

Protecting civilians in urban sieges: How to best support 'first responders'

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Policy pointers

Donors and

humanitarian agencies must strengthen and standardise support to 'first responders' capable of saving lives endangered by the increased flouting of civilian protection norms in urban warfare.

Improved engagement

and support must factor in the wide diversity of first response (FR) groups, be context-specific and tailored towards end-users.

Support, funding and

operational guidelines already available to organisations with a clear protection mandate should be extended to other groups, to establish the principle that all conflict stakeholders should contribute to civilian protection.

First responders'

highest priority is training: in first aid, search and rescue, explosives clearance, evacuation, information technology, management and communications. They also highlighted lack of water and electricity as major hindrances.

Protecting civilians in urban sieges: how to best support 'first responders'

Urban warfare in Syria has had a devastating impact on besieged civilians targeted by deliberate aerial bombing and human rights abuses. Local actors, some with an overt humanitarian mandate, engage in civilian protection (CP) activities but often lack sufficient training, equipment and organisation. Our research in four besieged urban areas found a range of capabilities, understandings and mandates among six types of organisations involved in first response (FR). Our mixed-methods research methodology generated a strong evidence base to show how external actors can better support organisations undertaking CP. Based on our findings, we recommend: increasing remote support for such organisations, prioritising training provision, assisting them to develop greater professionalism and coordination, and rolling out FR as a distinct concept from other humanitarian services.

All parties to armed conflict must ensure that civilians are protected. These obligations are enshrined in International Humanitarian Law, and in the Geneva Conventions and their Additional Protocols. Attacks may only be directed against combatants¹ and are forbidden to target civilians unless they take up arms.² All parties must also uphold humanitarian access and the free movement of civilians. However, deliberate attacks on civilians in Syria, Ukraine, Yemen, Iraq and other recent conflicts have underscored the urgent need to both improve adherence to civilian protection (CP) legislation and strengthen local first response (FR) capacities.

This research brought together nongovernmental organisations, civil society and scholars to investigate FR in Syria with a view to drawing lessons for other urban conflict zones. For the purposes of our research, we situate FR within a broader set of CP activities covering first aid,

search and rescue, evacuation, early warning, triage, medical assistance and promoting legal compliance. The Civil Defence in Syrian opposition areas, known as White Helmets, are the most visible first responders and have been nominated for the Nobel Peace Prize, but our investigations also found large numbers of local nongovernmental organisation (LNGO) workers, medical personnel, interim government staff and volunteers working in protection and FR.

Legislation

There are many guidelines, strategy papers and policy recommendations promoting urban CP,³ as well as legal frameworks and UN resolutions.⁴

Current challenges to CP are not the result of a lack of institutions or laws, but a failure by actors to comply with them or to access accurate information on how they are to be applied. Armed factions — both state and non-state — continue to

There is an urgent need for international agencies to partner more closely with local actors

have a low level of awareness of their protection responsibilities and of non-combatants' rights in conflict. In line with the World Humanitarian Summit's declaration⁶ in Istanbul in May 2016 that

local and national actors should be at the forefront of humanitarian responses, this briefing suggests practical steps to promote the protection mandate of various domestic FR groups and calls for

greater recognition of their efforts and the challenges they face.

Data collection

Our surveys were comprised of 20 closed- and open-ended questions and were answered anonymously by 455 men and 74 women (a total of 529) involved in CP in Syria. Of these, 368 are paid and 161 are volunteers. Most of the data was collected in Aleppo, but also in East Ghouta, Madaya and Darayya. Most respondents were aged 24–35 and had one to five years' experience. The surveys were carried out using Device Magic software on handheld tablets and the answers uploaded regularly onto an online database to dispense with the need for paper. Our team also conducted interviews with key individuals, each lasting 20–60 minutes, often under challenging circumstances. After completing data collection, we held a multi-stakeholder end-of-project workshop to discuss the findings.

General findings

We found that organisations and individuals may engage in what can be loosely termed 'CP' of some type without being aware of relevant international norms or even perceiving themselves as doing protection work. The wide

range of stakeholders in this field have very different levels of professionalism, attitudes, capacities and aims. Virtually none of them indicated that they had any familiarity with any international frameworks, conventions or policies on CP, and there was much more focus on practical steps to improve capacities and knowledge on the ground.

The Syria case is particularly stark due to the absence of international observers, the sheer scale of civilian casualties caused by state and opposition forces, and the emergence of home-grown first responders. Many actors see their work in protection as a natural, even inevitable, response to the horrors of urban warfare and appear to be motivated by humanitarian and altruistic ideals characterised by self-sacrifice, disregard for personal safety and fatalism. For example, actors who have received no protection training tend to believe that civilians can do nothing at all to protect themselves. This fatalism is less prevalent among trained personnel, like the White Helmets. All groups refer to the danger they face, especially civil defence and medical staff who are frequently deliberately targeted in air-to-ground bombings.

