and UN Resolutions (Geneva Convention IV, 1949 (ICRC, n.d.c); UNSC, 2006). The most relevant to our research are international humanitarian law (IHL) and international human rights law (IHRL), with the Inter-Agency Standing Committee's report (IASC, n.d.) on urban humanitarian challenges also relevant.

Current challenges to civilian protection are not the result of weak institutions or laws, but a failure to comply with them or access accurate information on how they are operationalised. Armed groups may not be familiar with these institutions and laws, consider them to be less important than winning the conflict, or consciously target civilians. Awareness of protection responsibilities, and non-combatants' rights in conflict, remain weak among armed factions, both state and non-state. Issues of sovereignty and political neutrality are significant constraining factors, highly pertinent in the Syrian conflict. Despite the United Nations Security Council's "outrage that civilians continue to account for the vast majority of casualties in situations of armed conflict" (UNSC, 2015), international policies and strategies are failing to sufficiently constrain violations. There are weaknesses in the support mechanisms to civilian protection actors, a lack of awareness of combatants' responsibilities and civilian entitlements in conflict, and shortcomings in first response procedures.

Our research situates 'first response' within a broader set of civilian protection activities: first aid, search & rescue, evacuation, early warning, triage, medical assistance, and promoting legal compliance. The civil defence in Syrian opposition areas, known as the 'White Helmets', are the most visible first responders, but our investigations also found large numbers of LNGO workers, medical personnel, interim government staff, and volunteers working in protection and first response. What also emerges from this investigation are numerous and repeated references by respondents to war crimes: use of proscribed weapons including gas, targeting of civilians and non-military targets, deliberate withholding of basic foodstuffs, and closure of humanitarian access.

We prefer the more neutral term 'opposition-held areas' over 'liberated' areas; the latter is a much more politically-loaded term and carries implications of freedom from the regime that we are not in a position to evaluate. Likewise, we refer to armed groups in conflict with the state as 'opposition' fighters or actors, rather than 'martyrs' or 'freedom fighters'. However, when reporting the feedback from research respondents, we directly use the terms they employ. It should be understood that the use of politically-sensitive terms does not imply we endorse them.

## 1.2 Formation of Syria's Civil Defence

In early 2013, Syrian volunteers, led by founder Raed al-Saleh and supported by Mayday Rescue,<sup>1</sup> established the civil defence units in response to bombing raids that targeted civilians in various urban centres across the country. By late 2014, the Syrian Civil Defence was formally established and various teams working separately came together under one national organisation, also known as the White Helmets.<sup>2</sup> They currently number over 3,000 volunteers and claim to have saved around 95,000 lives to date, with 191 recorded deaths among the White Helmets. They were nominated for the 2016 Nobel Peace Prize, and the Right Livelihood Award Foundation awarded them the 'alternative Nobel Prize' for their "outstanding bravery, compassion and humanitarian engagement in rescuing civilians" (Right Livelihood Award, 23 February 2017). A film named 'White Helmets', based on the Syrian Civil Defence work, won an Oscar for best short documentary in February 2017. It is likely that the civil defence humanitarian ethos and work practices have had an influence on other organisations in Syria.

The organisation's modus operandi was quickly established: unarmed and politically neutral humanitarians who hurry to the scene of an attack and attempt to protect people on the ground from the effects of bombs and prevent further injury. Their work primarily consists of urban search and rescue (S&R), early warning, evacuation, first aid, firefighting, marking unexploded ordinance (UXOs), and so on. Video footage and photos of their work show them freeing people from rubble, triage activities, and dead body management. They face barrel bombs, sometimes containing chlorine, which frequently land on civilian targets such as schools, houses and hospitals. From 2014, barrel bombs and other indiscriminate weapons have been banned by UN Security Council Resolution 2139, yet they continue to be used heavily across Syria. Likewise, the UNSC banned chlorine as a weapon in 2015, but that has not prevented its use there.

Since the start of the civil war, Syria has been heavily influenced by the religious ideologies of extremists from various parts of the globe, yet the civil defence pledge is entirely non-sectarian:

*"I pledge to fulfil all missions which will be entrusted to me in the spirit of the fundamental values of civil defence which are neutrality, impartiality and humanity".*

The civil defence claim to adhere to Protocol I of the Geneva Conventions of 1949 (ICRC, n.d.c), and thus in accordance with international humanitarian norms. They function only in opposition areas and have no presence in regime-held territory. This has led to some accusations of collaboration with extremist and sectarian organisations, although the White Helmets maintain their non-affiliation. While these civil defence units claim to be neutral and impartial and not connected to any armed groups or political parties, there have been suggestions that they work with terrorist groups, for example Jabhat al-Nusra (Al-Qaeda in Syria), Islamic State, Jaysh al-Islam and Ahrar al-Sham. President Bashar Assad explicitly claims the White Helmets are part of Al Qaeda and that they operate as a front for Islamic extremism, while simultaneously maintaining that they are a tool of Western governments from whom they receive funding. This paper does not seek to establish the veracity of any of these accusations, only to clarify that the civil defence units operate solely in opposition areas, and those groups fighting Bashar al-Assad's regime comprise numerous and competing ideologies and affiliations. As we see in Chapter 4, several first responders mention the need to coordinate with armed opposition groups while claiming to be ideologically unaffiliated.

## 1.3 Justification for the research

The conflict environment is extremely complex. Many non-state groups are engaged in the civil war, in addition to the Syrian regime and the Russians. There is a complex and shifting set of rebel groups and alliances, some of whom are supported externally, and some of whom are also involved in fighting international coalitions. This has compounded the challenges of ensuring IHL compliance and delivering humanitarian services, and presents major difficulties for conflict cessation.

Civilians are forced to adapt to a daily environment of massive insecurity and multiple threats, and consequently vulnerabilities are inherent in their mitigation strategies and coping practices. Key dangers include bombing of buildings, unexploded ordinance, fires, and structural instability of larger buildings affected by explosives, but also interrupted communications and roadblocks and lack of food, clean water, medical equipment, medicines and transport. These shortages severely hamper S&R and triage activities and often result in additional casualties. Civil defence and other local first response actors claim to receive insufficient support and capacity building to strengthen their preparedness and response mechanisms.

<sup>1</sup> [www.maydayrescue.org/](http://www.maydayrescue.org/)

<sup>2</sup> [www.whitehelmets.org/en](http://www.whitehelmets.org/en)

For civilian protection, Norwegian People's Aid (NPA) and Afaq Academy previously carried out data collection for their 'Conflict Preparedness and Protection' (CPP) programme in Syria (see Annex 5). The data collection for the CPP provided an overview of behaviours and knowledge of civilians on how best to protect themselves before, during and after bombing attacks, on Mine Risk Education (MRE) and perceptions of risk, support and other information relevant to civilian [self] protection in urban siege (CPUS).

The current CPUS research project was designed to provide similar data, but focus on first responders, rather than civilians. The research faced severe difficulties of translation, insecurity and remote supervision, as well as the challenges of conveying to busy and stressed respondents the nuances between the various terms and practices. Local organisations responding to extreme violence suffer from lack of capacity and opportunities for critically assessing their activities, and are prevented from sharing best practice and theory on civilian protection in urban sieges. This research intended to uncover what practices and strategies first responders currently employ and the needs and possible improvements they identify.

There are no formally agreed definitions of 'urban'. Regarding what constitutes 'urban' in this paper, rather than merely a conglomeration of buildings or densely inhabited areas, it refers to "a **context** that considers the complex and interacting social pressures together with the essential services on which most people rely... Population or area-based definitions of 'urban' are inadequate" (ICRC, 2015:17). It is recognised that there are strong links between rural and urban, such that roadblocks and other disruptions to transport in remote areas can have significant impacts on urban populations.

## 1.4 Objectives of the research

This research seeks to establish a baseline of current practice and the perceived gaps in urban conflict first response to inform international actors, donors, humanitarian programming and funding architecture. It does this by:

- Investigating current practices, capacities and coordination of local actors in civilian protection in urban siege locations
- Examining the challenges facing first responders and uncovering their needs in terms of training, equipment, and governance

- Investigating how the international community (donors, NGOs, governments, international organisations) can strengthen support to local first response and protection actors, and
- Informing subsequent programming and research priorities for humanitarian agencies, donors, and researchers.

This project does not seek to evaluate people's work, but to present their lived experiences and their own perception of the operational environment and what additional support they request. What emerges is not just an overview of first response work practices, challenges, and enabling factors, but also an insight into life in urban siege, people's perceptions and experiences under bombardment, and how they try to continue some semblance of everyday life amidst the destruction and death.

## 1.5 Policy relevance

The United Nations Security Council has passed several resolutions relevant to civilian protection, such as Resolution 2286 in 2016, condemning deliberate attacks on health facilities and medical and humanitarian providers and reaffirming the responsibility of the state to protect **all** people under its territory. The International Committee of the Red Cross in late 2016 urged all parties to the Syrian conflict to protect civilians and follow "the basic rules of warfare, and of humanity" (ICRC, 2016). The European Commission's Humanitarian Aid and Civil Protection department (ECHO, 2017) calls for an end to attacks on civilians in Syria and full implementation of the norms of international humanitarian law (IHL). The European Union in March 2017 issued a Joint Communication (EUAS, 2017) demanding all parties ensure the protection of civilians and recognising the almost daily violation of IHL which includes repeated and deliberate attacks on civilian infrastructure: health, education, water, and so on.

Despite frequent public denunciations by the international community of the horrific scale of civilian casualties in Syria, the fact is that attacks on non-combatants by many different armed groups remain a defining feature of this civil war. Declarations and calls from the UN, EC, and other bodies have not had any discernible impact on conflict behaviours on the ground. For the narrow purposes of CPUS research, this complete lack of compliance has several implications:

- Policies and frameworks developed and refined since the Second World War to ensure protection behaviours in conflict may no longer be an adequate response to modern civil warfare

- The agencies tasked with promoting IHL, civilian protection, human rights and other humanitarian principles face severe obstacles if mechanisms to enforce these policies are either not implemented or are meaningless without military interventions
- The locus of responsibility for protection therefore falls to civilians themselves (hence NPA's Conflict Preparedness and Protection initiative and other humanitarian interventions), and
- In the absence of international enforcement, domestic agencies may take on these responsibilities when faced with state and non-state abuses of humanitarian principles.

In 2016, the World Humanitarian Summit called for local and national actors to be at the forefront of humanitarian responses and the need for greater localisation of aid. Likewise, the Organisation for Economic Co-operation and Development (OECD) seeks to improve the

effectiveness of aid and to promote peer learning. The Global Alliance for Urban Crises (GAUC) emerged from the World Humanitarian Summit and is committed to local leadership, participation of affected people and local knowledge that leads to improved bottom-up approaches that mobilise available partnerships and resources (GAUC, 2016a). It calls for the protection of the most vulnerable and promotes 'resilience' as a key factor in urban crisis preparedness. As far back as 2002, the UN highlighted the need for better efficiency and effectiveness in urban S&R, and the responsibility of states to protect S&R teams operating in their territory.

In line with these priorities, this paper promotes the protection mandate of various first responder groups, and calls for a greater recognition of their efforts and the challenges under which they operate, and improved mechanisms for learning and sharing of best practices.

# 2

## Methodology

### 2.1 Project implementation

The composition of our research consortium reflects the challenges of obtaining reliable and valid data from complex emergency urban environments suffering repeated bombings and violence, with multiple and competing conflict actors. Such research is only possible using previously established coordination channels with critical levels of inter-agency trust. The partner on the ground in Syria, Afaq Academy, acted as a 'gatekeeper' to source information from first responders. This data was transferred to NPA field office in Gaziantep, Turkey, who assisted with translation and conveyed relevant data to CTPSR in Coventry, UK. The research featured low-tech and robust methods: interviews, surveys and focus group discussions (FGDs). This mixed methods approach produced both 'rich' qualitative and statistical data from inside Syria that facilitated a comparative learning process, whereby the three partners shared findings and impressions with each other. As the local partner in Syria, Afaq played a significant role in shaping the investigations and the project approach was reflexive to incorporate their concerns, priorities and previous experiences. Afaq Academy was the main data collection partner for NPA's previous Conflict Preparedness and Protection (CPP) project.

The management of the project posed particular challenges of coordination and reporting. Afaq Academy staff in Syria undertook the data collection from a variety of humanitarian first responders and were monitored and supported by local project coordinators. The respondents included people working directly in response to bombing of civilian areas, but also those engaging with a wider range of emergency scenarios. The respondents included some administrative,

communications and financial support staff, as well as managers and supervisors. As much as was possible, the researchers endeavoured to interview the most senior person in any given office or centre.

### 2.2 Project coordination

1. Afaq researchers gather data in opposition-held territories in Syria.
2. They report to the Afaq Local Project Coordinator, based in Gaziantep.
3. Afaq activities are supported by NPA, from Gaziantep.
4. NPA shares information with Coventry University.
5. Coventry produce deliverables, liaise with partners and the donor and publish.
6. The end-of-project multi-stakeholder workshop in Gaziantep, Turkey allowed for critical feedback on our initial findings.
7. All outputs shared with NPA and Afaq before submission to the funder.

To prepare the research teams and improve standardisation of data collection, the project started with a workshop in Gaziantep, Turkey which brought together the three partners to discuss project parameters and the specific questions to be asked in the survey, the interviews and the focus groups. We discussed project ethics, anonymity, staff safety, confidentiality and other issues. There was training and discussion on research methodologies, participatory project implementation, reporting requirements and standardisation of data collection.

The data collection was weaker in the early parts of the project. The researchers failed to sufficiently ask follow-up questions or probe information from the respondents and so the first few interviews are consequently much less detailed. Though a careful process of remote capacity building and support in interview techniques and understanding the purpose of an interview (how it differs from survey questions, for example), we were able to improve the quality and detail of the subsequent interviews.

However, the data collected through the surveys was of excellent quality from the beginning, partly due to Afaq's previous survey experience. We had developed a mix of closed and open-ended questions (see Annex 4) which were discussed in detail and decided on during the initial project workshop. Although our research could only complete 529 surveys, the richness of the final data compensated for this. For example, four of the questions featured three-stage answers and hence gave a significant amount of additional information.

Staff displacement and turnover, hibernation and displacement were continuous hindrances to the research, reducing the continuity of the data collection. However, in the second half of the project and the arrival of some new researchers, the richness of the data increased, the interviews became of higher quality and more insightful, and the standard of the translation from Arabic into English was improved.

By late 2016, the worsening security in Aleppo in particular forced an end to data collection. We received a series of insider reports detailing the bombardment of civilian areas and the encroachment of regime forces and its allies which forced us to abandon the research. There was also a total lack of electricity and internet connection which prevented any further uploading of project data. All the research staff were advised to take any necessary action to ensure their safety; to flee, hide, or relocate as they saw fit. They allocated themselves refuge locations for reach of the data collection sites. There was no paperwork from the project, and the handheld devices could easily have their memories wiped clean. No record remained in Syria of the work carried out. All the data was transferred to partners in UK and Turkey. This final transfer of data out of Syria took many weeks due to insecurity, staff displacement and lack of communications. The project partners agreed to follow a zero-communications protocol and staff were free to take any and all measures that they saw fit to ensure their safety. None of the researchers were injured or went missing.

## 2.3 Translation issues

This project experienced numerous challenges due to working across two languages. All survey and interview questions were written first in English, and then converted into Arabic. Likewise, all respondent data was given in Arabic and had to be converted into English. This translation work was carried out by various individuals in different locations and at different times, with little or no direct contact with each other. Not all translators were Syrian. All quoted material in this paper comes directly verbatim from the translations and has not been adapted into more formal grammatically correct English. All direct quotations are in italics.

## 2.4 Data collection

This data collection combines qualitative interviews and focus groups, with quantitative surveys.

### • Interviews (N=24)

- Civil defence including managers, operations teams members (N=3)
- Medical providers: senior administrative staff as well as nurses and doctors (N=12)
- Local council staff (N=4)
- Local NGO staff (N=3)
- Opposition forces (N=2)
- Free police (N=0)

### • Focus group discussions (N=11)

- Civil defence (N=4)
- Medical providers (N=3)
- Local council staff (N=2)
- Local NGO staff (N=2)
- Opposition forces (N=0)
- Free police (N=0)

The focus groups tended to comprise multiple colleagues from the same organisation, rather than representatives from different organisations, which seemed to be too challenging and insecure to organise. These were normally facilitated by more than one CPUS researcher simultaneously. It was not desirable to hold group discussions with opposition forces, and the free police were not available as a group. We did not investigate if any individuals were a member of more than one group.

### • Surveys (N=529)

- Civil defence units (N=101)
- Medical providers (N=104)
- Local NGOs (N=131)
- Local interim government councils (N=80)
- Opposition groups (N=92)
- Free police (N=21)

The CPUS researchers were severely constrained in terms of who they could meet, and for what length of time. Respondents were understandably cautious about face-to-face meetings, who would be using the data, and for what purpose. The researchers' sampling approach therefore tended to rely on personal introductions and references to the previous data collection they had done with NPA, which focused on civilian attitudes and practices in urban siege. Respondents then often nominated other colleagues who might be willing to provide information, and gave a recommendation for the CPUS researchers. On other occasions, the data collection relied on 'cold calling', whereby the researchers visited a health centre or office of the White Helmets and asked to speak to anyone who could make time. In most cases, they were requested to return at a more appropriate time.

The research team often found it easier to make contact with and meet medical providers than civil defence staff, which reflects the work environment and available time. Many of the interviews and focus group notes feature additional informal observations taken by CPUS researchers, but the planned ethnographic elements of the data collection remained at a basic level. Our teams reported that respondents became uncomfortable and even confrontational if they thought the researchers were making notes about them. Afaq Academy advised us that such data collection methods were not well-known in Syria, particularly under these highly sensitive conditions, and that it would be better to abandon attempts to record researcher observations. The interviews and group discussions were designed for more senior individuals – managers, team leaders, and government representatives. It proved extremely difficult to fulfil the intended number of interviews, purely because of the time demands on individual respondents.

The surveys were aimed at more junior workers and volunteers. Our surveys comprise 20 closed and open ended questions and were answered anonymously by 455 men and 74 women (total 529) involved in civilian protection in Syria. Most of the data was collected in Aleppo, and followed by East Ghouta. A lesser amount of data was gathered in Madaya and Darayya.

## 2.5 Confidentiality

All respondents were given the choice of how much personal data to supply. Totally anonymous and untraceable were given as the default options. Respondents could select whether to divulge organisational affiliation, job title, professional qualifications, length of time in post, and main responsibilities. They were offered the option to

withhold any information, refuse to answer any questions, and request to withdraw from the project in which case all records and references to that person would be deleted. All respondents are professionals or volunteers working with or associated with professional bodies. No civilians were contacted in this project, and nobody under the age of 18.

A 'Participant Information Sheet' was offered to each respondent, or potential respondent, containing information about the scope and intentions of the project, and the possibility to remove themselves completely from it. We did not hear of any respondents refusing to take part in an interview, but in several locations, the staff refused to participate in a focus group discussion, stating they were too busy. Much of this type of research is unprecedented. It is rare to be able to undertake data collection in battlefield conditions.

## 2.6 Objectivity and research biases

Data gathering under these conditions cannot be as rigorous and structured as we would have liked. Under such conditions and lacking the field support and oversight that we would have preferred, we had to sacrifice some research rigour, as staff safety was paramount. For example, all the field researchers and all the respondents were based in opposition-held territory where various armed rebel groups fight each other and against Assad's government. What was originally a revolutionary struggle against Assad's regime was hijacked by armed groups motivated by religious extremism, nationalism or criminality. The operating environment where this research was carried out, in addition to the massive insecurity and human rights abuses, was characterised by various factions, terrorists, mercenaries and external groups competing for power and influence. Staff from NPA or Coventry University cannot visit such locations to directly support the researchers, check the reliability of collected data or carry out triangulation procedures. Even day-to-day monitoring of project activities is problematic when the first message given to researchers is above all to look after their own safety. Another challenge was the high turnover of researchers, and while the management team tried to ensure continuity and standardisation, we had to repeatedly give training and support to new staff, often over the phone from Gaziantep or by email. There are significant disadvantages in trying to manage a research project under such conditions and the whole data collection and analysis process risks becoming less rigorous.



Respondents were understandably unwilling to be photographed or recorded, and would not give written consent, only verbal. Our own researchers only recorded their first names for the interviews and surveys so they cannot be traced. Likewise, the detail varies between researchers in terms of what they recorded of interview location, respondent job title and other background information. This has compounded the difficulties of establishing a fully structured coding system for the interviews and focus groups.

Working to strengthen the confidence and research capacity of the Afaq Academy staff while inside opposition-held territory posed many difficulties. We endeavoured to provide what training we could from Turkey and the UK, such as how to improve interview techniques and gather more relevant data from respondents. This meant that while the quality of interviews improved, the researchers sometimes asked additional questions, not all of which were related to first response or protection issues. We were pleased to witness the researchers developing their confidence and scope, but had to encourage them to avoid questions relating to causes of the conflict or mechanisms to end it. Much as the aim of the data collection was to focus on civilian protection and first response issues, respondents took the opportunity to converse on a variety of wider topics, and the researchers sometimes had difficulty keeping them to a narrow topic of conversation.

We established some mitigating factors to address the above challenges and improve the reliability of the findings. Firstly, NPA and Afaq Academy have worked together previously on research projects, assessing the capacities and knowledge of civilians before, during, and after bombing incidents. From the start of this CPUS project, we understood that supervision and support to researchers on the ground would be a challenge and that Afaq and NPA had strong and

established mechanisms already in place to allow for monitoring activities and a coordination structure that factored in the obstacles associated with working with remote supervision in an environment characterised by such massive insecurity. At the initial planning workshop in Gaziantep, the three partners jointly developed the survey and interview questions and designed the research framework to accommodate as much as possible the difficulties we expected to encounter. Contributions from Afaq were particularly relevant given that most of their staff are based in Syria, and consequently they have much more detailed and up-to-date information about the conflict situation and how best to respond to various changes on the ground. For example, they were adamant that respondents would feel uncomfortable if they were requested to give written consent, or even to receive printed copies of the Participant Information Sheet, which could potentially be incriminating. Therefore, no signatures were requested from respondents.

The researchers used digital survey software – when research staff uploaded their survey data, the software recorded their location so we could check if they were in the location they said they were when doing interviews. As with any data gathered directly from human subjects, we take at face value their responses and proceeded with the assumption that people are providing honest replies.

Any use of an ellipsis (...) in this working paper refers to redundant or extraneous information that is not required in the quotation, or where nothing is lost in the meaning by removing some words from the translated English. Words that have been inserted for ease of comprehension are marked with []. We were not able to make audio recordings of any of the interviews for security reasons. All quotations from interviews and focus groups, and researcher observations, are referenced afterwards.

# 3

## Findings

### 3.1 Collective quantifiable data from the surveys

The 529 surveys were carried out using survey software on hand-held tablets and the answers uploaded regularly onto an online database, avoiding the need for paper. The survey results below do not always total 529 as some respondents provided more than one answer.

Our team also carried out interviews with key individuals from these agencies, most lasting between 30 and 60 minutes, and often under challenging circumstances. Focus group sessions tended to last at least two hours, with different participants attending at different times. All the respondents were informed that the questions related only to first response and protection activities, and not to any other working duties. However, it is clear that some of the responses, particular from the interviews, relate to wider professional duties beyond first response activities.

Two thirds of the survey respondents are in Aleppo, with only a very small number from Darayya or Madaya. Nearly one third are volunteers, and mostly young, with 77 per cent aged 35 or under. Over half claim to have at least three years' experience in first response. The overwhelming majority are men – 86 per cent of respondents. Educational attainments are quite high – 73 per cent have completed high school, and 37 per cent have a degree. Only 9 per cent have not finished schooling.

This demographic data is not necessarily indicative of wider numbers of stakeholders involved in first response. Without being able to ensure representative sampling, these numbers may only reflect the respondents that our teams were able to physically access, and should therefore not be taken as representative of first responders across the country. For example, the higher number of respondents from LNGOs does not indicate that they are more numerous than civil defence, only that our researchers were able to survey more of them.

Table 1: Survey respondents' basic demographic data (all six groups)

		NUMBER OF SURVEY RESPONDENTS (N)	%
Urban area	Aleppo	355	67.1
	Eastern Ghouta	161	30.4
	Madaya	10	1.9
	Darayya	3	0.6
	<b>Total</b>	<b>529</b>	<b>100.0</b>
Paid or voluntary	Paid	368	69.6
	Voluntary	161	30.4
	<b>Total</b>	<b>529</b>	<b>100.0</b>
Gender	Male	455	86.0
	Female	74	14.0
	<b>Total</b>	<b>529</b>	<b>100.0</b>
Age	18-23	107	20.2
	24-29	141	26.7
	30-35	161	30.4
	36-44	64	12.1
	45 or over	56	10.6
	<b>Total</b>	<b>529</b>	<b>100.0</b>
Years of experience in first response work	Less than 6 months	14	2.6
	6 – 12 months	49	9.3
	1 – 2 years	191	36.1
	3 – 5 years	201	38.0
	Over 5 years	71	13.4
	<b>Total</b>	<b>526</b>	<b>99.4</b>
Type of organisation	Local NGOs	131	24.8
	Medical providers	104	19.7
	Civil defence (White Helmets)	101	19.1
	Opposition first responders	92	17.4
	Local government councils	80	15.1
	Police	21	4.0
	<b>Total</b>	<b>529</b>	<b>100.0</b>
Education	Unfinished education	47	8.9
	Elementary school	97	18.3
	High school	189	35.7
	University degree	167	31.6
	Master's degree or higher	29	5.5
	<b>Total</b>	<b>529</b>	<b>100.0</b>

Table 2: Please rate the training and preparation you have received for your role

WORKING FOR	0- NO TRAINING	1- LITTLE TRAINING	2- SOME TRAINING BUT NOT ENOUGH	3- ADEQUATE TRAINING	4- GOOD TRAINING	5- EXCELLENT TRAINING	TOTALS
Local councils	13	16	13	17	19	2	<b>80</b>
Civil defence	4	50	17	19	9	2	<b>101</b>
Opposition first responders	0	0	0	0	0	0	<b>0</b>
Police	0	0	0	0	0	0	<b>0</b>
Medical providers	10	11	17	22	22	22	<b>104</b>
LNGOs	9	23	29	33	27	10	<b>131</b>
<b>TOTAL</b>	<b>36</b>	<b>100</b>	<b>76</b>	<b>91</b>	<b>77</b>	<b>36</b>	<b>416</b>
<b>%</b>	<b>9%</b>	<b>24%</b>	<b>18%</b>	<b>22%</b>	<b>19%</b>	<b>9%</b>	

(This question was not asked to opposition first responders or free police).

In terms of training received, the medical workers rated their preparation the highest, followed by the staff from LNGOs. Most pertinently perhaps, half of the civil defence respondents claimed to have received only a “little training”. Only two individuals from the civil

defence and local councils report “excellent training”. Overall, 51 per cent report “some training but not enough” or less; and 49 per cent report “adequate training” or better.

Table 3: How often in your role are you placed in physical danger?

WORKING FOR:-	A. VERY OFTEN	B. OFTEN	C. SOMETIMES	D. RARELY	E. NEVER	TOTALS
Local council	19	41	17	2	0	<b>79</b>
Civil defence	80	15	6	0	0	<b>101</b>
Opposition first responders	44	30	17	1	0	<b>92</b>
Police	9	11	0	0	0	<b>20</b>
Medical providers	60	25	13	4	0	<b>102</b>
LNGOs	7	40	73	10	1	<b>131</b>
<b>TOTAL</b>	<b>219</b>	<b>162</b>	<b>126</b>	<b>17</b>	<b>1</b>	<b>525</b>
<b>%</b>	<b>42%</b>	<b>31%</b>	<b>24%</b>	<b>3%</b>	<b>0%</b>	

A high number of respondents reported being placed in physical danger in their role “very often”, rising to 80 per cent for the civil defence. The second most at risk group are the medical staff, 83 per cent of whom stated they are in physical danger very often or often. The reported levels of physical risk in the line of work for local councils and LNGOs are also high, and low for the free police. This question relates only to perceptions of danger and is of course not an objective measurement. (One lucky individual was apparently “never” in physical danger).

Medical staff stated: *“Bombing is the first challenge that we face, especially it occurs often in the area surrounding the [health] centre. The area surrounding*

*the centre has been destroyed” (Doctor 10) and “Our old centre was destroyed and we are grateful that when we were in the basement when it was bombed. Our current centre is slightly safer than the old one” and “the lack... of transport... forces us to walk to [health] centre under very risky conditions” (Doctor 10).*

*“Bombing has become part of our daily routine” (Doctor 1).*

*“In Aleppo city you cannot protect yourself from any risk” (Local NGO 10).*

Table 4: Does your organisation have enough capacity to fulfil its duties?

WORKING FOR:	A. VERY MUCH	B. ADEQUATE	C. NOT ENOUGH	D. NOT AT ALL	E. DON'T KNOW	TOTALS
Local councils	0	23	41	11	4	<b>79</b>
Civil defence	47	24	23	4	1	<b>99</b>
Opposition first responders	0	18	31	3	36	<b>88</b>
Police	0	6	11	4	0	<b>21</b>
Medical providers	0	54	35	3	6	<b>98</b>
LNGOs	2	42	65	11	3	<b>123</b>
<b>TOTAL</b>	<b>49</b>	<b>167</b>	<b>206</b>	<b>36</b>	<b>50</b>	<b>508</b>
%	<b>10%</b>	<b>33%</b>	<b>41%</b>	<b>7%</b>	<b>10%</b>	

The civil defence had a very high opinion of their organisation's capacities, which did not resonate with their requests elsewhere for an urgent need for more training. Over half the local council staff said they didn't have enough capacity. None of the medical providers reported "very much" capacity. Overall, 58 per cent of all respondents stated "not enough", "not at all", or "don't know".

The White Helmets mentioned: "We suffer from a lack of rapid response to the requirements of the... sector" (Civil defence 3 Eastern Ghouta) and "[we] require additional muscle effort to lift the debris and pull the civilians with their hands" (Discussion group, civil defence 1).

From the medical respondents: "[We need] building the capacity of our staff due to lack of medical doctors in Aleppo which forces us to rely on nursing staff and unspecialised staff" (Doctor 1) and "When Aleppo became under siege, medical staff left Aleppo. Only those with conscience have stayed. Now the city is under siege and we are suffering from the lack of specialised doctors" (Doctor 3).

Contrast this with "Most nurses in the hospital have been practicing this career since the beginning of the revolution so now they have a considerable experience in surgery and dealing with cases of amputations" (Doctors 3, Eastern Ghouta).

From a LNGO member: "... the capacity building for the team of the organisation is the sector that always needs to be developed... [there is] lack of clarity in the job description and the responsibilities of each employee" (Local NGO, FGD 1) and "... we need to apply the good governance and management... also openness and transparency at work."

"Most of the staff are volunteers... [who] work without salaries and there isn't life insurance" (Civil defence 1, Madaya).

Table 5: Which types of national and international actors support your organisation?

WORKING FOR:	A. UN AGENCIES	B. INTERNATIONAL DONORS	C. INGOs	D. LNGOs	E. SELF-FUNDED	F. DON'T KNOW	TOTALS
Local council	2	14	46	35	14	16	<b>127</b>
Civil defence	36	45	50	38	16	9	<b>194</b>
Opposition first responders	0	0	0	0	0	0	<b>0</b>
Police	0	2	3	6	4	10	<b>25</b>
Medical providers	4	24	60	27	13	21	<b>149</b>
LNGOs	2	16	55	74	20	22	<b>189</b>
<b>TOTAL</b>	<b>44</b>	<b>101</b>	<b>214</b>	<b>180</b>	<b>67</b>	<b>78</b>	<b>684</b>
%	<b>6%</b>	<b>15%</b>	<b>31%</b>	<b>26%</b>	<b>10%</b>	<b>11%</b>	

(Opposition first responders were not asked this question).

Our respondents generally did not have a clear idea of what external support they received, and where it came from (40 per cent of the free police answered “don't know”). There may also be overlaps between INGOs, international donors or UN agencies. There are security implications regarding international support, and some donors prefer to stay low profile or anonymous. Overall, 36 per cent claimed to be supported by LNGOs or self-funded. The survey results contrast with the interview data, which tends to be more critical of international agencies:

*“We are in besieged area and isolated from the whole world”* (Civil defence 1, Madaya).

*“Everyone leaves us suffering alone so it is the time to say it is enough, we are human beings, this war and siege isn't fair at all”* (Civil defence 1, Madaya).

*“... bombing is continuing non-stop... Syrian people no longer has trust in anyone... We do not trust the international community”* (Local council 3).

*“There is no local and international support. In fact, our local council suffers -like other councils do- from the lack of support, except for some financial support from local bodies”* (Local council, Al-Shifuniyah).

*“There is no real international body that supports us”* (Local council 1, Ein Tarma).

However, one doctor states *“Most the support that the hospital gets is from charities working in our area or in the Arab Gulf states”* (Doctors 3, Eastern Ghouta).

Table 6: How much do the following challenges affect you?

PLEASE RATE FROM 0 (NOT AT ALL) TO 5 (VERY MUCH)	5 VERY MUCH	4	3	2	1	0 NOT AT ALL	TOTALS
Lack of training	26	69	164	112	90	68	<b>529</b>
Lack of coordination	30	61	131	124	128	55	<b>529</b>
Rumour/gossip	29	55	145	105	126	69	<b>529</b>
Lack of accurate information	16	63	153	109	136	52	<b>529</b>
Electricity shortage	282	65	105	45	27	5	<b>529</b>
Water shortage	263	77	88	57	38	6	<b>529</b>
Lack of equipment	68	146	213	67	29	6	<b>529</b>
Lack of funds	76	138	180	79	44	12	<b>529</b>
Lack of human resources	35	83	151	94	109	57	<b>529</b>
Lack of access	28	85	192	116	86	22	<b>529</b>
Security threats	115	153	131	66	49	15	<b>529</b>
Staff turnover	20	67	121	81	152	88	<b>529</b>
Low pay	64	133	142	114	60	16	<b>529</b>
<b>TOTALS</b>	<b>1052</b>	<b>1199</b>	<b>1919</b>	<b>1171</b>	<b>1075</b>	<b>471</b>	<b>6887</b>
%	<b>15%</b>	<b>17%</b>	<b>28%</b>	<b>17%</b>	<b>16%</b>	<b>7%</b>	

These are extremely interesting results. At the level of 5 ('very much'), security threats are rated **less** of a challenge than lack of electricity and water, which are daily hindrances. "Lack of equipment" has high ratings at 3 and 4, but not as many level 5 answers ('very much') as we expected. For level 4 answers, the top three responses are lack of equipment, lack of funds, security threats and low pay.

Staff turnover, rumours, lack of human resources and lack of information about the conflict are generally not seen as particular challenges, indicating that increased staff numbers would not necessarily improve outcomes and that propaganda and 'fake news' are not significant issues. The perceptions of human resource needs contrast with other feedback specifically mentioning the shortages of trained staff. Lack of coordination also seems to be rated low, given the challenges respondents discussed in this area, both within and across agencies (see Table 7).



Table 7: Which other local organisation or groups do you coordinate with?

WORKING FOR:	A. LOCAL COUNCIL	B. CIVIL DEFENCE	C. OPPOSITION FIRST RESPONDERS	D. POLICE	E. MEDICAL PROVIDERS	F. LNGOS
Local council	69	18	14	13	16	50
Civil defence	74	32	34	24	41	8
Opposition first responders	19	46	89	49	28	9
Police	12	19	16	19	5	6
Medical providers	20	12	2	5	87	60
LNGOs	61	7	9	8	13	128
<b>Totals</b>	<b>255</b>	<b>134</b>	<b>164</b>	<b>118</b>	<b>190</b>	<b>261</b>

(When referring to coordination with other offices of the same organisation, the answers are marked in green).

The results from this survey question appear confusing. There is no clear correlation between which groups claim to coordinate together. Two sets of groups that appear to have the highest levels of inter-agency coordination are the local councils and the LNGOs, and not the civil defence. The civil defence report coordinating most with the local councils, and then with the medical providers. However, the medical providers report low levels of coordination with the civil defence, and higher levels of coordination with LNGOs. The LNGOs themselves report highest coordination levels with local councils, and low levels with all the

other groups. From all this, we can assume that many respondents do not have a good knowledge of which groups coordinate closely, and which have weaker coordination mechanisms. This points to a clear need for better awareness of which agencies coordinate, how they do this, and the implications of such inter-agency coordination for their staff.

Then some open-ended questions followed, and consequently the number of responses varied. These questions are broken down into six sets of respondents.

### 3.1.1 Perceptions of what civilians can do to protect themselves

Figure 1: What can civilians do to protect themselves? (LNGOs)

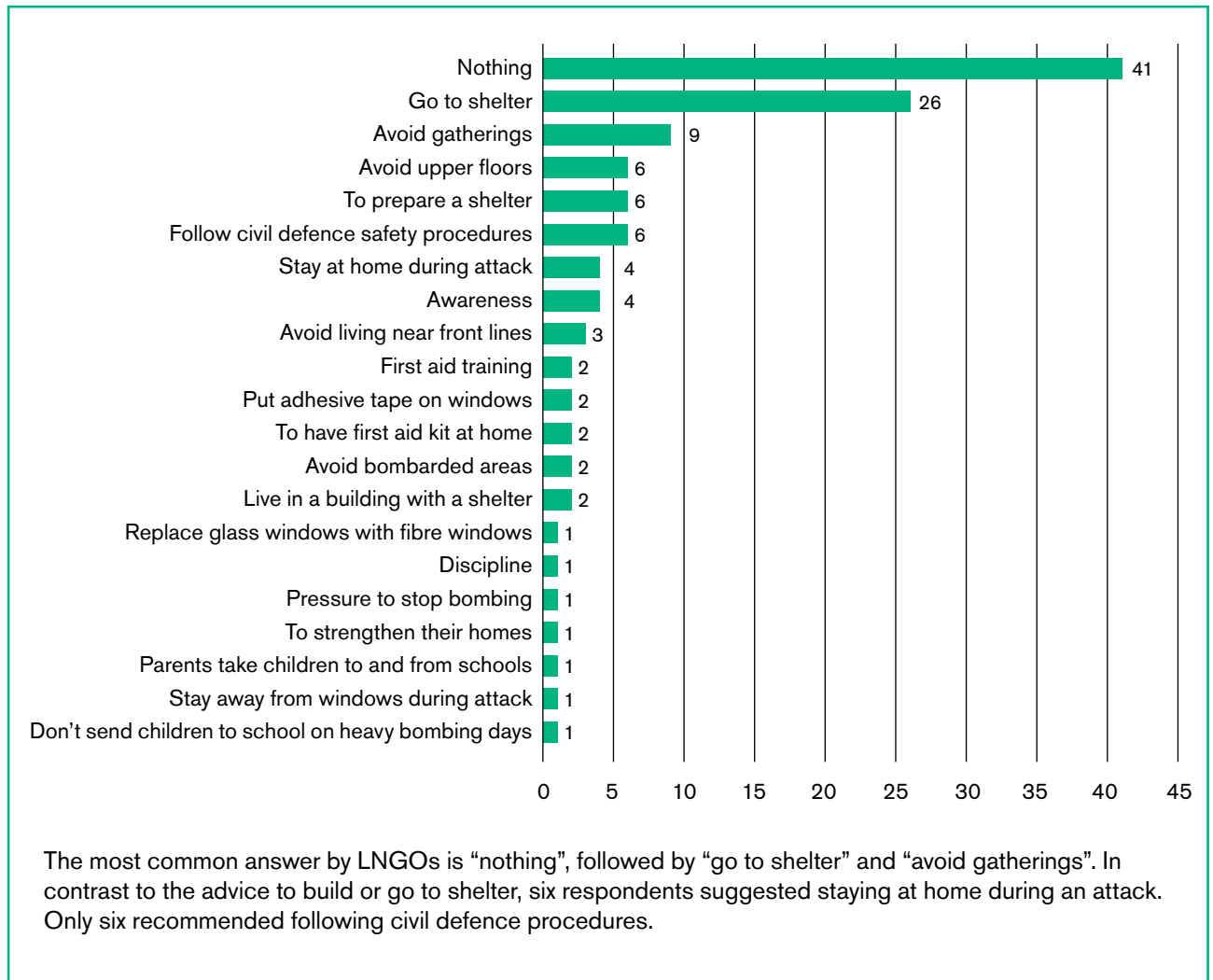


Figure 2: What can civilians do to protect themselves? (Police)

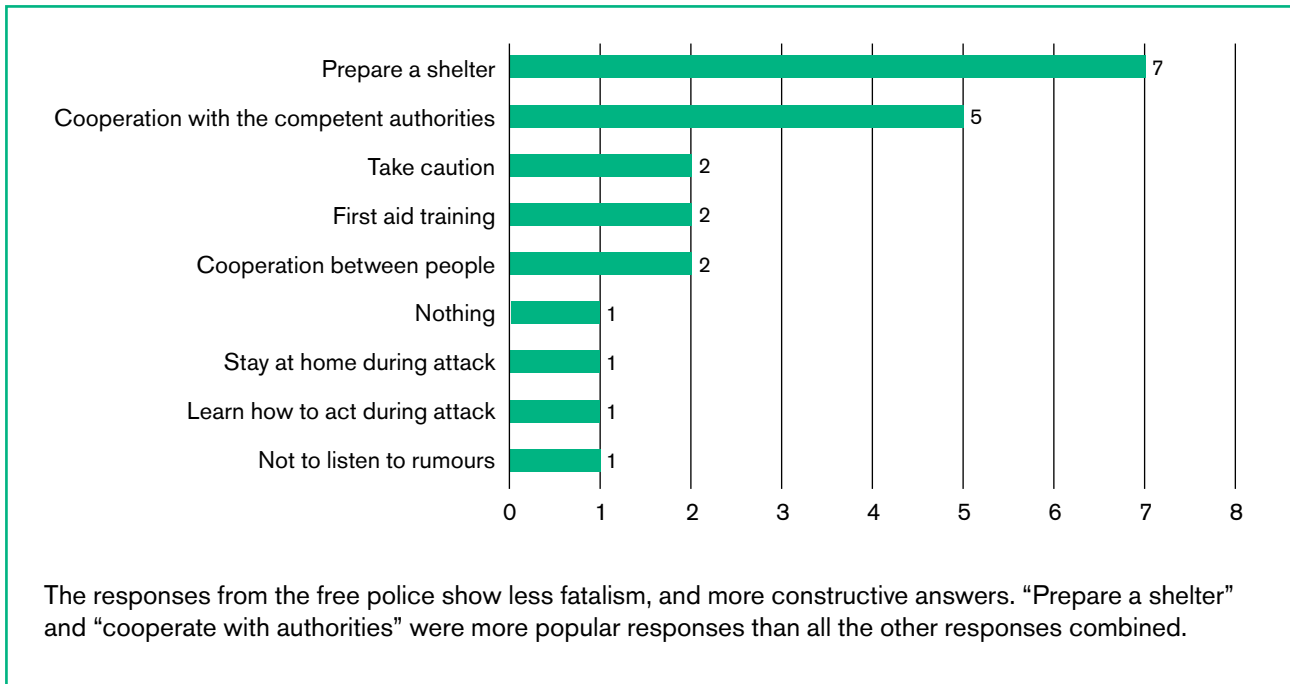


Figure 3: What can civilians do to protect themselves? (Local councils)