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 report feeling totally abandoned. They tended to request international assistance more in terms of training opportunities than equipment.

Perhaps counter-intuitively, our research found that insecurity is considered to pose less of a hindrance to day-to-day FR activities than a lack of electricity or water.

Specific findings

- Syria's experiences with deliberate targeting of civilians and various forms of domestic response have positioned it at the cutting edge of urban conflict FR, with lessons applicable for other contexts and locations
- FR provision could be improved through better coordination between agencies and capacity building of other groups by the White Helmets, who also request additional training
- There is little awareness of IHL or IHRL, and increased awareness is unlikely to have much impact on the ground
- Many respondents report feeling betrayed, leading them to reject the international community entirely

Figure 1. 'What are the greatest challenges in your work?' (All groups)

Top responses rated 5 (very much) or 4 (a lot), from 0 to 5

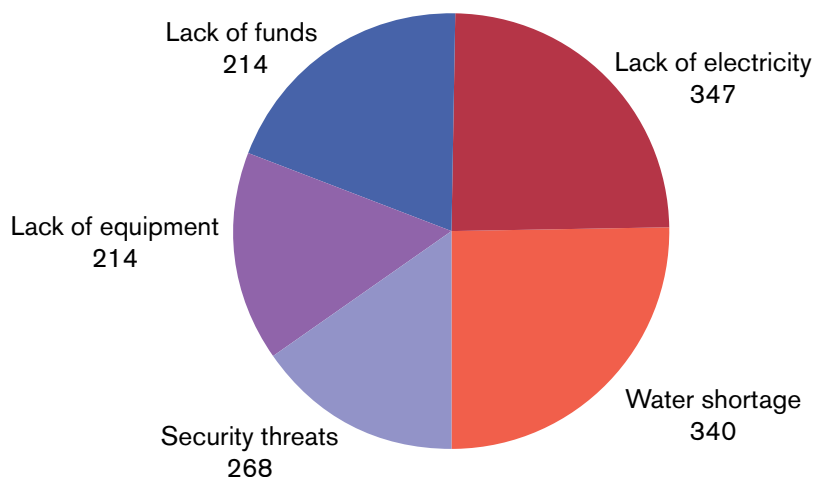


Table 1. Overview of six main group of agencies undertaking first response activities

| Group | Summary of findings |
|---|--|
| Civil defence (White Helmets) (N = 101) | They emerged in Syrian opposition-held areas, consolidated their activities, became more professionalised, and obtained external funding and support. They are now the benchmark of FR in urban conflict and have received significant media exposure. They report the highest levels of international support (UN agencies, international donors, international nongovernmental organisations) and have good assistance from LNGOs. They coordinate most with free police, local councils and medical professionals. Half have had little training (50). Less than half claim sufficient capacity to carry out their duties (47). |
| Medical professionals (N = 104) | The mostly highly educated of respondent groups, they report adequate professional capacity but suggest their medical training is insufficient for the challenges of urban conflict. They also want more training to respond to the deliberate bombing of medical facilities, where treatment is also hindered by a lack of power, water and fuel. |
| LNGOs (N = 131) | The LNGOs are a diverse mix of paid administrative and operational staff, and volunteers. Many were established after the conflict started and operate with support from international nongovernmental organisations and other LNGOs. They report weak capacity, medium insecurity and insufficient training. |
| Local councils in opposition areas (N = 80) | Over half the respondents (41) claim to have 'not enough' capacity to fulfil their duties and 19 claim 'none at all'. They report high levels of physical danger and inadequate levels of training. They need to be better integrated into an organised FR structure and would be well-positioned to undertake a coordinating role. |
| Opposition first responders (N = 92) | CP is not the primary focus of opposition actors, but they do undertake FR activities. They claim not to receive any external support or funding, or any FR or protection training. They report very high levels of physical risk and lack of professional capacity. |
| Free police (N = 21) | The weakest agency involved in CP. They have a less clear perception of their protection duties, receive less training and guidance, and are often overlooked in FR activities. They lack motivation, interact less with others and have little external support. |

- Staff turnover, rumours, lack of human resources and lack of information about conflict are not seen as challenges, indicating that increased staff numbers would not necessarily improve outcomes and that propaganda and 'fake news' are not significant issues
- There is very little feedback from respondents about trauma or psychological issues
- There are disagreements about the advantages of increasing salaries for FR actors, but there is agreement that base salaries should be standardised, with additional compensation for high-risk positions.