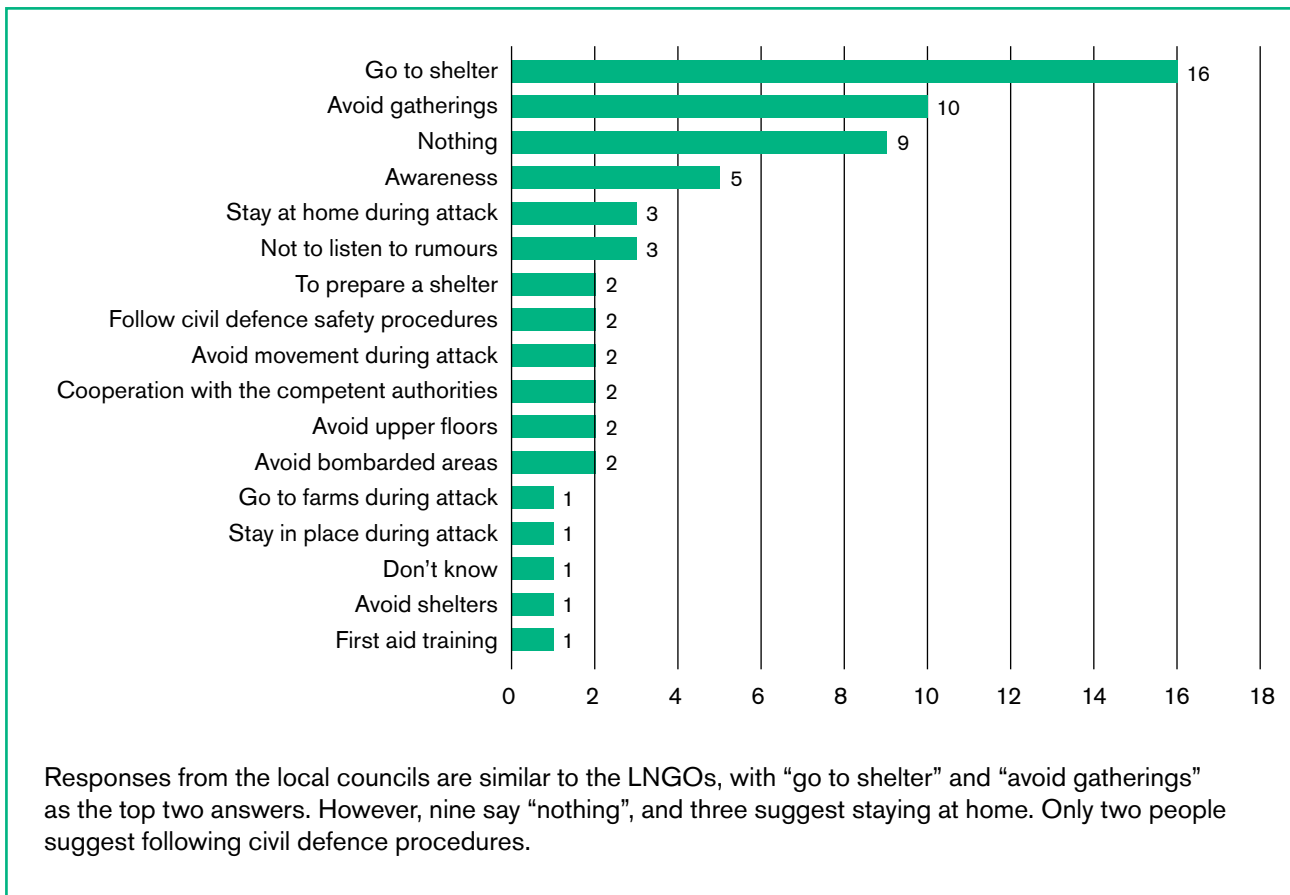


Figure 4: What can civilians do to protect themselves? (Opposition first responders)

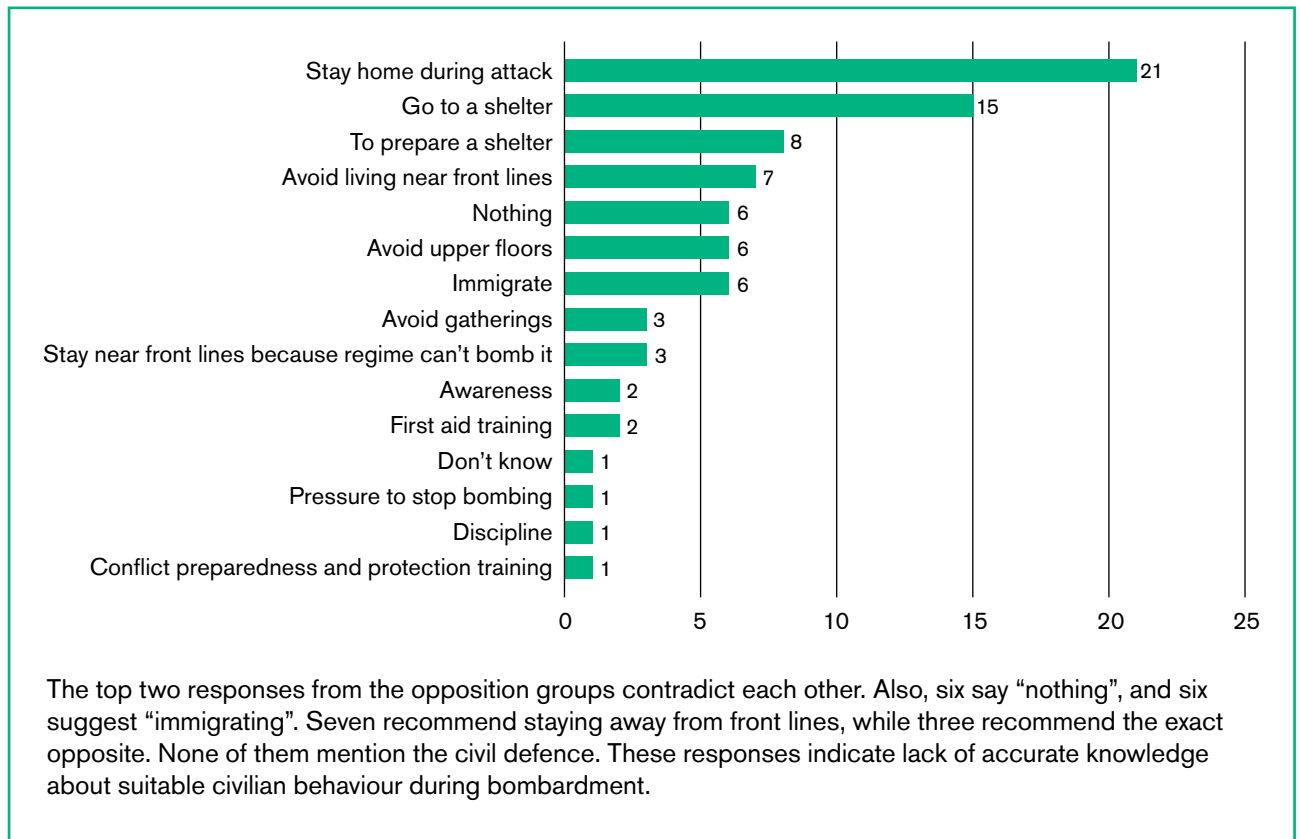


Figure 5: What can civilians do to protect themselves? (Medical providers)

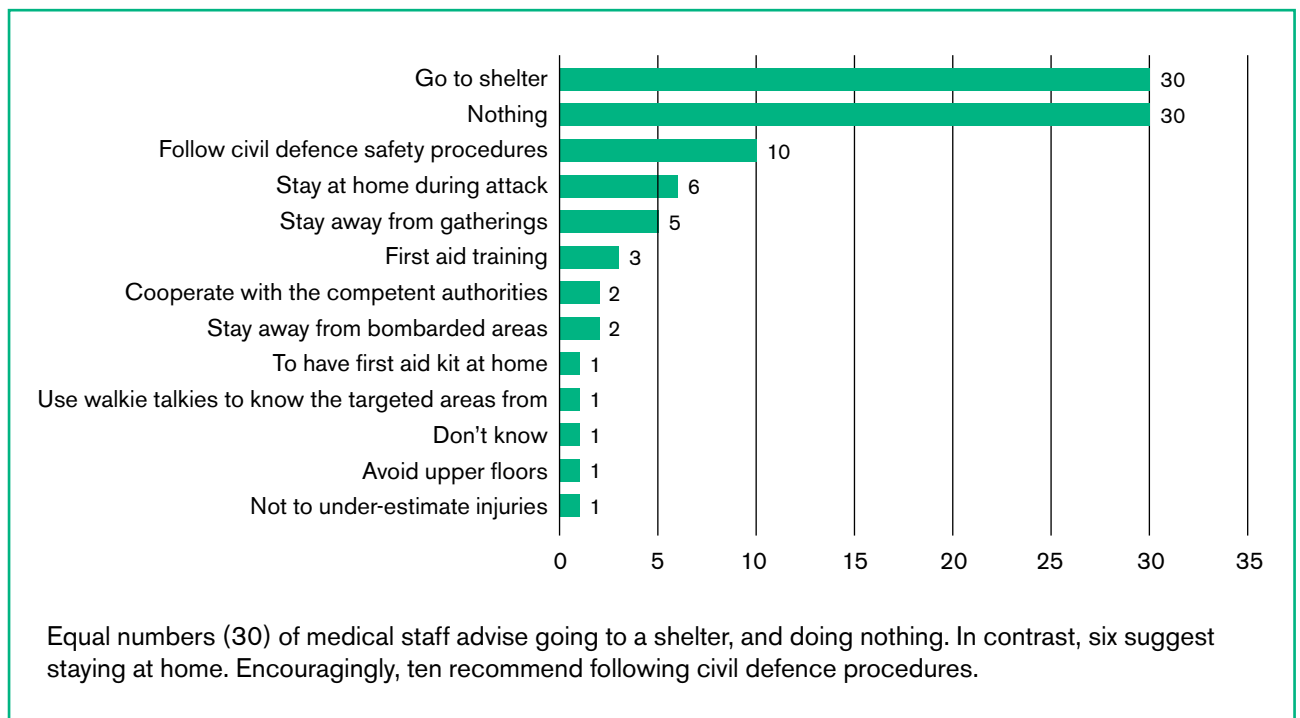
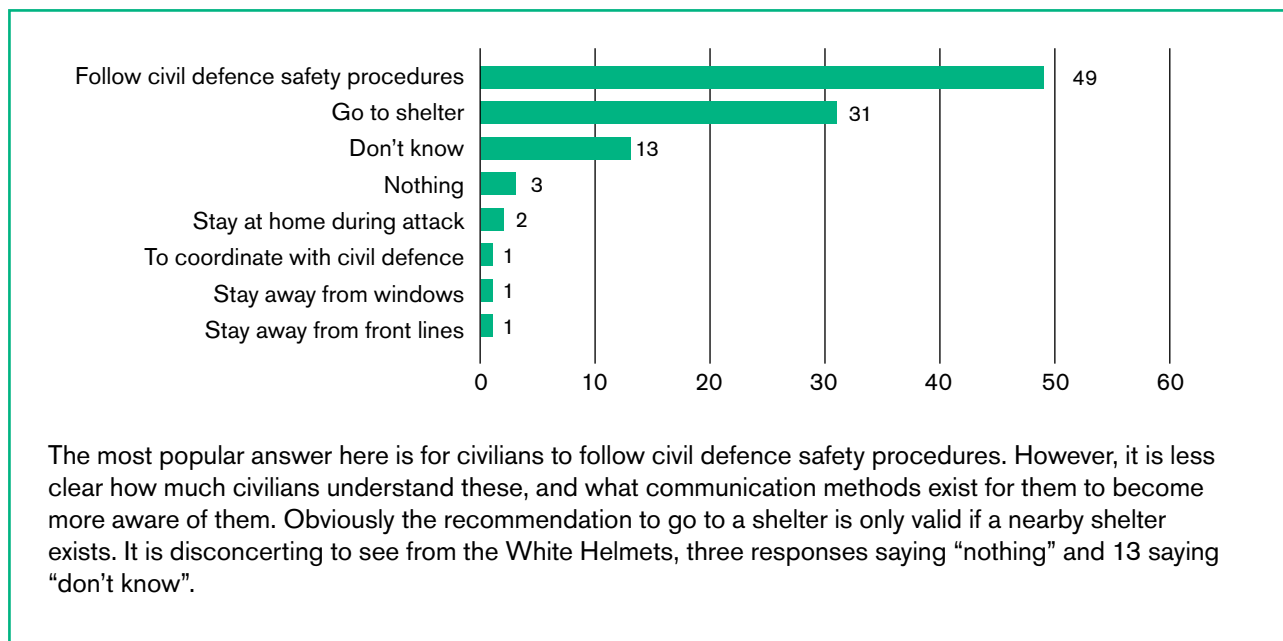


Figure 6: What can civilians do to protect themselves? (Civil defence)



Among actors who have received no training on protection, there is a widespread view that civilians can do nothing to protect themselves. This acceptance is found more among the local council staff and opposition forces, and less among trained individuals like the White Helmets.

*“As civil defence forces, we placed a warning system in every neighbourhood to warn civilians, hence the best they can do is to seek refuge” (Civil defence 2).*

*“... even underground floors cannot provide the needed protection... The only thing that can protect civilians is stopping the bombing” (Doctor 3).*

Due to massive and repeated displacements of civilians, many urban areas now are more densely populated, leading to greater pressures to accommodate people when hiding from bombing raids. *“When these towns expose to a bombing, the basements and shelters cannot accommodate for all people” (Doctors 3).*

*“They need more awareness and compliance with safety instructions, actually most people in town are careless of what is going on, they often walk in the streets despite intensive overflights by warplanes that bombard the neighbouring villages and towns, and this exposes them to great danger” (Local council, Al-Shifuniya).*

*“First aid training, awareness about remnants of war, training on how to stop bleeding” (Doctor 5).*

*“[We need] human and administrative development courses constantly and that these courses take place in our town” (Local council 1, Ein Tarma).*

Various first responders have other specific suggestions for civilians:

*“at schools and mosques about bombardment and sniping... we educate them to avoid getting out of houses during the bombardment, to go down into the basement, to turn off the lights at night specially the houses that are exposed from snipers side and not to approach the mined areas” (Civil defence 1, Madaya).*

*“... avoid gathering, not touching strange things, to stay in the safe rooms” (Doctor 2, Aleppo).*

*“Stay away from windows and open them as... military airplanes in the sky, in the case of the bombing got close to them” [sic], and “adherence to safety instructions, cooperation with civil defence members, not to gather in the streets, stay away from places overcrowding and responding to the warning sirens... [read] publications of civil defence... learn how to handle civilians during the direct targeting, the invading strikes and exposure to the burning napalm” (FGD, civil defence 1).*

*“Going to basements and shelters... stay away from the exotic [the unknown]... comply with instructions of safety... [avoid] large crowds and gatherings... make markets between fortified buildings... responding to warning sirens”* (FGD, civil defence 2).

*“Most important thing is the cooperation with civil defence elements and follow their rules... avoid the streets if there was army aircraft in the sky... [people] should know that the aircraft waiting the chance to shell”* (Civil defence, FGD 3).

Other participants in the same focus group:

*“Replacement of glass windows by compressed plastic panels to avoid the hurt from the scattered glass. The basement of the building should be equipped to hide”* and *“you must shut down the commercial market when you hear the siren you must stay away from the houses which was bombed, we ask the people not to go to the scene of the bombing because they may expose to bombing again”* (Civil defence, FGD 3).

*“we ask people not to go outside their homes to protect themselves from ground attacks... In one air attack one rocket destroyed the safe rooms and the school completely”* (Local NGO, FGD 1)

*“Seek refuge... follow the early warning”* (Local NGO, FGD 1).

*“... enter shelters and basements during bombardment in a proper manner through the courses we [civil defence] conduct”* (Civil defence 3).

*“follow the regulations of the civil defence, to be in the lower floors and safe rooms, not to gather in the streets because airplanes target the gatherings”* (Doctor 10).

*“the owners of these apartments have no objection in receiving their neighbours in case of heavy shelling”* (Local council, Al-Shifuniyah) *“pull the water of basements in order to be ready for the civilians in shelling”*.

*“store more essential food supplies to last 3 months... Unfortunately, people do not have enough money to buy... traders are taking advantage... and have increased prices”* (Local council 3).

One opposition fighter advises *“Running to air raid shelters”* (Opposition 4).

One respondent from Al-Marj Hospital in the Eastern Ghouta had several specific recommendations for civilians:

*“We advise people to... prepare individual pits near their homes... in case of exposure to the bombing. We also advise to put layers of soil bags in front of their shops' doors, to prevent parking near each other in large numbers, and not to open the markets in very early hour of the day because reconnaissance aircraft... sends the coordinates to the artillery and military airport that later target... these gatherings.”*

One respondent spoke about the drawbacks of too many risk awareness campaigns for civilians:

*“people do not stop to read the awareness leaflets, or they do not trust the leaflets because they are not practical in situations like Aleppo, people do not care about these issues.”* Instead, he recommends *“a group of people from different sectors of the city who are in touch with the observatory of Aleppo... to distribute the information... in case there are planes coming to attack the city. The other way is to warn the people after the first attack... to go to the safe rooms until the end of the attacks which reduce the number of casualties”* (Local NGO 2).

One participant (Civil defence 3) reports *“[we have] difficulty of dealing with civilians who do not follow rules”*. This may relate to sensory overload, whereby civilians understandably become inured to daily hazards and stop taking the necessary precautions due to despondency and fatalism, which compounds the difficulties facing first responders who require people to follow instructions and procedures.

However, other respondents appear to have completely given up hope:

*“After long experience of... air attacks for five years I gave up; I do not think that there is a way to protect yourself. I witnessed that when I was transferring children from front rooms to the back rooms during the air attacks knowing that the rockets will destroy the house completely”* (Local NGO 9).

*“All that civilians can do is hide in cellars”* (Doctor 1).

*“very difficult to talk about protecting civilians from bombardment and you live in the Eastern Ghouta where buildings are not equipped with safety factors of the bomb like shelters and basements... We can help the civilians by educating them to stay away from strange objects and mines; especially in the conflict areas since our town has some nearby lands and opposite of points of conflict. We encourage people to take caution from approaching the points of conflict in order not to expose their lives to danger” (Local council 1, Ein Tarma).*

*“They cannot do anything... What threatens civilians at the moment is something they cannot do much about and they need international protection to stop it” (Doctor 4).*

*“Nothing can protect us. When the barrels are thrown on buildings, they are destroyed completely. It can reach up to three underground floors. So even underground floors cannot provide the needed protection in this case. The only thing that can protect civilians is stopping the bombing” (Doctor 3).*

Overall, the data from the survey and interviews present both a high level of pessimism and inconsistencies about whether civilians should remain at home or flee to a shelter.

The following section provides data from each of the six groups.

## 3.2 White Helmets (N= 101)

The civil defence in Syrian opposition-held areas can now be considered the benchmark of urban conflict first response and have received significant media exposure, especially in the last 18 months. Their claimed political neutrality has been questioned, but **all** agencies involved in protection have to engage with armed groups in opposition-held areas of Syria; it is impossible not to.

The White Helmets report the highest levels of international support of any of our respondents (UN agencies, international donors, INGOs). They also have good local level support from LNGOs. On the ground, the White Helmets coordinate most closely with local councils and medical professionals, and less so with LNGOs or police.

### 3.2.1 Activities of the White Helmets

The civil defence seek to take on some responsibilities of the state, and see themselves as having a duty to care for people that the regime has abandoned. They undertake demining and removal of UXOs, without sufficient training or specialisms in this field:

*“We try to maintain the safety of civilians from bombing or natural disasters, and help to open roads, remove rubble, put out fires and other acts that civilians cannot do alone... We evacuate the wounded and dead people from under the rubble and civilian casualties resulting from the shooting on the battlefronts as we open roads and remove rubble” (Civil defence 3, Eastern Ghouta).*

*“The main challenges that we face in doing our work is that our teams are targeted as they go to do their work” (Civil defence 2).*

*“The attacks do not distinguish between civilians and armed people and we... see our human duty to receive all, not to receive some and refuse others on the basis of their political party or whether they are armed or not” (Director of medical office, Masrabah).*

One particular strength of the civil defence is their foundation as a voluntary response to bombing of civilian areas. There was strong support for the ideals of the revolution and this impacts on how they perceive themselves and what risks they are willing to take:

*“the main reason of our strength that civil defence is established... to alleviate the suffering of the people... all the staff are civilians from this region so they help their families and people. At the beginning... all the staff were volunteers that brings them together the common destiny and the loyalty for their revolution that they sacrificed a lot and risked their life” (Civil defence 1, Madaya).*

*“We lack a lot of the basics and the platform for action and we have nothing except determination of surviving and helping the people”, and “... the nature of the work requires a person to risk himself and his spirit” (Discussion group, civil defence 1). “We are thankful that our cadres work in such a good way regardless of the poor equipment and tools” (Civil defence 2).*

*"[The] workplace... is not valid for use in terms of safety, heating and lighting. But obviously, it has the spirit of activity and determination by the staff of civil defence [who] rely on primitive tools and materials such as maintenance devices and digging and lift of rubble... the work is based on the manual effort and energy"* (CPUS researcher impressions from Madaya civil defence office).

The White Helmets first response activities cover S&R, rubble clearance and medical triage, but

*"We also document the names and numbers of deaths whether they are civilian or military people. Sometimes there are unidentified... because of the incident they have had... so we take pictures of them from several sides of the body like distinguishing marks, colour of clothes... to be recognised by their families later"*

and

*"While we rush to the area that has been bombed and do our usual evacuation of the injured people, lift the rubble or putting out fires, the regime forces target us directly with dozens of artillery shells to prevent us to help civilians... Sometimes the battlefronts are burning and barbaric bombardment lasts for several days or weeks"* (Civil defence 3, Eastern Ghouta).

The civil defence also carry out dead body burials, as civilians may be targeted when they undertake this. Cemeteries tend to be exposed to gunfire.

*"People went to bury corpse one of civilians when they suddenly have been under the fire of Syrian regime consequently, there were one martyr and many wounded people, our team decided to do this job [burials] to avoid repetition of this incident"* (Civil defence 1, Madaya).

Figure 7: First of three changes you would like to see from the international community to improve your work, in order of priority (civil defence)

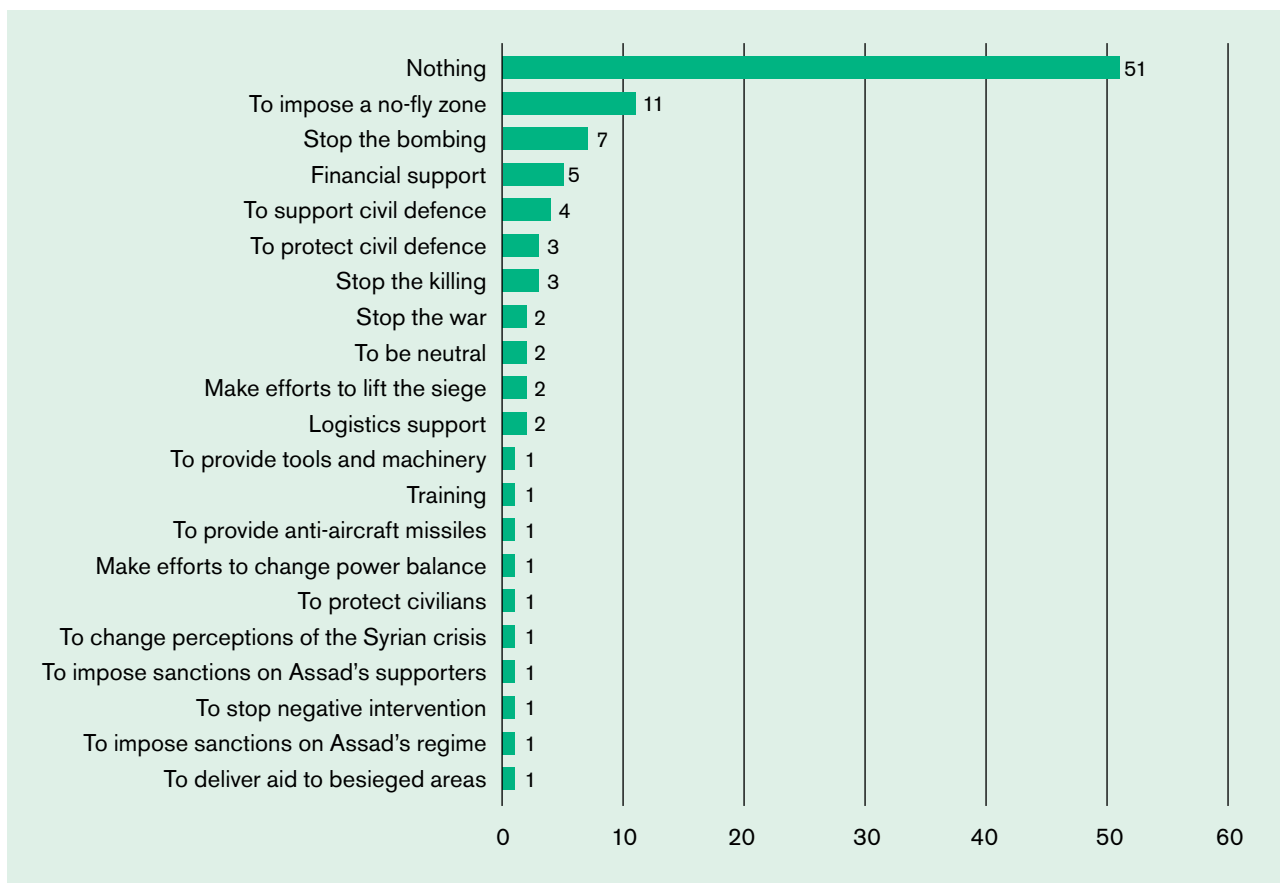
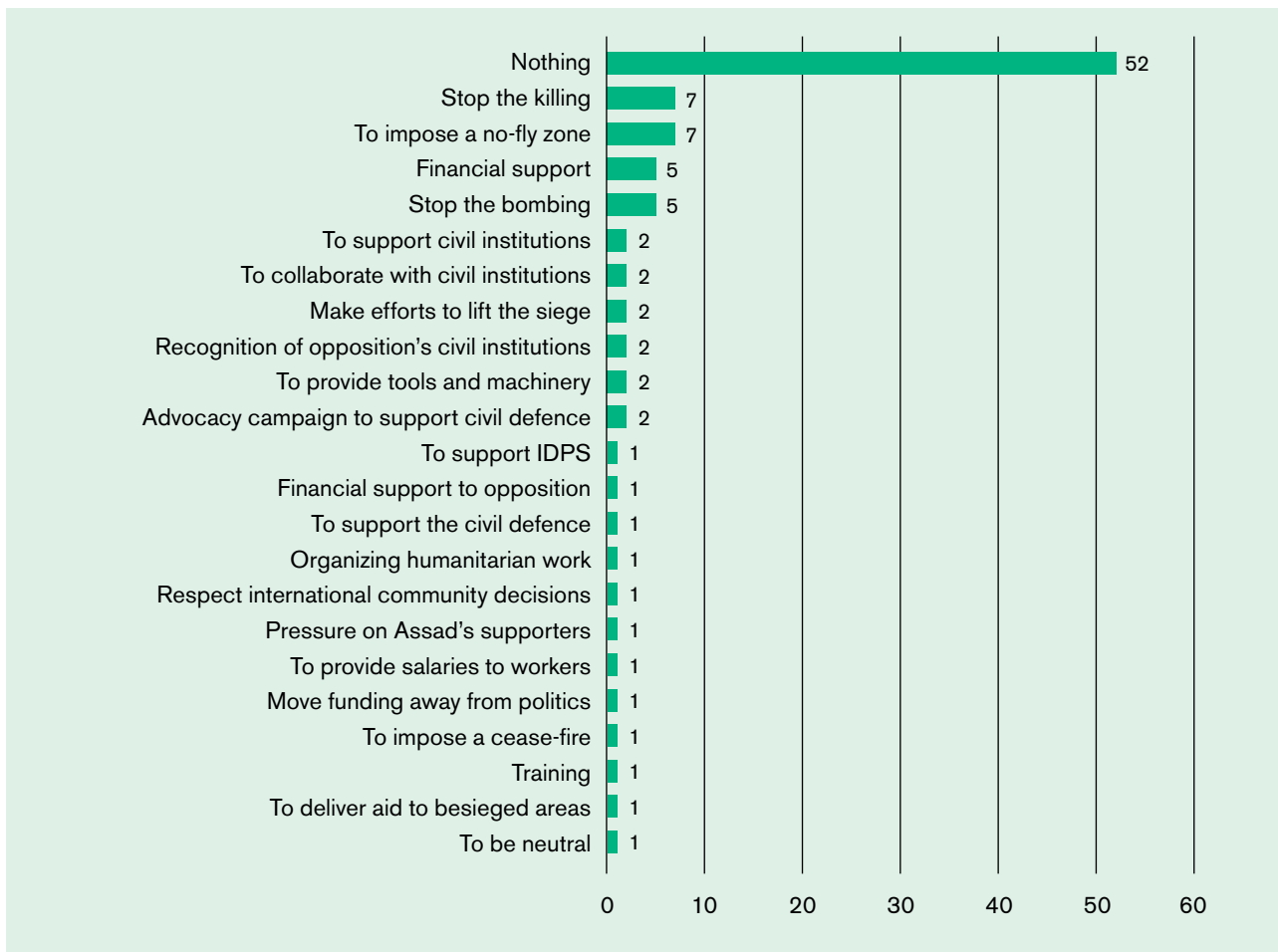




Figure 8: Second priority (civil defence)



The very high numbers of civil defence cadres who want “nothing” from the international community pose some pertinent questions, given that they were established with considerable technical and financial input from non-Syrians and receive support from external funders. This could indicate a lack of familiarity with who supports them, or perhaps a fatalistic dismissal of international efforts to stop the civil war. There is also a dissonance here with their requests elsewhere for more training, equipment, and funds.

### 3.2.2 Challenges facing the civil defence

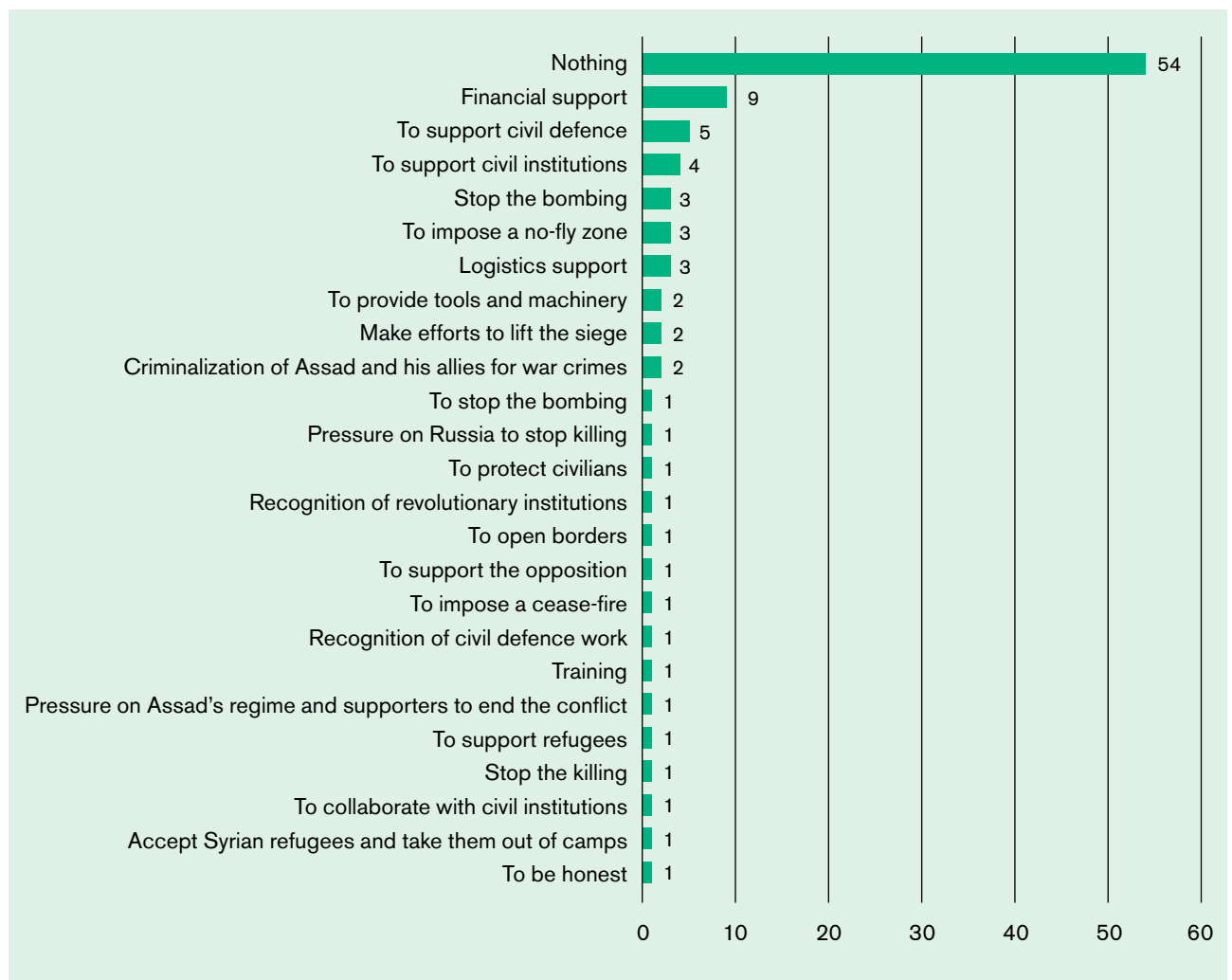
The main challenge identified is the risk of being bombed. The Syrian civil war is notable for the prevalence of so-called ‘double tap’ bombing raids, whereby following one bombing raid, more bombs are dropped in the same place around 20 minutes later, to maximise casualties of White Helmets, other first responders and civilians assisting the dead and injured. The civil defence also refer to poor working conditions, damaged and blocked roads and lack of equipment:

*“The first challenge that affects our work the most is the security situation. The second challenge is the siege around the city, which causes the lack of materials and tools... [which] have become scarce inside the liberated areas... other challenges related to the difficulties of the roads” (Group discussion 1).*

*“We wish that there are organisations that support the martyrs’ families of the civil defence to stimulate young people to work in this” (Civil defence, FGD 3)*

*“We are seeking to set up a first aid hall in each centre of the defence centres to rescue the injured people with superficial wounds, and to qualify transferring them to the other medical [sic] but the difficult cases we are forced to transfer them to the other points without hesitation”.*

Figure 9: Third priority (civil defence)



The willingness to take risks and self-sacrifice is a key factor in the civil defence work and forms a central part of their professional identity. It is possible that the revolutionary spirit of the opposition against Assad provides sufficient impetus for the formation of an organisation with such motivated members. There is also an element of machoism and disregard of personal danger. Religious faith may play a role in overcoming fear and merits further investigation. It was suggested at the end-of-project workshop that one reason for the

absence of White Helmet units or similar agencies in Yemen and other conflicts, is that the people there do not share to the same extent the revolutionary aspects of struggle and so feel less empowered and less willing to take risks for other civilians. There are surely other causal factors at work. It is certainly a relevant topic for further research- why the Syrian civil war led to the emergence of the White Helmets, but no similar group emerged in other recent urban conflicts.

## 3.3 Medical professionals (N=104)

"Syria is the most dangerous place in the world to be a doctor" (Center for Public Health and Human Rights of the Johns Hopkins Bloomberg School of Public Health, and the Syrian American Medical Society, 2015: 9).

The medical professionals are the mostly highly educated of all the respondent groups, but suggest their general medical training has not been sufficient for the particular challenges of urban battlefield healthcare.

Health centres are able to provide free treatment for some patients and some illnesses:

*"[Our] free Pharmacy section which issues more than 700 types of medicine to the patients free of charge.... we offer the free medicine, psychological services and milk for children.. If one of the [other] centres can provide the service, we transfer the patient to them. If not we coordinate with the armed political parties to send them [elsewhere]"* (Director of medical office, Masrabah).

### 3.3.1 Medical challenges:

Many medical providers report a lack of facilities for operations and surgeries. One medical centre seeks to open facilities for autistic children, but it is not clear if this also refers to traumatised children. There are widespread shortages of different types of medicines, especially neurological and chronic disease medicines. Many of the security challenges are of course common to all civilian protection actors. In addition to this, significant challenges seem to be lack of human resources, and unfamiliar medical scenarios:

*"The biggest challenge is the lack of the specialist doctors especially paediatric doctors" and "... it is very difficult to obtain the fuel which forced us to stop the electric generators" (Doctor 10).*

*"We witness new diseases on a daily basis that never existed before, especially skins and gastrointestinal diseases. These are caused by the proliferation of dead bodies and rodents and drinking unpasteurised groundwater" and what "... we need most in freed areas is vaccines for babies against chronic diseases and neurological diseases." (Doctor 4).*

Women at one focus group report:

*"the challenge is the difficulty in transportation from home to the work place because the road is heavily targeted, in addition we go to visit the families of the orphans and there is risk in this" (FGD 2, Masrat).*

*"... these days we have found even the bread impossible to obtain for the patients and there is no vegetables in the markets. Then what can we offer to the patients?" (Doctor 2, Aleppo).*

One CPUS researcher records that a hospital in Aleppo

*"is a small old building in Arabic style -very dangerous... equipment is very simple and primary, this equipment consists of pressure device, sugar test device, spray device in addition to sanitisers, bandages, and cotton" (CPUS researcher impressions).*

Unlike the civil defence whose entire work experience has been developed under siege conditions, the medical professionals have been forced to adapt their work and operate under extremely different conditions from those under which they trained, with vastly reduced resources, equipment and medicines.

There is no clear consensus on what medicines are most needed, and this depends on the specific hospital needs. Regarding low-cost tools, various medical staff request the following: blood pressure measurement tools; sprayers; blood sugar measuring tools, sanitisers, bandages and cotton, Povidone, antiseptic and needles.

Figure 10: First of three changes you would like to see from the international community to improve your work, in order of priority (medical providers)

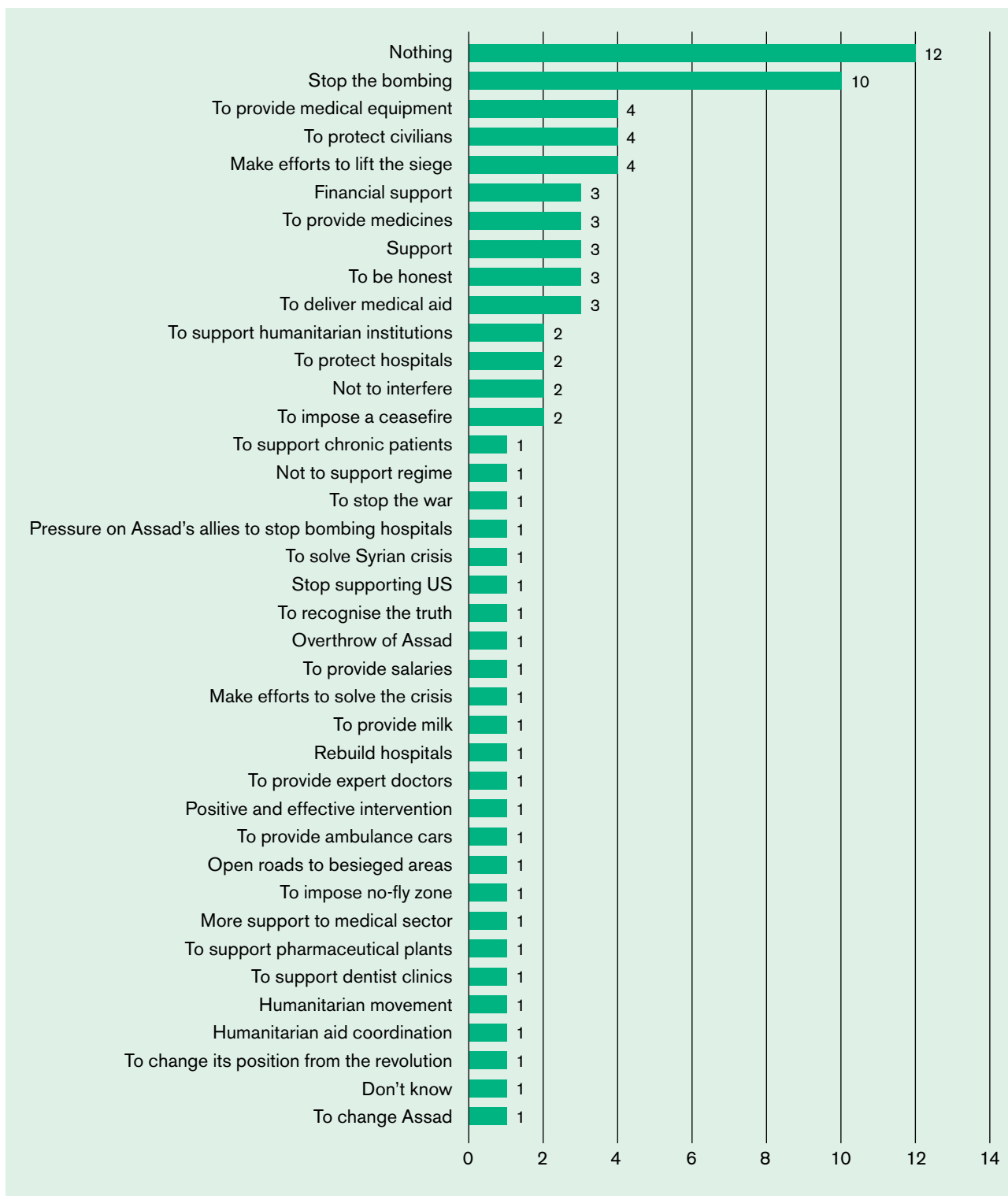


Figure 11: Second priority (medical providers)