Large differences exist between agencies involved in CP in terms of organisational mandates, capabilities, the risks they face, expertise and readiness, and the support they receive. The White Helmets have, however, helped promote and mainstream CP practices and influenced other groups in Syria. Although they operate under an unarmed humanitarian mandate, they have repeatedly been targeted in the conflict, as have medical staff. It should always be remembered that this work requires huge personal commitment and self-sacrifice.

Nevertheless, the high profile of the White Helmets should not eclipse the contribution made by other groups. To improve CP in urban areas, this briefing recommends addressing the capabilities and roles of police officers, volunteers and armed groups, who also need

information, training and standardised practices, as well as appropriate equipment. Lessons learned from urban conflicts in Syria should also be applied elsewhere and the White Helmets suggest they have a role to play in advocacy and campaigning internationally.

Our respondents indicate that the daily hardships they face at work pose a greater challenge than the ever-present risk of injury or death. Several respondents (especially the police) requested 'sports' to support their work by boosting morale and increasing fitness, and this merits further investigation. None of our respondents mentioned the need for psychological support or made reference to staff or victim trauma.

Main recommendations for researchers and policymakers

Political processes aimed at stopping civil conflict, such as ceasefires, negotiated settlements and mediated peace talks, tend to receive more attention than on-the-ground mechanisms to reduce civilian casualties. Our findings suggest that CP strategies and programmes to improve local capabilities should be more tightly 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 international nongovernmental organisations.

First responders should be trained to become more professional, with specific mandates for different groups elaborating operational guidelines, minimum capabilities and specific activities. These should enshrine the principle that *all* conflict stakeholders have CP duties, and that avoiding the targeting of civilians is a non-negotiable and binding responsibility for all. This research recommends going beyond the further dissemination of formal frameworks and policies and engaging more with local perceptions, activities and capabilities. International agencies such as those listed earlier should lead on widening the debate on what constitutes a 'humanitarian' response. There is an urgent need for these organisations to partner more closely with local actors, to consolidate more inclusive mechanisms that integrate a larger set of protection stakeholders, and to strengthen links between international norms and frameworks and local knowledge and practice. Here are our key recommendations:

- FR and CP activities should be distinguished from other humanitarian services in such a way that they become 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 FR activities
- Provision of power and water supplies to CP actors where possible should be a priority for fostering efficient working conditions
- Local councils (or equivalent elected interim governance structures) should take the lead as

'umbrella' organisations coordinating FR between different groups. Within this framework, the White Helmets or equivalent civil defence organisations act as FR specialists, training other groups and building local capacities

- Facilitate civil defence organisations 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
- Consider establishing an overarching 'Crisis Unit', comprised of representatives from different FR 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 and human rights abuses, set standards and promote guiding principles of FR. More attention should be given to promoting CP and FR principles and practices in schools, mosques and health centres
- Training should be both online and in person, offered in appropriate languages and provided for different levels of expertise, with opportunities for refresher courses on the following themes:
 - » First Aid
 - » Search and rescue procedures
 - » Risk education
 - » Evacuation procedures
 - » Safe handling of explosives and fires
 - » Battleground/emergency medicine (burns, chemicals etc)
 - » Medical triage
 - » Communications and outreach procedures
 - » Organisational management and information technology.

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Knowledge Products

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The Centre for Trust, Peace & Social Relations at Coventry University, Norwegian People's Aid and Afaq Academy have been working together to research the capacities and practices of humanitarian 'First Responders' in besieged urban areas of Syria.

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Notes

¹ ICRC, Customary International Humanitarian Law. Rule 1. The Principle of Distinction between Civilians and Combatants. https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_cha_chapter1_rule1 / ² ICRC, Customary International Humanitarian Law. Rule 6. Civilians' Loss of Protection from Attack. https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_cha_chapter1_rule6 / ³ ICRC, Treaties, States Parties and Commentaries. Geneva Convention (IV) relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949. <https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/Treaty.xsp?documentId=AE2D398352C5B028C12563CD002D6B5C&action=openDocument>; more recently: ALNAP, UN HABITAT, UCLG, NRC, OCHA, UCL, RIBA, CARE International, ICRC, DFID (2016) Global Alliance for Urban Crises, Urban Recommendations, World Humanitarian Summit. www.alnap.org/resource/21992 / ⁴ UN Security Council (2006) Resolution 1674 on protection of civilians in armed conflict. www.refworld.org/docid/4459bed60.html / ⁵ Inter-Agency Standing Committee, IASC Reference Group on Meeting Humanitarian Challenges in Urban Areas. <https://interagencystandingcommittee.org/meeting-humanitarian-challenges-urban-areas> / ⁶ World Humanitarian Summit (2016) Commitments to Action. Istanbul, 23–24 May 2016. www.worldhumanitarianissummit.org/sites/default/files/media/WHS%20Commitment%20to%20Action_8September2016.pdf