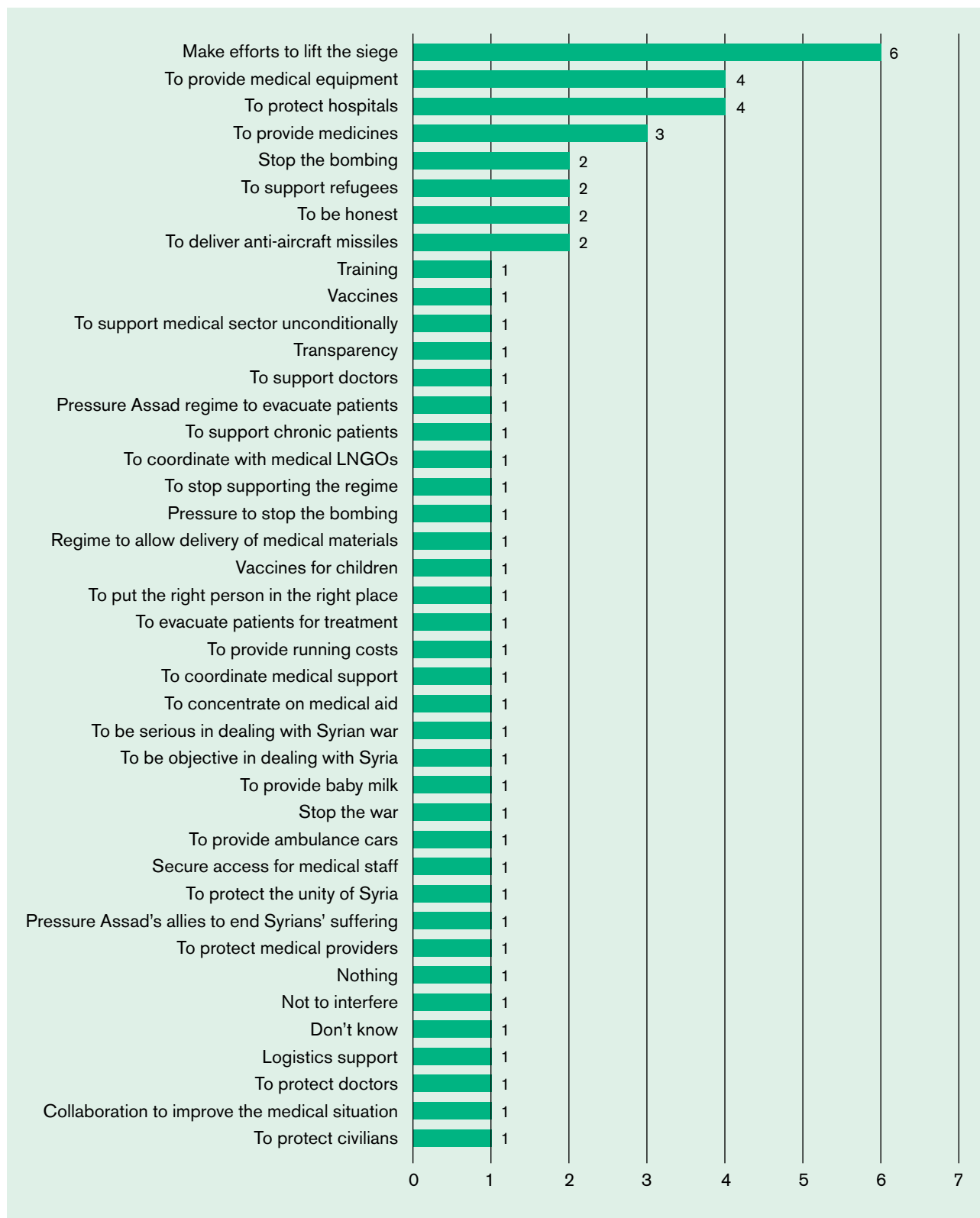


Figure 12: Third priority (medical providers)



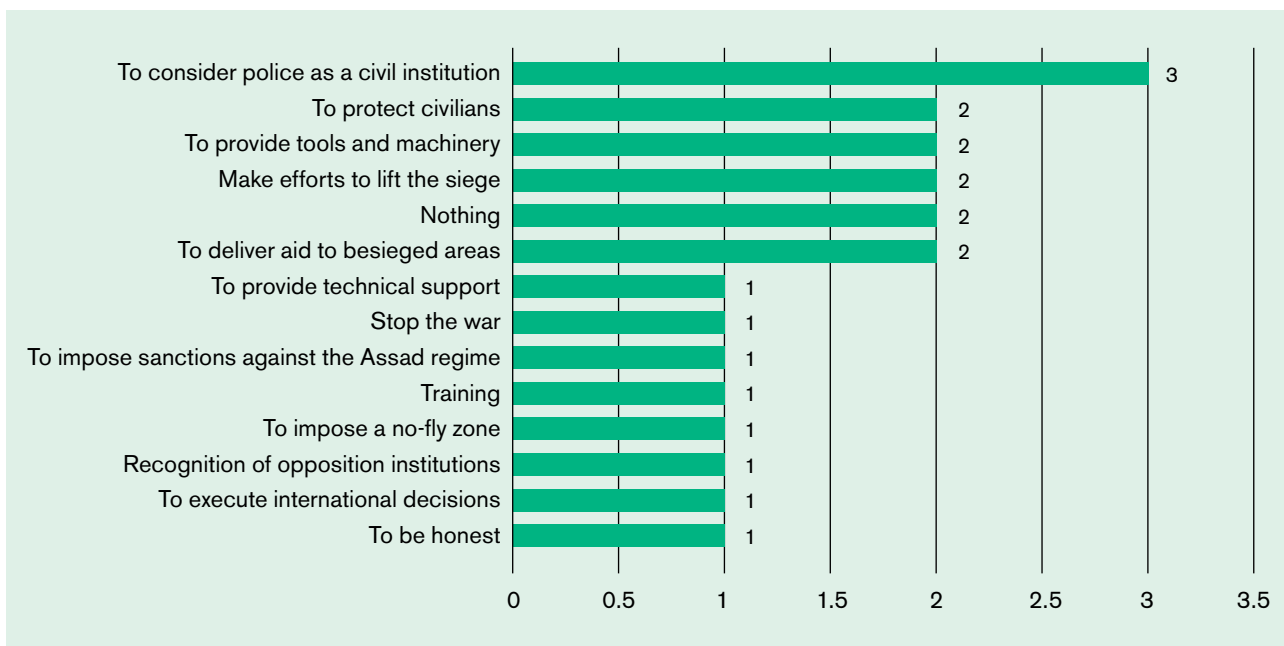
### 3.4 Free Syrian Police

The police appear to be the weakest agency involved in civilian protection. They have a less clear perception of any protection duties, they receive less training and guidance, and are often overlooked when it comes to first response capabilities and coordination. They appear to lack motivation, interact less with other groups, and report little external support.

(We have included only the first set of changes that the police would like to see from the international community).

Their first suggestion is to consider the police as a civil institution, showing their request for greater legitimacy and reputation. One recommendation from our investigation is that the police should be enlisted as a major organisation undertaking protection activities, and receive increased training, information, and operational guidance. They also highlight the importance of sporting activities to promote team building and reduce stress.

Figure 13: First of three changes you would like to see from the international community to improve your work, in order of priority (police)



### 3.5 Local government councils (N=80)

Governance in general in the opposition-held areas is a huge challenge, beyond first response activities:

*“The local council, like other local councils, appoints its members by election and without conditions... we ask to change the method of selecting the council members and to appoint the office managers according to specialisation and certificate”* (Local council Al-Shifuniyah).

The current method of recruiting members does not seem to be rigorous enough and allows inefficient people to be appointed. Our CPUS researcher noted for one local council that

*“some civilians are dissatisfied with the current council members and they accuse them of theft because they always hide their financial records”.*

*“The popular market and schools in the main street of the town are bombed frequently, which hinders the movement of citizens and their security and even school students have been deprived... result of the bombing that destroyed schools in the town almost completely, which was equipped and prepared to teach”* (Local council 1).

Interim (opposition) government authorities are in a stronger position than most organisations to promote civilian protection issues in public spaces, and they could take a more prominent role in this, with support from the White Helmets.

The local council staffs' primary set of requests are all constructive, rather than saying they want 'nothing' from the international community.

Figure 14: First of three changes you would like to see from the international community to improve your work, in order of priority (local councils)





Figure 15: Second priority (local councils)

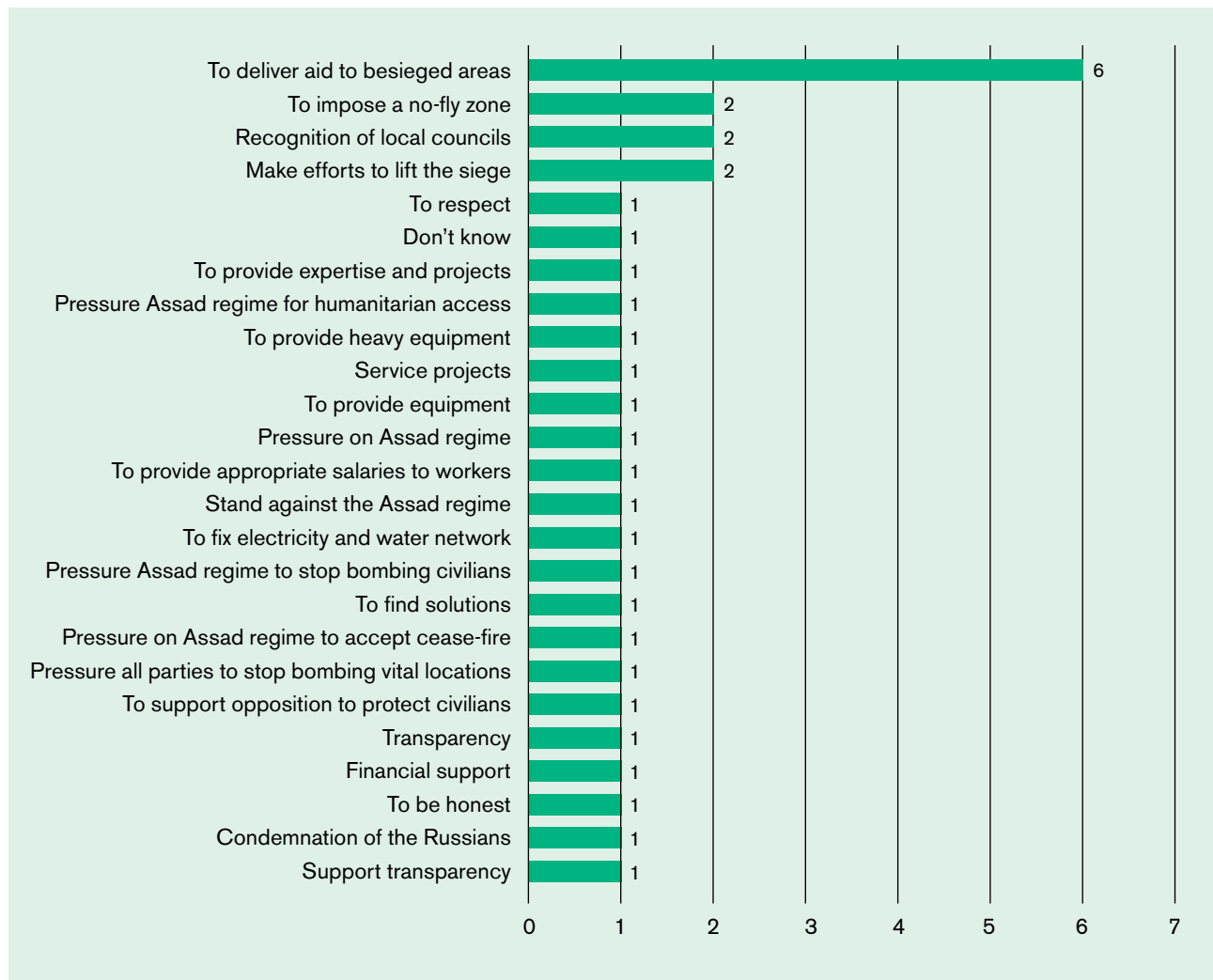
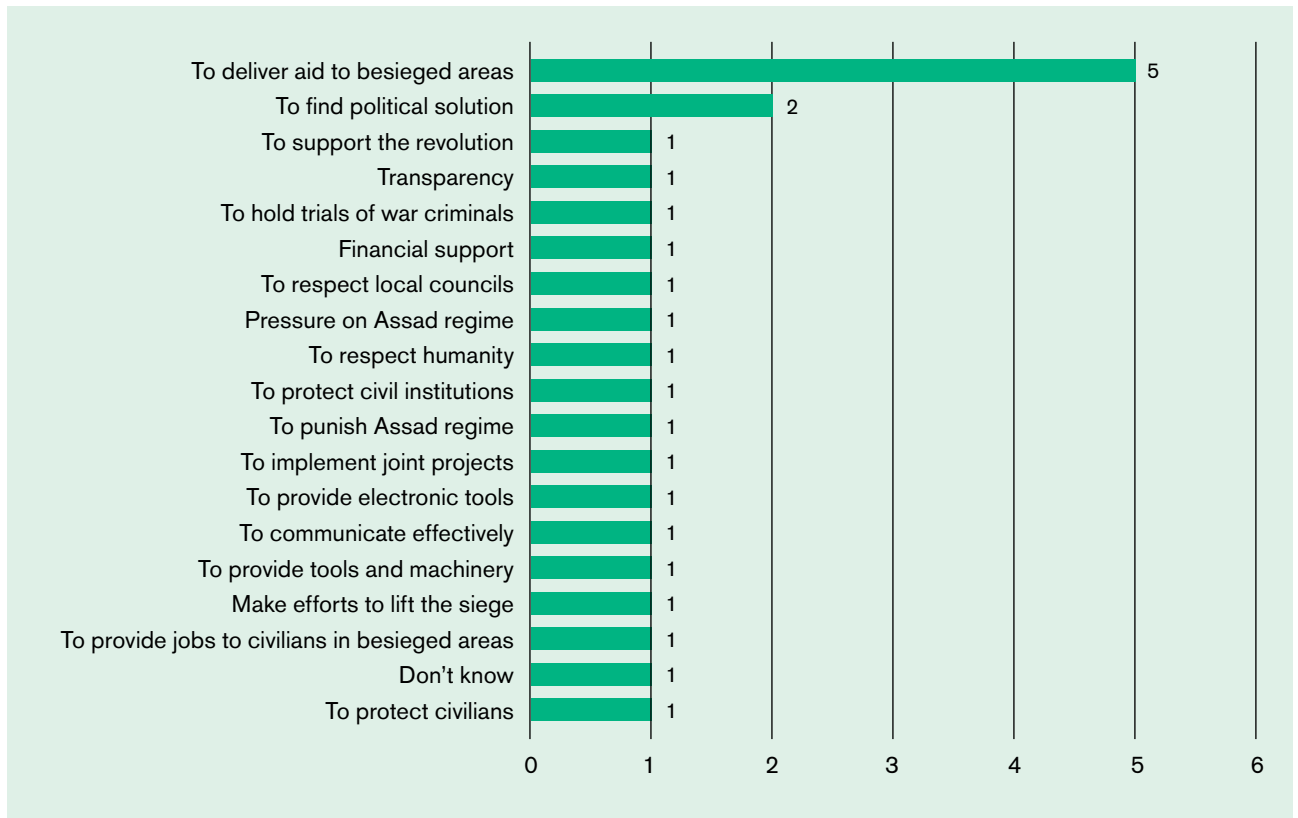


Figure 16: Third priority (local councils)



### 3.6 Opposition first responders (N=92)

Opposition first responders' involvement in civilian protection is not their primary focus, but they do undertake first response activities. One consideration that emerges from this work is that the dichotomy between 'good' and 'bad' rebels is unhelpful. They claim not to receive **any** external support or funding, or any training in first response or protection issues. Of all the first responder groups we examined, the opposition forces are understandably the least cooperative and most belligerent: "We only receive local support. We receive no international support" (Opposition 5).

As armed opposition groups generally have no specific mandate and follow no established regulations, they

operate with impunity and when responding to bombing of civilians do not coordinate much with professional first responders. While their modus operandi remains opaque, they undertake unexpected acts that appear to sit uneasily with their armed activities. Perhaps their activities that could be classed as 'humanitarian' are aimed more at establishing legitimacy and popular support locally, rather than from first response ideals.

*"The fodder store... is the biggest store in Damascus... rebels controlled the store at the beginning of the revolution and sold its contents and gave the money to Board of Trustees who have distributed a large portion of the money to the people, in addition they built a school and medical dispensary... with all first aid equipment and paid the salaries of the medical cadres."* (Local council, Al-Shifuniyah).

### 3.7 Local NGOs (N=131)

The LNGOs are diverse, comprising a mix of paid administrative and operational staff, with volunteers. Many were established after the conflict broke out and operate with support from INGOs and other LNGOs. Some local organisations are supported by international agencies, such as the World Food Programme and the Red Cross/Crescent. Others operate with no external support. The LNGOs refer to administrative challenges and management issues required to improve first response work:

*“within the liberated areas most of us do not have passports or recognised licenses... local organisation is not recognised if it is not licensed in Turkey because the banks do not transfer money inside Syria; for that we need a license... We need credits and accounts because through these accounts we cannot enter all the internal issues (Money) [sic] and this is the biggest challenge” (Local NGO, FGD 1).*

Figure 17: First of three changes you would like to see from the international community to improve your work, in order of priority (LNGOs)

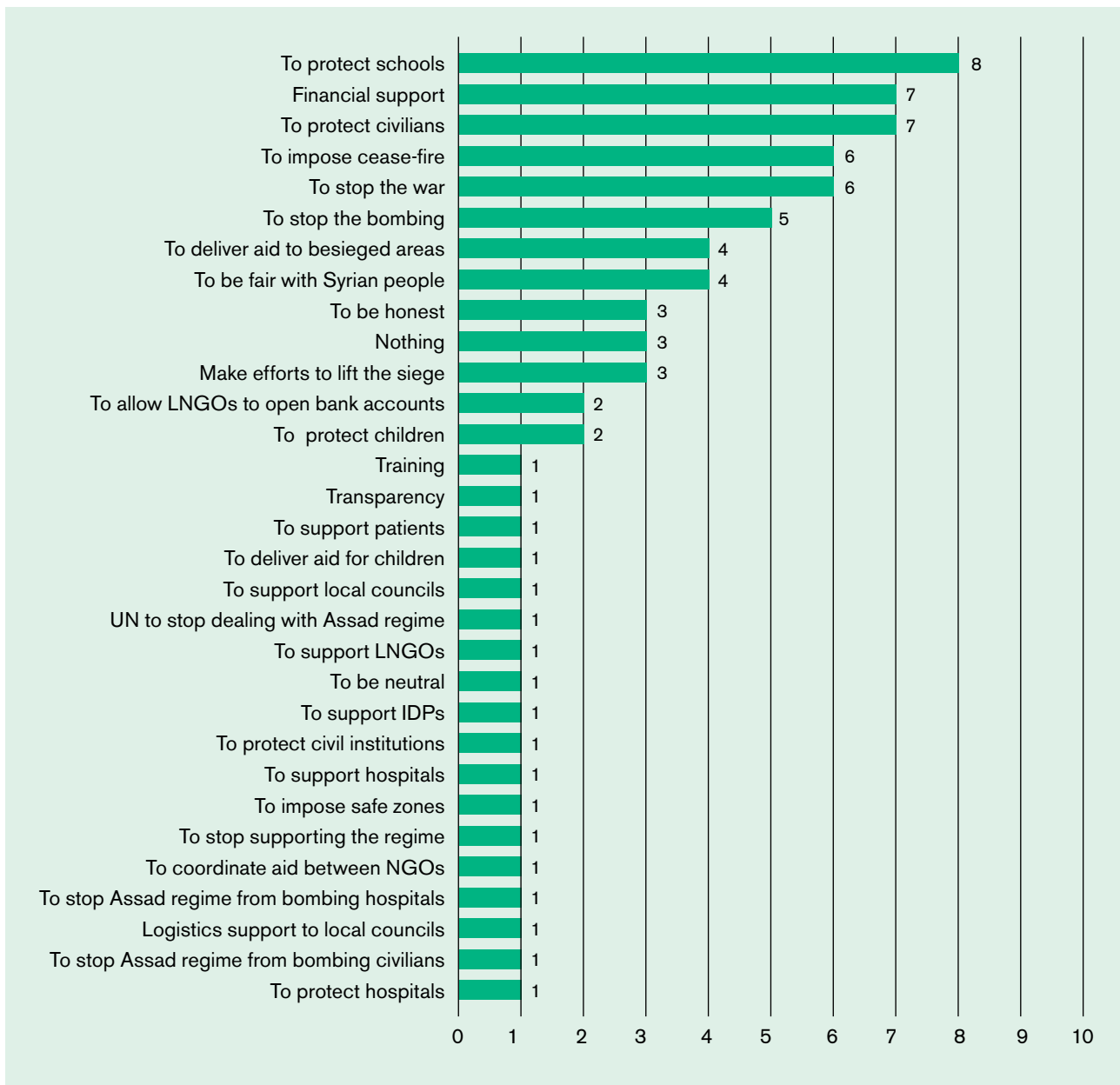


Figure 18: Second priority (LNGOs)

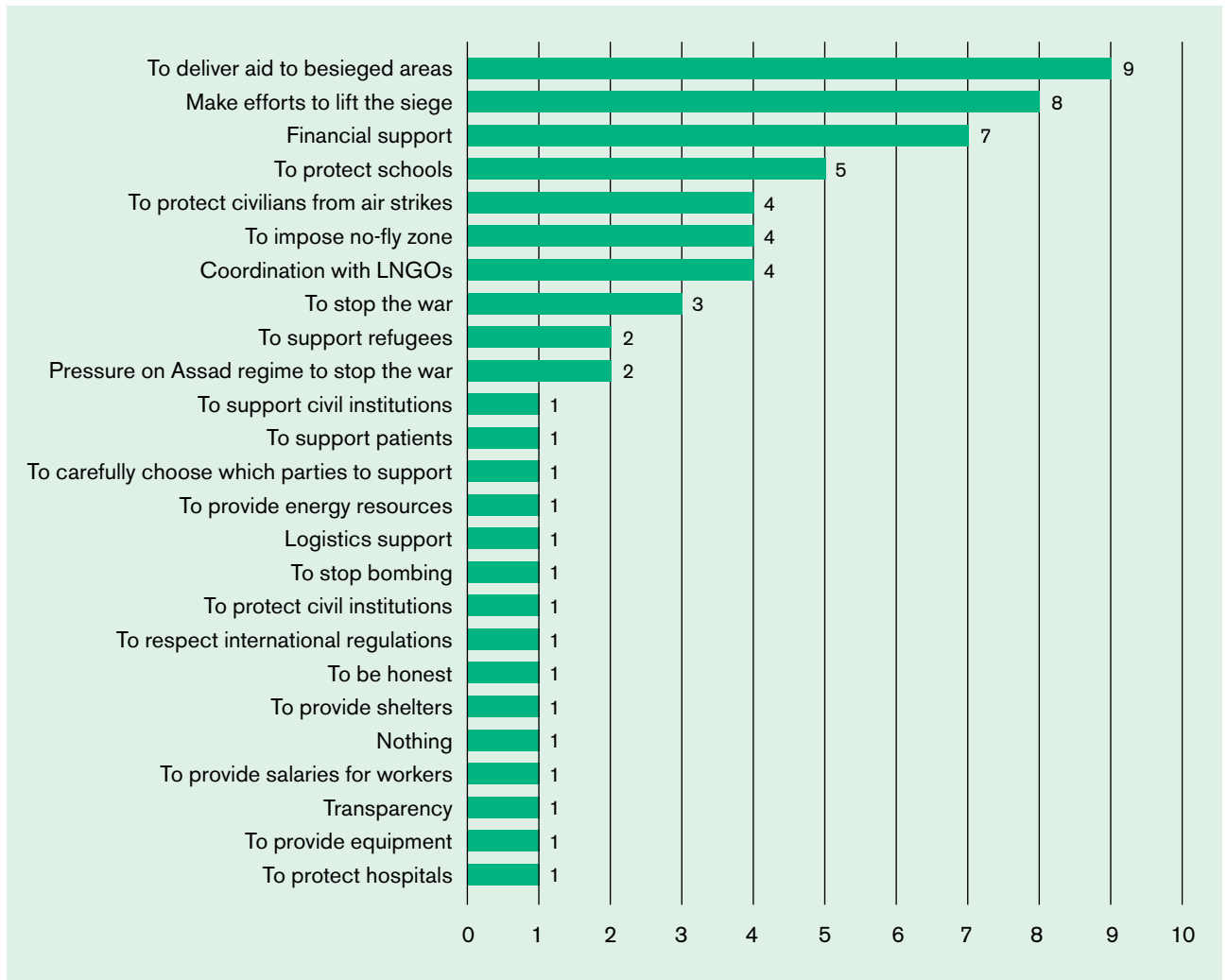
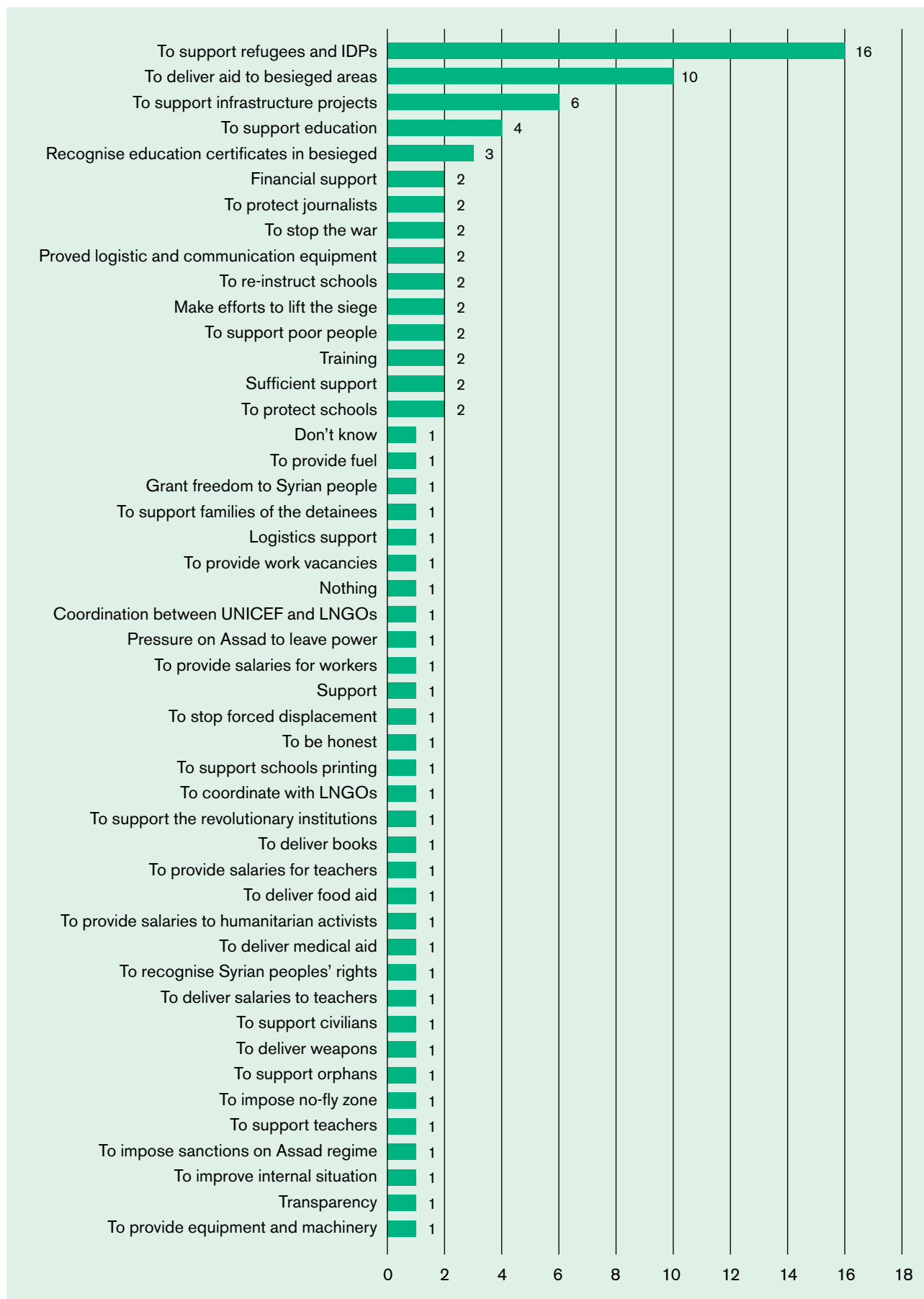


Figure 19: Third priority (LNGOs)



# 4

## Discussion of findings

### 4.1 Overview

Our research findings suggest that the nature of urban warfare in Syria, the deliberate targeting of civilians and the domestic civilian protection responses, position this conflict at the cutting-edge of urban conflict humanitarianism. There is thus much to learn from this extremely challenging environment that should be contextually adapted for other conflict arenas and for the capacities of other local protection stakeholders.

Domestic agencies may engage in protection and first response work of some type, without necessarily perceiving themselves as doing it. First response provision could be improved through better coordination between agencies, and capacity building of other groups by the civil defence, who also request additional training. The targeting of civilians in the Syrian conflict by many different actors contravenes all legally binding protocols. There is virtually no reference to international humanitarian law (IHL) or human rights law among all our respondents, and increased awareness is unlikely to have much impact on the ground. For example, Afaq conduct IHL training for opposition groups, but as they report, the problem is that Assad's regime does not adhere to any IHL, and so opposition groups fail to see why they should either.

There is clear proof of the inevitability of working with armed groups to coordinate first response activities, without which it would be impossible. This should not be taken as an endorsement of violent revolutionary groups. Indeed, many respondents expressed frustration both with the regime and with those groups fighting it, especially if they were not Syrians. There is widespread anger that the Syria revolutionary uprising against Assad's regime has been hijacked by various

extremist groups with different agendas, and that what was originally a political uprising has been co-opted by religious extremists and criminals.

The data shows that different first response actors have different and sometimes contrasting advice for civilian behaviour during bombardment. For example, there is no consensus on whether civilians should run to a shelter or stay at home. Likewise, stockpiling food and water makes less sense if one does not have access to them when in the shelter.

Different agencies with varying levels of legitimacy and mandates have emerged in the political vacuum following 'liberation' from regime control. The local councils of the interim Syrian government are a good example, also the Union of Free Syrian Doctors, free police and others. Our respondents request additional presence and guidance from first response experts and improved organisational management to streamline their work activities. It is not clear from our data how limiting a factor it is to have newly-established non-government organisations working together for a variety of humanitarian and emergency functions.

There appears to be better coordination between ambulance services and the civil defence, and between different hospitals and health centres, because they knew each other before the conflict and have the same professional circles and work practices:

*"... most doctors in the Eastern Ghouta work in many hospitals and medical points at the same time", even though there is an overall shortage of doctors: "Because of the lack of doctors... they work in several hospitals and medical points according to a work schedule by the Unified Medical Office"(Doctors 3).*

Likewise, a doctor in Aleppo reports *“We coordinate with all the hospitals in the liberated areas in order to transfer the patients to the organisations in the cases of heavy attacks to reduce the workload on the other hospitals... what we miss in entire liberated Aleppo is the specialists in neurological surgery or supplying the neurological medicine.”* (Doctor 2, Aleppo).

*[The managers] are all working hard and free of charge to serve the people of the town”* (Local council, Al-Shifuniyah).

There are a variety of organisations involved in urban civilian protection and large discrepancies exist between them in terms of their organisational mandate, capabilities, levels of risk, expertise and preparation, and support received. The White Helmets have helped promote and mainstream the practice of civilian protection and influenced other groups in Syria. Although they are unarmed humanitarians, they have repeatedly been targeted in the conflict, as have medical staff. This is work requiring huge commitment and self-sacrifice.

It is clear that what constitutes first response needs to be approached from a broad perspective. It is conceptually difficult, and perhaps not very useful, for protection stakeholders to distinguish first response actions from other humanitarian services such as clean water provision, sanitation, education, and shelter. In a non-conflict environment, civil defence activities can be highly structured and organised, and linked to institutions providing security, healthcare, shelter and food/water. In urban siege conditions, these institutions are weak and under-resourced, therefore first response provision does not exist in a vacuum and relies for its efficacy on other support systems that include medical provision, food, clean water, coordination, and management.

While we advocate rolling out first response as a distinct arena of professionalism and humanitarian services in conflict (especially urban environments), this has to be contextualised with reference to other areas of work that allow first response to take place. The visibility of the White Helmets should not diminish the work undertaken by other groups. For improved civilian protection in urban areas, we therefore recommend addressing the protection capabilities and functions of police officers, volunteers, and armed groups. One method to do this is to relate the instructions in legal frameworks and mandates with daily activities that are readily understood by local actors. Supply of physical tools and equipment are required, but also information, training, and standard operating procedures (SOPs), for improved first response.

The civil defence are the only agency specially established for first response, but other bodies also engage in a variety of protection activities, broadly understood. Many stakeholders, particularly the local council staff, are forced into a first response role due to the operational challenges facing their daily activities. Issues such as water provision, hygiene, shelters, and transport impact on first response actions, but are not counted under a narrow definition. Therefore we recommend embracing a broad definition of first response for operational purposes, but at the same time distinguishing first response from more general humanitarian services.

Several respondents (especially the police) requested ‘sports’ to assist their work and act as a morale-booster; *“we need equipment for sport and training equipment to raise the fitness level of the cadre”* (Civil defence 3, Eastern Ghouta) and *“sports centres equipped with all sports equipment; it helps to training the defence elements.”* “[We] lack of tools and sports equipment that helps to training” (Civil defence, FGD 3) and *“lack of modern sports equipment... to train and strengthen their bodies’ muscles”* (Discussion group, civil defence 1). This sporting and fitness element deserves further investigation.

The research uncovers varying levels of insight, motivations, alignments, compliance, consistency, and work practices. There is weak evidence of inter-agency collaboration or sharing information between different urban locations. For example, what is clearly best practice from a particular local council in one opposition area is not applied by interim governing bodies in another opposition area. This is likely due to poor communications and information-sharing mechanisms between different urban areas that are geographically distinct and separated by regime areas. Likewise, there are no mechanisms in place for medical providers’ innovative work practices implemented as a result of living with bombardment to be transferred to other health centres and other health workers. There appears to be no system for consolidating knowledge and experience, either across or within first response groups, even inside the same country. This points to a need for a coherent mechanism to share information and lessons learned without adding to the first responders’ work burden.

## 4.2 Psychological issues

Very few of our respondents mentioned the need for psychological support, or made reference to staff or victim trauma. One exception, with criticism implied, is:

*“Currently, the main focus of international organisations goes towards psycho-support programme. Unfortunately, these programmes have not had a significant impact, especially these programmes are not implemented according the right psycho support principles. The main principle of psycho support is the ability to make children express how they feel. But due to the current situation, children are not able to do that. What is being implemented at school is only letting children play and discharge without any real benefit. So what we would like to see is specialised doctors and practitioners and enough back-up” (Doctor 3).*

Contrast that with:

*“the biggest challenge facing the civil defence elements is the psychological state and the shock, which they are exposing through watching their own hands pulling the remains of women and children, the elderly and the bodies from under the rubble” (Discussion group, civil defence 1).*

*“[We] had a clinic for human and social development but we could not continue the service... [it] was to provide psychological support for those in need.” (Doctor 4).*

## 4.3 Water and fuel

These are massive operational challenges, and reflect the consumption requirements of urban environments. Damage to infrastructure reduces access and transportation. Fuel is in short supply and very expensive. Generators are unreliable, costly and need regular maintenance. For potable water, people often depend on natural spring water or wells. Our respondents indicate that repeated daily hardships like fuel and water shortages are a greater work challenge than the risk of injury or death.

*“We suffer from a lack of fuel for ambulances... [and] the generators” (Civil defence, FGD 3).*

*“It is not easy to bring the fuel into the city... the organisation’s diesel reserve will be finished, and if the road closure continued the internet will disconnect and the communication with the donor will be stopped... difficulty in lighting the place, our laptops will stop, and the fans will stop also. The working environment... will be impossible” (FGD 2, Masrat).*

*“Water shortage is another challenge, we rely on wells” (Local council 1, Ein Tarma).*

*“There is no electricity, fuel, spare parts, raw materials or materials of construction and maintenance, such as cement and wood. The furnaces are completely destroyed, 40 per cent of the schools are out of service, sanitation are non-existent and the roads are very bad” (Civil defence 1, Madaya).*

One doctor reports: *“There were difficulties providing the patients with filtered water in the cases of water cuts” and “among the challenges is to provide the fuel... to enable the generators to function, we use the lights that works on batteries to offer the patients light” (Doctor 2, Aleppo).*

## 4.4 Relations with the international community

We found very low levels of trust or expectation among respondents regarding the international community. They cite lack of donor coordination, failure of external actors to act appropriately, and generally weak levels of support. Many respondents reported feeling totally abandoned. A significant number of respondents from all six groups wanted the international community to “be honest”.

Respondents tended to request international assistance more in terms of training opportunities than equipment. Many referred to a sensation of betrayal, leading them to reject the international community entirely and claiming they want nothing at all from international organisations:

*“We wish to see observer delegations here and hope to get more support materials” (Civil defence 1, Madaya).*

*“We wish the international community to neutralise civilians from military conflict and securing public spaces like hospitals and schools” (Local council 1, Ein Tarma).*

*“... many mothers and children suffer from malnutrition. We ask the international community to cover these areas” (Doctor 1).*

*“We want them to hear our voice” (Doctor 3).*

One medical provider stated what is needed most from the international community is *“Anti-aircraft weapon. We do not need anything else” (Doctor 5).*

*“We do not need any support from them so long as they provide support to the regime” (Doctor 4).*

*“We do not like to ask them for anything because during the last 5 years they did not take a position against the attacks and now we are under siege... they did nothing” (Doctor 10).*



Some respondents referred to donors following their own funding priorities, rather than addressing the real needs and liaising with local stakeholders. Participants at one focus group discussion suggested that

*“... support must be according to our need... not to be forced by the donors to implement projects that the donor wants us to do. We see many projects repeat itself in more than one organisation as if it is a fashion [sic] for example, the projects of children protection, and women empowerment... there are no donors asking us what the city needs” (Local NGO, FGD 1).*

Another member of the same organisation provided a detailed critique of one main donor:

*“regarding the support we are looking for from the international community, we need a framework of complete programmes that have a long term impact, especially development projects that enable us to reach a situation of self-sustainability... all the international support is connected completely with OCHA, as a result the role of the local organisation is minor because OCHA only give donations to the organisations that is licensed in Turkey... OCHA policy weakened the local organisations. When OCHA works through the organisations that is licensed in Turkey they don't take into consideration the needs of the locals because they are not working with the local organisations that are on the ground. Local organisations are capable of responding to any problem because they are on the ground.”*

This is a highly pertinent observation, which highlights the drawbacks of only working through formally registered and licensed development partners. However, alternatives are also fraught with potential for mismanagement and corruption. The conclusion to be drawn from this is the urgent need to re-examine the whole structure of international support based on donors' agendas rather than locally identified needs. International support needs to meet the needs of local actors and requirements on the ground, rather than local actors meeting funders' needs. A full pivot to partnerships based on shared goals rather than donor-beneficiary relations would address this. Affected people and local stakeholders are in a much stronger position to ascertain needs than international funders.

Likewise,

*“... the people who are living the reality on the ground are able to give the accurate description of the situation, their need assessment will be more realistic, whether for employment level or the projects needed or the level of equipment needed” (Local NGO, FGD 1).*

*“We want from the international community to support all operating on the humanitarian level institutions because our working is purely humanitarian” (FGD, civil defence 2).*

There were repeated requests from respondents for the international community to allow humanitarian aid to enter the besieged areas and to stop bombing civilians and non-military targets, in particular hospitals. More contentious requests included forcing Assad to stop combat operations, lift the siege, open blocked roads between regime-controlled and opposition areas, and stop Russian involvement.

There was agreement at the final project workshop that donors failing to coordinate can compound the work challenges for recipients. Different funders have different expectations, requirements and reporting structures, and this adds to the already heavy workload of protection and first response groups. Some donors prefer to give support anonymously. Many respondents were aware they get some international support, but were not familiar with how this functioned, or the exact name of the donor. Some donor names do not translate well, or were not accurately recorded. Our respondents did not know how the donors coordinate between themselves; whether there was any liaison between different international agencies of the Red Crescent/Cross, UN agencies, bilateral donors, or INGOs. This gives an impression of 'piecemeal' support, rather than a consolidated and concerted international effort to support civilian protection, first response, and other humanitarian endeavours.

## 4.5 First responder organisational strengths

Years of wartime conditions produce experienced and tough staff, for those who survive. Urban siege conflict often produces specific injury types: blasts, crushing, poison gas and chemical attacks, loss of limbs.

*“... the steadfastness of our staff is the main strength at the moment. All the services provided by the organisation at the moment are due to personal effort regardless of the bombing and the siege” (Doctor 3).*

*“... we depend on ourselves to secure some financial resources and we have an infrastructure of shelters that we oversee periodically and there are permanent awareness sessions for citizens about how to deal during emergency cases” (Local council, Al-Shifunyah).*

However, we were unable to gain more information about these “permanent awareness sessions”.

*“Our strengths is the human cadre that enjoys of lively and determination to face all the challenges of siege and bombardment. We have an ambulance team who can carry out some primary procedures like transferring the wounded people to hospitals... We have trained young people and they are able to carry out nursing and first aid”* (Local council 1, Ein Tarma).

*“Our strong point is the continuity of work despite attacks on the centre when we were located at X area; that is why we moved to Z area. Even the buildings around the centre were attacked and we continued our work”* (Doctor 10).

One civil defence unit in Eastern Ghouta (FGD, civil defence 2) refers to a superior level of inter-agency coordination:

*“The General civil defence management in Turkey coordinates the work of all the centres... in the liberated provinces. It receives support and [transfers to] Syria. Local authorities honoured us from time to time, which is moral rather than physical.”*

The Directorate of Civil Defence supervises over 30 civil defence centres in Damascus Province:

*“[we] work with the all the elements of a cadre of civil defence elements in the evacuation, fire, ambulance, the driver manager and artistic [sic]. We are an integrated team of 26 elements. We coordinate our tasks to save all those affected... with the hospitals and medics... we are integrated when... an air strike or artillery shell fell... everyone starts his work each in his section”.*

*“We want all the institutions of civil society (local councils – relief organisations – human rights organisations – service offices) to coordinate the work with the Directorate of Civil Defence”.*

These observations point to the advantages of effective and consolidated multi-sectoral coordination.

Urban environments with densely populated areas have a greater potential for non-formal support mechanisms (psychological support, communicating shared experiences, faith-based activities, sports, and so on). The modalities of such coping and support mechanisms and how they be strengthened, is another key area of research for urban conflict.

## 4.6 Communications

*“We use facilities such as Facebook, telegram and WhatsApp and email for communication”* (Local council 3).

[We need] *“quicker response and better communication between staff and officials”, “mostly through social media like Facebook, WhatsApp and Telegram”* (Local council, Al-Shifuniyah).

*“We need to have good and effective coordination with all the internal offices in addition to strong and effective coordination with civil society organisations and other institutions working in the Eastern Ghouta and other besieged areas”* (Local council 1, Ein Tarma).

First response operational capacities could be improved through better communications and information sharing across different opposition-held provinces, but this is difficult and poses additional security risks:

*“... there is one media office that is responsible for the work of the defence team. Media people are responsible for... social media like Facebook, Twitter and Telegram. Young people... are working as reporters to the local and international channels”* (Civil defence, FGD 3).

*“We need to develop the work through increasing the coordination with all the revolutionary activities which aims at reducing the suffering”* (Director of Medical office, Masrabah).

People put themselves at additional risk to document the bombardment damage:

*“... the media professionals and civil defence scurrying to photo the bombing of warplanes and the impact of the destruction and killing.”* (FGD, Civil defence 2).

## 4.7 Specific operational challenges

One local council respondent reports:

*“Shortages in human resource, destroyed infrastructure, shortages in technical equipment, inexperienced technical staff... I do work that's not within my duties”* (Local council 3).

*“... our teams are targeted as they go to do their work... If we had modern equipment, we would be able to get the injured quicker and far more efficiently... Our equipment are old”* (Civil defence 2).

Physical challenges – in addition to frequent bombardments, physical access was often constrained by collapsed buildings, rubble and potholes and heavy

mud in the roads. *“The biggest challenge we face is the direct targeting of the hospital by warplanes”* (Doctors 3, Eastern Ghouta). The hospital in Al-Nashabiyah in South Eastern Ghouta was bombed by the regime, and following its relocation to Al-Shifuniyah, it was bombed by Russian planes and three medical staff were killed. *“... power cables that supply the hospital’s basements with electricity from the central generator are often cut because of constant bombardment by warplanes and artilleries”* (Doctors 3, Eastern Ghouta).

Relocation following bombardment was a common theme:

*“We use these [local council] buildings as centres of civil defence, in light of the continued targeting of our headquarters by heavy artillery, that made our headquarters out of service especially after these headquarters are disclosed and become a target to bombing”* (FGD, civil defence 3)

and

*“The most important challenges we face in our work are the exploration plane that... targets with high accuracy... [an] exploration plane has observed the ambulance that led of targeting one of them directly [sic]”.*

*“We have documented 32 cases of partial or total bombardment has happened in the civil defence centres in Damascus province, so we are trying to restore these”* (FGD, civil defence 2)

*“the fire department [has] to deal with the fires that have posed by internationally prohibited weapons, specifically phosphorus bombs, and napalm... there are big fires but we only have simple tools to put them out like a car, sprayer, water and dust. Challenges of a shortage of materials needed to deal with the fire, “compound Powder” for example. We do not have protective clothing... [we are] suffering from the bombing during our evacuation mission... We do not have the necessary equipment to carry out the rapid evacuation and the process of extracting trapped under the rubble.”* (FGD, civil defence 2).

As well as being targeted by bombing raids, respondents also referred to civilians’ inadequate preparations, despite awareness-raising efforts by the White Helmets: *“the lack of awareness affects negatively all aspects of life, including the first response”* (Local council 1, Ein Tarma).

## 4.8 Equipment requested

Respondents generally reported the need for training and guidance as more important than equipment, but where equipment is mentioned:

*“Civil defence in general suffer from a severe shortage of the most basic requirements that [they]... need to work more effectively... As a result of the bombing, we have lost much of our equipment and the rest is worn”* (Civil defence 2).

*“[we need]... heavy equipment that are used for electricity and water projects”* (Local council 3).

*“We also need logistical tools to help us communicating with the outside like laptops, means of communication and satellite Internet”* (Local council 1, Ein Tarma).

*“... bulldozers, hand held rock drill, cars, and rubble truck and protective helmets”* (FGD civil defence 2)

*“body armour... helmets equipped with lamps”* (FGD, civil defence 1).

[We require] *“... extinguishing materials powder chemical compounds to treat most of the fires caused by bombing”* (FGD, civil defence 2) and *“fabrics... for shrouding the dead”* (FGD, civil defence 1). *“Spare parts for ambulance... satellite communication”* (FGD, civil defence 1).

*“We need trucks, ambulances, and poker”* [drills] (Civil defence 2).

*“We need fire engine to turn off the fire resulting from the shells loaded with materials such as napalm... we also need personal protection equipment that enable the elements to work without fears of burns or shortness of breath because of the dust caused by destroyed buildings”* (Civil defence 3).

From the same group:

*“We need bulldozers to open the roads to accomplish our work quickly... We need fragmentation machine to pull the people from under the rubble, we need external connection equipment to enable us to communicate”* and *“We need modern vans... oxygen generators and first aid kits”*. *“Modern fire trucks equipped with all firefighter’s materials and powerful electric pumps with high pressure. Fire extinguishing materials, powder, chemical compounds to deal with the subjects of napalm and phosphorus”* (FGD, civil defence 2).

There is a great need for defibrillators in ambulances.

There are a variety of low cost medical items that are easier to procure: *“suction tool... to remove infected discharges... syringe, chemical materials, microscopes, slides, blood pressure monitors, tools to measure the level of sugar in the blood”* (Doctor 10).

“Two Oxygen machines, three surgery tools, two monitors, a heart machine (ECG), internet and medicines” (Director of medical office, Masrabah).

“We have only 12 single beds and 5 double beds. They are not medical beds, but we use them because of the lack of medical beds” (Doctors 3, Eastern Ghouta). “[We] suffers greatly from the lack of aesthetic materials and anaesthesia needles”.

They are forced to operate from basements below ground as a precautionary measure against aerial bombardment.

One LNGO (Local NGO, FGD 1) points out “part of our projects is training... We need projector, photocopiers, and printers, since we have educational projects and the current printers are unable to do the work... the logistical support that we got is only for the funded projects. Our organisation do not have any special support for logistics,” referring to organisational overheads.

## 4.9 Training requested

Improved training provision was one of the main requests from Syrian first responders. Given the logistical difficulties of face-to-face training, much of the training delivery should be online and available for download. It needs to be appropriately translated and tailored for different levels of expertise, with opportunities for refresher courses, which is another specific recommendation from the end of project workshop. With the rapid emergence of new technologies and innovations in user-interfaces, this is a key area for technologists to develop apps and software targeted specifically for areas with weak or censored internet. Advances in training provision are thus likely to be in accessibility and interaction, rather than content. Questions that will need to be addressed, but which are beyond the scope of this paper, concern dissemination, monitoring of access and implementation, how best to incorporate on-the-ground feedback, and how to dovetail with existing online materials and curricula.

Figure 20: What additional training would help you improve your work? (Civil defence)

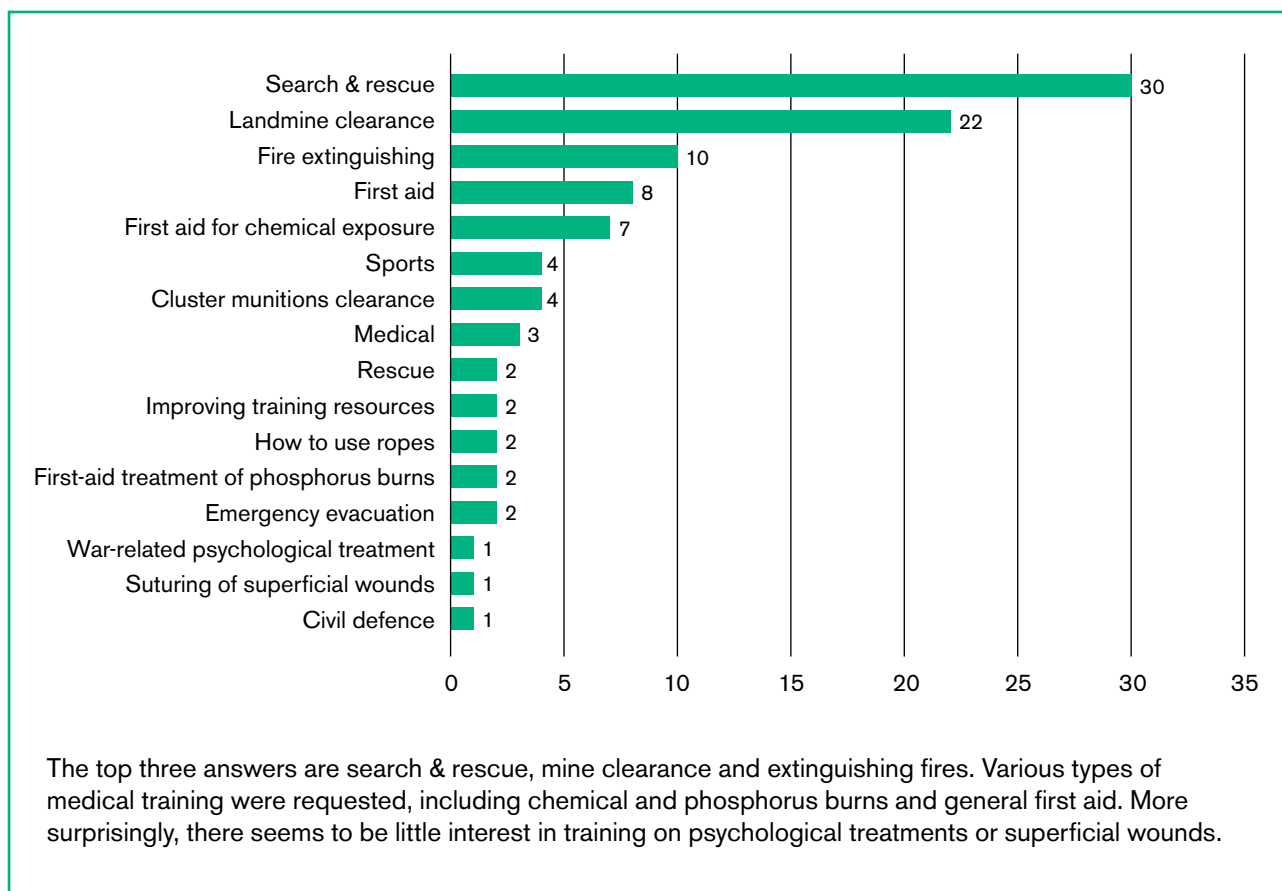


Figure 21: What additional training would help you improve your work? (LNGOs)

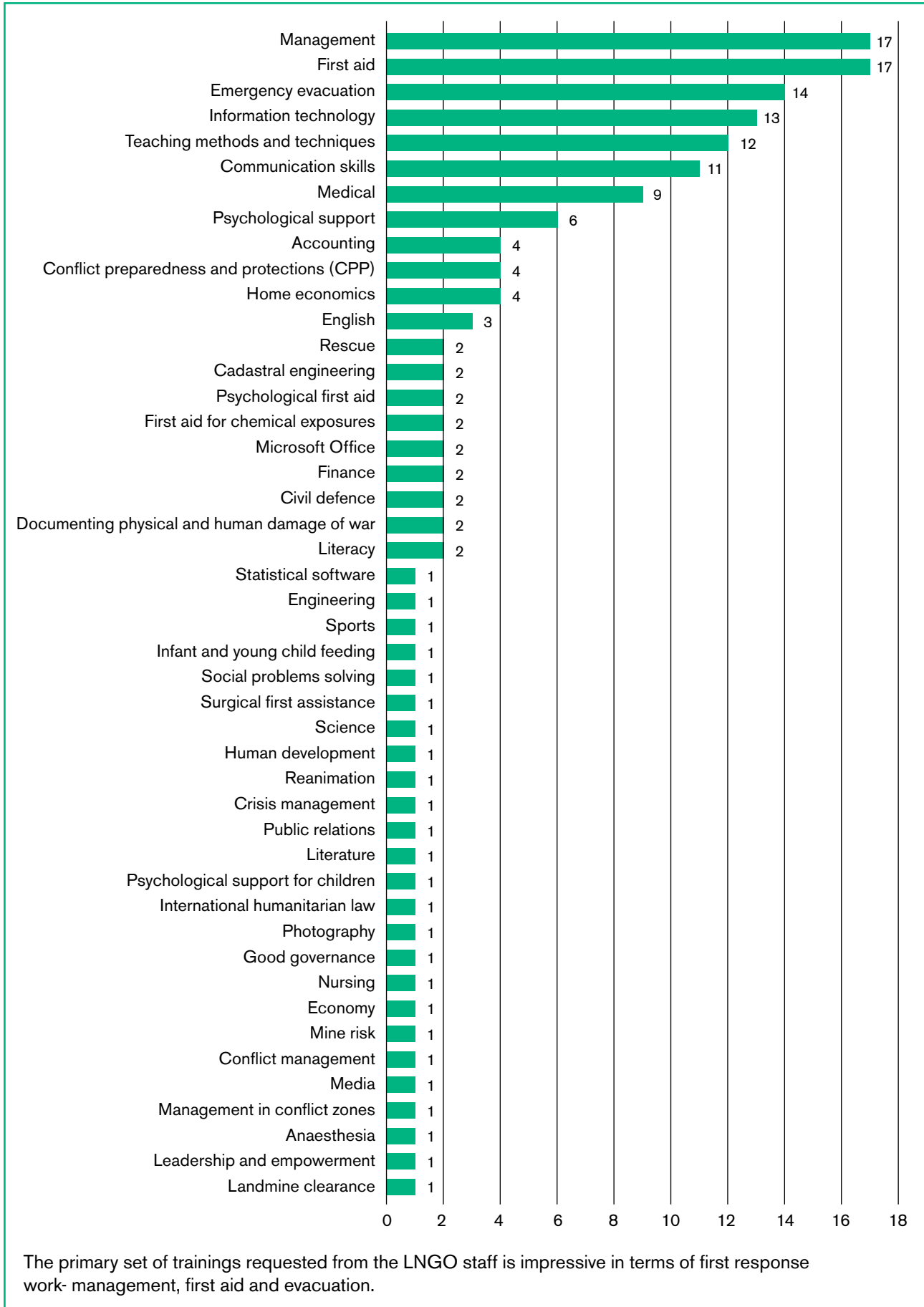


Figure 22: What additional training would help you improve your work? (Police)

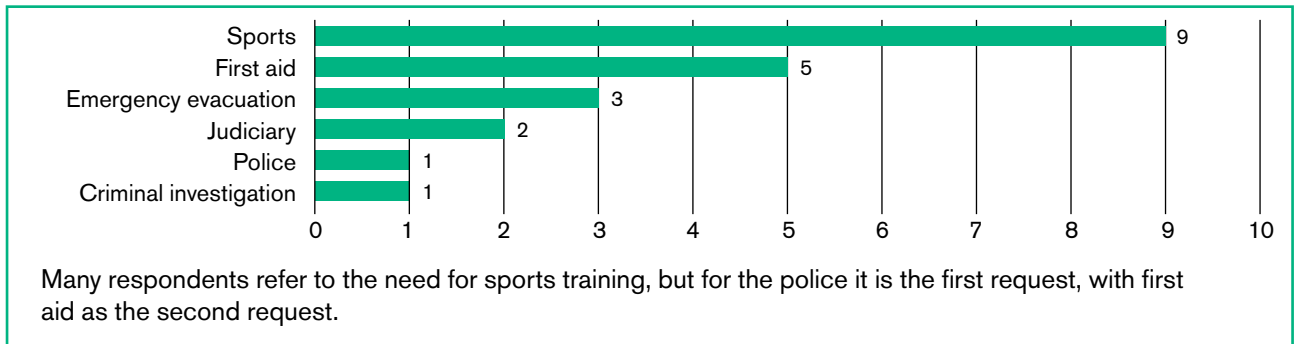


Figure 23: What additional training would help you improve your work? (Local councils)

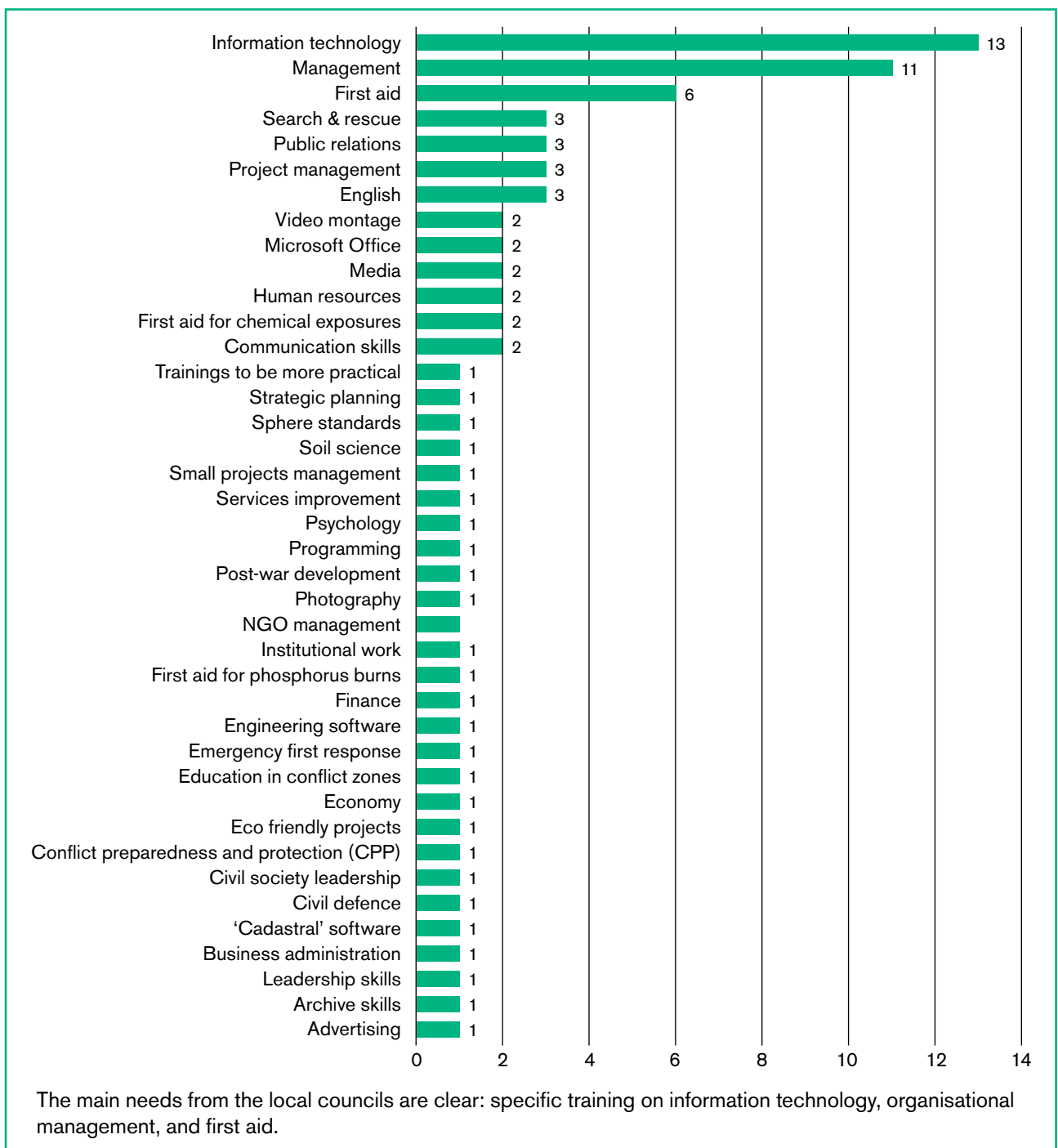
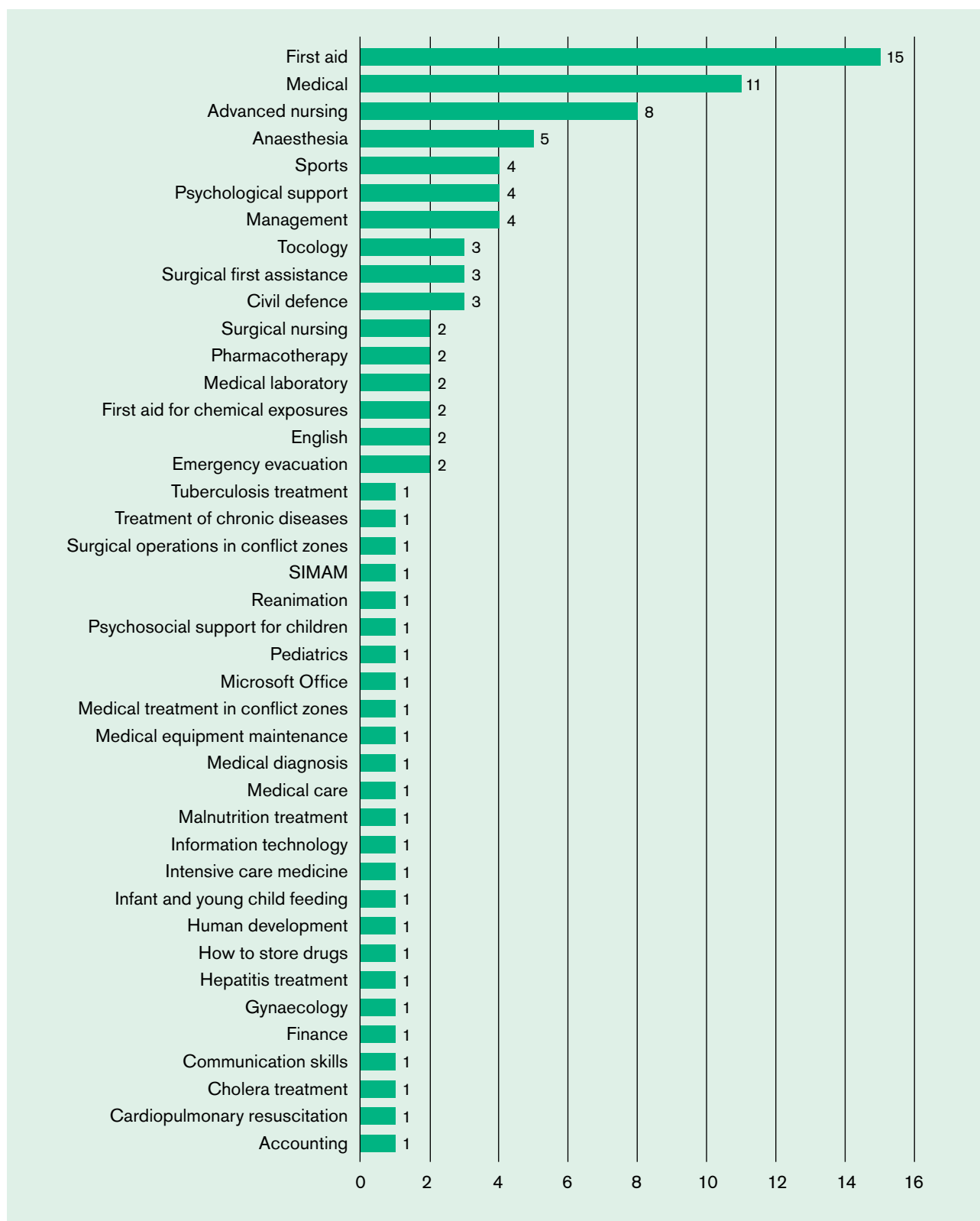


Figure 24: What additional training would help you improve your work? (Medical providers)



A large number of answers to this survey question emerged, and we include them all to illustrate the range of medical needs facing nurses and doctors. First aid for medical staff is the top request, then general medical and advanced nursing. Additionally, medical practitioners request training on battleground and emergency medicine (burns, chemicals, etc.) and aspects of medical triage.

All six groups requested training on communications and outreach procedures; organisational management and information technology, and maintenance of equipment and machinery, particularly specialist items. There exists a range of materials and information for civilians on self-protection behaviours to be followed in conflict, much of it developed by INGOs and emphasises the risks from explosives. For first response actors, the number one request that we found for training among all six first response groups is for first aid, especially how to stop bleeding, and treat crush injuries and gas attacks. The second is S&R procedures and how to coordinate rubble clearance. Finally the main distinct sets of training requested are on risk education, UXOs and explosive remnants of war (ERWs); evacuation and hibernation procedures and safe handling of explosives, fires and chemicals.

## 4.10 Support and coordination issues

There is little indication of any coordinated and coherent support systems. Instead, there are various organisations at local, national, regional, and international levels which provide funding and equipment. This support appears to be targeted at specific recipient groups rather than clusters of groups, and given on an ad hoc basis but

*“this support is limited and inadequate comparing with the work” (Civil defence 3).*

*“There are many committees support the institution, but it is like any other unstable... Civil defence institution with... great work carried out by its members need international support not only individuals and small institutions” [sic] (FGD, civil defence 1).*

Some first response groups receive salary boosts, others do not. Some groups receive funding for overheads; others are tied to specific projects only. There is little continuity or sustainability in the funding support, and people on the ground do not know how external support is coordinated and which donors communicate with each other. There are disagreements about the advantages of increasing salaries for first responders, but there is agreement that base salaries should be standardised, with additional

compensation for high-risk positions. Respondents request at the minimum to actually receive their salaries regularly, which seems to be a greater priority than salary increases.

*“There are several entities and bodies that try to support us... not enough for expenses of simple works (if any) because of the high prices of materials and services... in the besieged area totally can't get anything even seeds for planting for example, sometimes we have to pay very huge sums to the Syrian regime forces to get some necessary things” (Civil defence 1, Madaya).*

*“Syrian Red Crescent entered the city twice this year... very few medical supplies and medicines. However, these substances are enough for only one month at most” (Local council 1, Ein Tarma).*

*“We do not take any money from the military patients and their families but we offer a list of the patients who received medical treatment to their military faction so that the medical delegate compensates us... for each patient” (Doctor 3, Eastern Ghoutah).*

This indicates clear and sustained coordination, at least in financial matters, between the hospital and the armed opposition groups.

*“The surgeries, medical emergency and treatment of wounded ones in cases of direct bombardment are free and we do not take any money from patients in these cases even if the financial support stops entirely” (Doctor 3, Eastern Ghoutah).*

*“We hope to make a development in the financial system such as the unification of private support fund from some centres. The support we get will be distributed equitably to all centres but the private support received by some centres only” (Civil defence 3).*

Civil defence units in Eastern Ghouta “get independent support for each other... centres that are located in the middle sector get support from traders in that region, centres that are located in Duma always get the support from non-governmental organisations, and centres in Marg get support from relief organisations” (FGD, civil defence 1). This fractured system is unlikely to result in coherent, structured, and equitable support.

One element of support is the potential for greater coordination between stakeholders in different opposition-held areas:

*“We aspire to have a high coordinating with hospitals and medical offices in other liberated provinces to take advantage of their expertise in light of shelling and siege they expose to and develop ourselves with the benefit of their experience” (Doctor 3).*

*“We coordinate with all the medical councils to obtain the centre supplies including medicine, and*



other medical equipment. Also we coordinate with the local government medical office to obtain the medicine, and we coordinate with the local council to obtain the water" (Doctor 10).

"We suffer from a big problem in the removal of rubble because we frankly do not have heavy machinery and bulldozers or any other equipment to lift the rubble, but we borrow them and civil defence helps us" (Local council 1, Ein Tarma).

One spokesperson for an LNGO reports:

"We are not supposed to coordinate with military groups because we are humanitarian organisation. But in reality we found that it is necessary to coordinate with the military groups because sometimes they know about air attacks in some areas before it happened and before anyone else, so for the safety of our employees we need to coordinate with them" (Local NGO 2).

"We deal with military factions in our areas in order to evacuate the wounded people in ambulances in confrontations areas" (FGD, civil defence 2).

## 4.11 What the respondents did not discuss

Themes that our respondents did not mention are also noteworthy. Noticeable by their absence are references to the traumatic and psychological support aspects of first response, whether for victims or workers. It is clear that our respondents understand first response in fairly narrowly defined terms: extracting casualties from rubble, S&R, and medical triage. There was little discussion about how they manage the tactical level of

first response: how exactly they organise S&R, what procedures and practices they follow, how they clear areas and identify cleared areas, how they facilitate evacuation or maintain compliance among civilians or other agencies. There was also very little mention of particularly vulnerable groups such as elderly, pregnant women or children and their specific needs in a conflict zone. We have the impression that the respondents treat all civilians as an amorphous group without disaggregating social groups (or not having the resources to do so).

They did not discuss early warning in any significant detail, how messages are communicated to civilians, or how and when civilians should hibernate. Overall, the first responders demonstrated little overt adherence to any standard operating procedures (SOPs). They did not refer to a command structure. We did not obtain much insight into how they coordinate and communicate across groups. The overall impression is an ad hoc approach, characterised by enthusiasm and sacrifice more than regulations and operational compliance.

There is not much evidence of first response groups engaging with the free police. They are not considered to be particularly significant by other first response agencies. This may be due to the fact that they did not exist before the conflict and have not had enough time to become embedded as part of civil life in opposition areas.

There is little or no evidence of competition or disagreement between different domestic first responders. Either all the various respondents are presenting a united front to the researchers, or they feel some strong sense of partnership and shared goals.

## 5

# Recommendations

*“Continued civilian suffering in conflicts in Syria... is a sobering reminder of the international community’s continued failure to translate legal obligations around the conduct of war into tangible benefits for civilians... Recent crises in Syria... demonstrate that local organisations close to the front lines, with local knowledge and networks, are often the most effective first responders.” (ODI, 2016: 2; 5).*

Although the original aim of this research was not to critique the international community and the mainstream humanitarian system and its funding mechanisms, it emerged from our investigations as a particularly salient and strongly expressed element of our respondents’ perceptions. In a parallel way, the Overseas Development Institute (ODI) (ibid.) refers to the international humanitarian sector’s crisis of legitimacy and “asymmetrical power dynamics” and suggests it needs to “let go” of obsolete structures and models of implementation that are based on the current Western-dominated guiding philosophy of ‘humanitarianism’. This entails relinquishing aspects of control and power, and ceding them to actors outside the mainstream framework of the formal humanitarian system and supporting them through adopting a more enabling role rather than direct implementation. Second, significant shifts are likewise required in removing obstacles to funding local agencies, and prioritising the needs of affected people over greater visibility and resource efficiency. Third, as we highlight in this paper, the

concept of what constitutes ‘humanitarian’ needs to be broadened to be have a longer-term vision and embrace a wider range of partners and actors (faith groups, private sector, new donors etc.), while also remaining neutral, legitimate, and guided by IHL norms.

Within these overall recommendations that we share with ODI, ALNAP, and others, this paper aims to highlight to donors, INGOs, the IASC, and the humanitarian sector in general, the existing capacities and challenges in urban first response in Syria that are relevant for other urban conflict environments. We suggest there is a clear case for improved understanding of what the localisation of aid signifies in concrete terms in urban conflict arenas. This is particularly relevant for:

- A) Understanding the disparate strengths, needs, and challenges of a diverse group of first responders
- B) More coherent insights into the complex contexts of urban conflict and what this entails for coordination, communication, and political manoeuvring
- C) Moving away from competition between different [often Western] humanitarian agencies, and
- D) Embracing partnership models that favour a top-down and supply-driven approach that retains the formality and professionalism of the INGO methodology while allowing for more programming flexibility based on the points above. This would draw on the strengths of local partners and first responders whilst being realistic and open about their weaknesses and mechanisms to support them.

## 5.1 Civilian protection governance

A multi-stakeholder group of Syrians discussed the initial findings of the research with our research team in Gaziantep, Turkey. They suggested establishing an overarching 'Crisis Unit', comprised of representatives from different first response agencies, to act as a governing body and assist with leadership and coordination. Likewise, voluntary 'Civilian Protection Networks' drawn from local bodies could assist civilians to formally document war crimes, conflict monitoring, and human rights abuses, set standards, and promote guiding principles of first response. More attention could be given to promoting civilian protection and first response principles and practices in schools, mosques, and health centres.

Improved knowledge-sharing mechanisms could be put in place to strengthen compliance, collaboration, and sharing of experience and best practice, which would contribute significantly to improving effective working practices. We recommend rolling out such transfers of expertise within sectors. The more heavily populated and urban contexts offer the opportunity for local councils (or equivalent elected interim governance structures) to take the lead as 'umbrella' organisations coordinating first response between different groups:

*"The province office is considered the mother organisation for all local councils, it supervises and coordinates the work... The service office provides the heavy machineries and equipment that help us to raise the rubble, bring fresh water to the town, drill wells and install compressors to extract water that is used for only cleaning because the water of town is contaminated and undrinkable... The medical office cooperates directly with the neighbouring medical points and the civil defence point."* (Local council, Al-Shifuniyah)

Within this framework, the White Helmets or equivalent civil defence organisations should take the lead as first response specialists, training other groups and building local capacities. This potential role was recommended at the multi-stakeholder workshop in Gaziantep.

Civil defence organisations should be facilitated to be represented internationally to support advocacy and fundraising, to strengthen sustainability, and allow for the transfer of expertise. The police should be considered as a major protection stakeholder and provided with more training, information, and operational guidance. International support should be relevant, context-specific and adapted for different end-users. Each hospital in Syria could partner with an external

supporter, who can provide medical guidance, channel funding, and liaise with other agencies to supply medicines and equipment. Medical cold storage and maintenance issues should be factored in.

## 5.2 Distinguishing solutions to conflict from first response

- Political efforts to stop civil conflict, such as ceasefires, negotiated settlements and mediated peace talks tend to receive more attention than mechanisms on the ground to reduce civilian casualties. Civilian protection strategies and improving the capabilities of various local actors should be increasingly integrated into mainstream humanitarian engagement and wider efforts to stop and reduce conflict.
- UN agencies, the Global Protection Cluster (GPC), and the major international humanitarian organisations should take greater and more clearly defined responsibility for developing better organised and more strategic support mechanisms for local first responders, particularly in urban conflict zones that are inaccessible to the international community. Other organisations, such as the Stabilisation Unit at DFID, could also offer support. Programmes aiming to bolster the capacity of first responders could include the provision of a greater range of online materials for training and capacity building, translated and adapted for local contexts and audiences. These could be facilitated by politically neutral organisations such as the International Red Cross and Red Crescent or regional INGOs.
- Particularly in urban conflict zones that are inaccessible for the international community, more operationalised and strategic support mechanisms need to be developed. The localisation of aid needs to become mainstreamed as a guiding principle.
- First responders should be supported to become more professionalised, with specific mandates for different groups, with operational guidelines, minimum capabilities and specific activities all elaborated. The concept should be mainstreamed that all conflict stakeholders have civilian protection duties, and that avoiding the targeting of civilians is a non-negotiable and binding responsibility for all. Provision of power and water supplies to civilian protection actors where possible should be a priority for fostering efficient working conditions.

- First response and civilian protection activities should be distinguished from other humanitarian services and promoted to be more standardised, specialised and structured. Donors and humanitarian agencies should strengthen (remote) support to first responders, including non-specialist groups. Provide clear mandates and operational structures, linked to first response activities.
- To strengthen civilian protection, this paper does not only recommend further dissemination of formal frameworks and policies, but also a closer engagement with local perceptions, activities and capabilities. The debate should be widened on what

constitutes 'humanitarian' response, adopt more inclusive mechanisms that integrate a larger set of protection actors, and link international norms and frameworks with local knowledge and practices. What constitutes civilian protection or first response activities may be only loosely understood on the ground, even if the concrete work practices of the civil defence are well known. Actors working in opposition areas involved in service provision of some type, overlapping with first response actions, are unlikely to have a narrow specific conception of first response or civilian protection and will normally refer to a wide range of duties and responsibilities.

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# Annexes

## Annex 1: Data collection procedures

All researchers were instructed to formally introduce themselves, and explain what the project was and what it sought to do. They were instructed to give details about how the data would be used and what for, and the aims of our work. The subject could refuse to answer any question. All respondents were shown the Participant Information Sheet, and what consent meant for this research and why we would not take signatures, only verbal consent. The anonymity of the project was explained in detail and how all data was protected on Coventry University secure servers. All CPUS staff signed the Project Confidentiality Agreement.

## Annex 2: Key informant interview questions

- 1) Main activities and duties
- 2) Operational challenges in your work?
- 3) Who do you coordinate with? What networks, communications channels, etc.?
- 4) Who supports you (international and domestic)?
- 5) What are the particular strengths of your organisation for first response?
- 6) In which areas would you like to develop organisational capacity?
- 7) What equipment and tools does your organisation need to function more effectively?
- 8) What changes would you like to see in your work?
- 9) What support would you like to see from the international community?
- 10) In your professional opinion, what can civilians do to protect themselves more?
- 11) Any other information?

## Annex 3: Focus group discussion (FGD) questions

- 1) Operational challenges in your work?
- 2) Who do you coordinate with? What networks, communications channels, etc.?
- 3) Who supports you (international and domestic) and what would you like to see from the international community? *[Not for police or opposition groups]*
- 4) In which areas would you like to develop organisational capacity?
- 5) What equipment and tools does your organisation need to function more effectively?
- 6) What changes would you like to see in your work?
- 7) In your professional opinion, what can civilians do to protect themselves more?

## Annex 4: Survey questions

- 1) **Job title:**
- 2) **Type of organisation?** (answers from a closed list)
- 3) **Organisation name:**
- 4) **Age:**
- 5) **Gender**
- 6) **Paid or voluntary?**
- 7) **Years of experience in first response work?**
- 8) **Your qualifications:** (answers from a closed list)
- 9) **What is your role?** (answers from a closed list)
- 10) **Which other local organisations or groups do you coordinate with?**  
(answers from a closed list)
- 11) **How much do these challenges affect you?**  
(answers limited to: Lack of training, lack of coordination, rumour/gossip, lack of accurate information, electricity shortage, water shortage, lack of equipment, lack of funds, lack of human resources, lack of access, security threats, staff turnover, low pay, other)
- 12) **Which types of national and international actors support your organisation?**  
(answers limited to: UN agencies, international donors, INGOs, LNGOs, self-funded, don't know), but not for opposition first responders)
- 13) **Please rate the training and preparation you have received for your role:**  
[not for police or opposition first responders]:  
Answers:  
0: no training  
1: little training  
2: some training, but not enough  
3: adequate training  
4: good training  
5: Excellent training
- 14) **What additional training would help you improve your work?**
- 15) **How often in your role are you placed in physical danger?**  
Answers:  
A) Very often B) Often C) Sometimes D) Rarely E) Never
- 16) **Does your organisation have enough capacity to fulfil its duties during conflict?**  
Answers:  
A) Very much B) Adequate C) Not enough  
D) Not at all E) Don't know
- 17) **Please identify three changes you would like to see to improve your work, in order of priority:**
- 18) **Please identify three changes you would like to see from the international community to improve your work, in order of priority:**
- 19) **What physical equipment is your organisation lacking to effectively operate?**  
(only for first response – not weapons)
- 20) **What can civilians do to protect themselves more?**

## Annex 5: Additional survey data findings

From Norwegian People's Aid's 'Conflict Preparedness & Protection' project which is relevant to CPUS work: (N= 1512), data collected in early 2016 in Aleppo.

[A lot more data available, but these graphs below are perhaps the most relevant to CPUS]

Figure A1: Who is providing initial first aid response?

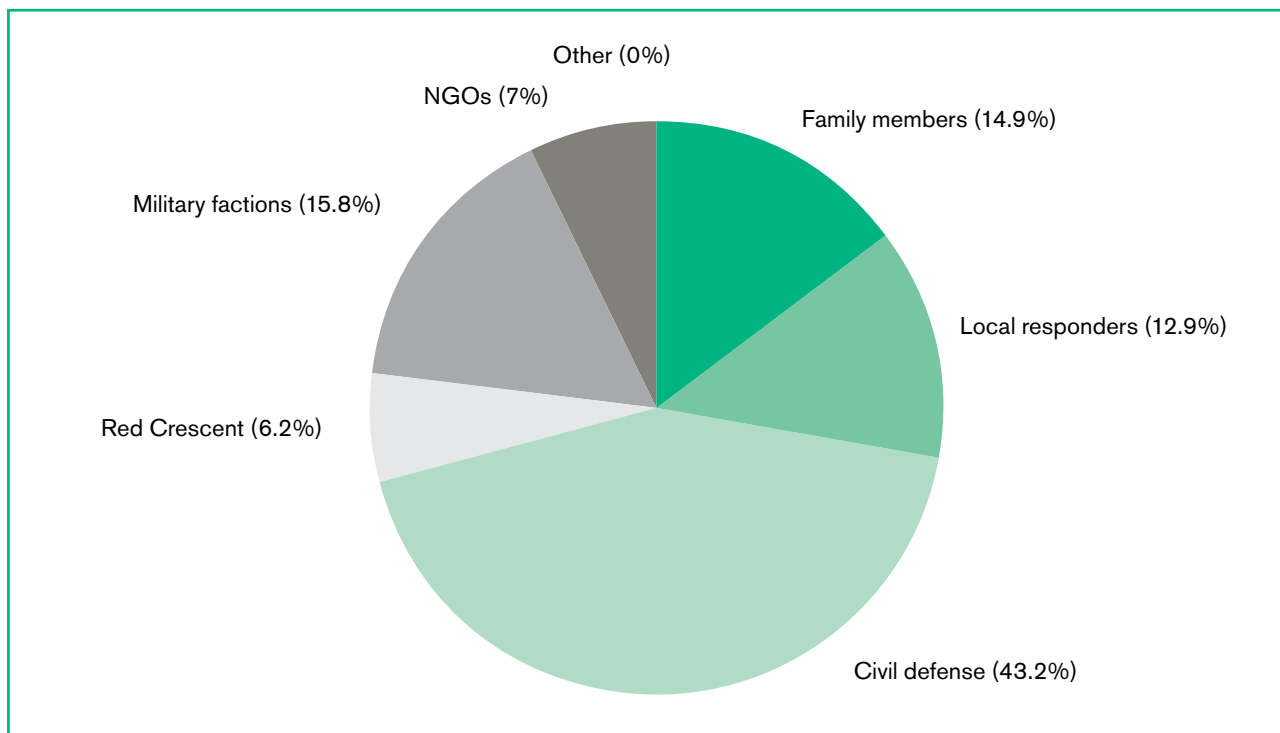
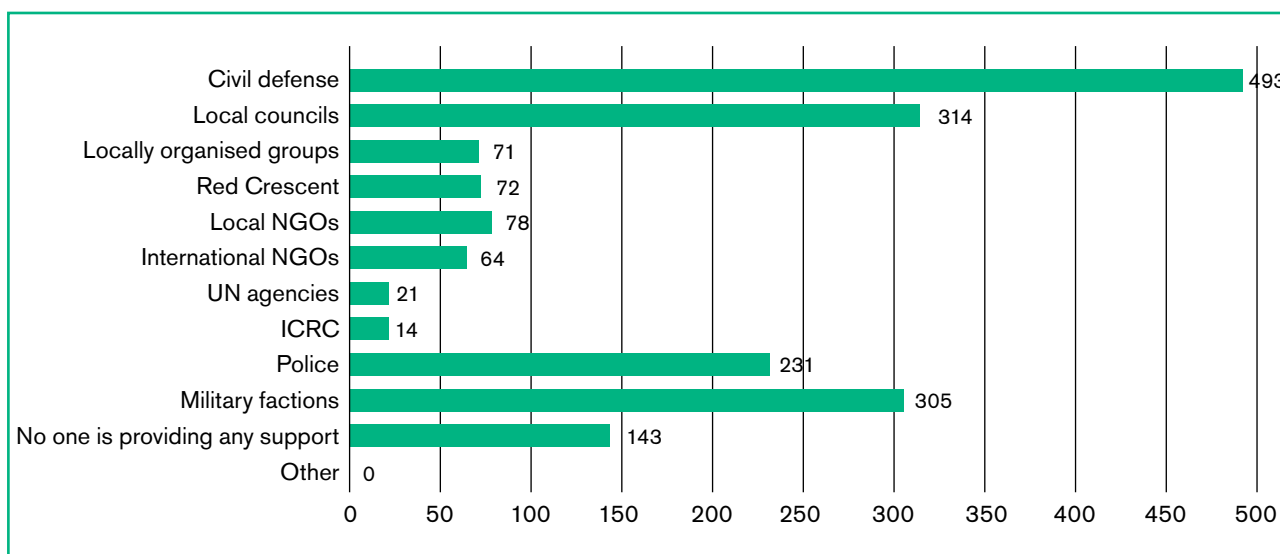


Figure A2: What agencies are helping in providing communities with protection measures supplies?





Urban conflict in Syria has had devastating impacts on besieged civilians targeted by deliberate bombing and human rights abuses. Local actors, some with an overt humanitarian mandate, engage in first response activities, but often lack sufficient training, equipment and operationalisation. Our research from four besieged urban areas finds a range of capabilities, understandings and mandates within six different sets of organisations involved in first response. Our mixed-methods research methodology points to a strong evidence-base of the needs and strengths of organisations undertaking first response, and how external agencies can better support them.

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