



# URBAN AREA HUMANITARIAN PROFILE: AR-RAQQA

**SYRIA CRISIS**

**FOOD, HEALTH AND WATER ASSESSMENT**

**AUGUST 2014**

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### About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH was created in 2010 to facilitate the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information, please visit: [www.reach-initiative.org](http://www.reach-initiative.org). You can write to us at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us @REACH\_info.

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## LIST OF ACRONYMS

<b>IDP</b>	Internally Displaced Person
<b>KI</b>	Key Informants
<b>PYD</b>	Kurdish Democratic Union Party
<b>NGO</b>	Non-Governmental Organisations
<b>SINA</b>	Syria Integrated Needs Analysis

## GEOGRAPHIC CLASSIFICATIONS

<b>Governorate</b>	Highest form of governance below the national level
<b>District</b>	Sub-division of a governorate in which government institutions operate
<b>Sub-District</b>	Sub-division of a district composed of towns and villages
<b>City</b>	Urban centre located within a sub-district
<b>Neighbourhood</b>	Lowest administrative unit within a city

## INTRODUCTION

*This assessment presents an analysis of **data collected by REACH** enumerators between 22 and 24 July 2014 in **Ar-Raqqa city**. The findings from this assessment highlight **sector specific – Food, Health and Water – humanitarian needs and gaps** in order to inform the relief response for **affected populations** in Ar-Raqqa city. This assessment does not aim to provide detailed programmatic information; it is designed to share with a broad audience a concise overview of the current situation in this area and to guide further assessments.*

The city of Ar-Raqqa is located on the north bank of the Euphrates River, in the northeast governorate of Ar-Raqqa, in Syria. Ar-Raqqa city has been fully controlled by a third-armed party group since January 2014, which has impacted the level of service provision and safety, as well as access to the city.

Service provision such as health care centres, water and electricity, along with solid waste management, has been gradually taken over by this third-armed party group. While the provision of such services has reportedly improved since January 2014, there still seems to be shortages in service provision, notably regarding water and electricity supply but also with health care. Additionally, residents of Ar-Raqqa now pay high taxes averaging \$30 every month<sup>1</sup>, to contribute to the costs associated with these services.

Protection concerns in Ar-Raqqa have also increased with this new controlling entity. While the whole population of Ar-Raqqa city is reportedly affected by these issues, women and children, as well as ethnic and religious minorities, seem to be most at risk. Cases of discrimination, public physical abuses and executions, arbitrary detentions and recruitment of children under 15 into armed forces have indeed been reported<sup>2</sup>.

Further, Ar-Raqqa city witnessed an increase in conflict intensity throughout July 2014, with an escalation in bombing that has worsened the security situation. Fighting has notably been occurring along the south western area of Ar-Raqqa, which remains a frontline between the third-party armed group controlling the city and the regime.

Humanitarian needs in Ar-Raqqa city are reportedly impacted by the volatility of the security context within and outside the city, which constrains access to basic goods, utilities and services. Ar-Raqqa also hosts a high percentage of internally displaced people (IDPs) who mostly come from Deir ez-Zor governorate and account for 16% of the entire city population (570,000 residents). These IDPs are more vulnerable and face more severe barriers to service access and provision than host populations.

*This urban profile forms part of a broader assessment conducted by REACH covering different cities affected by the crisis in Northern Syria, including Eastern Aleppo, Al Hasakeh, Ar-Raqqa, Deir ez-Zor, and Qamishli, for which REACH release [Urban Area Humanitarian Profiles and data Factsheets](#).*

*As part of the presentation of findings for each of the sectors covered by this assessment, suggested **priority interventions** are included to **inform aid actors** in planning timely and appropriate relief response for affected populations in Ar-Raqqa city.*

<sup>1</sup> This finding is from April 2014. Key Informants reported the following breakdown: \$7 and \$14 respectively for water and electricity provision, \$5 for solid waste management services, and \$7 to access the phone network.

<sup>2</sup> As reported through an on-going information gathering conducted by REACH

## METHODOLOGY

The methodology applied for this assessment was a phased approach which included **primary data collection and analysis between 22 and 24 July 2014 as well as a secondary data review which was used to triangulate and validate the primary data.** A previous assessment was carried out between 17 and 27 April 2014 and allowed for comparison and trend identification in the city of Ar-Raqqa.

Due to access and security constraints, a combination of purposive and convenience sampling was deemed the most appropriate methodology for this assessment. Respondents were chosen on the basis of availability of access as well as subjective judgements by the enumerator, meaning that a degree of bias is inherent to this exercise. The two main data collection methods used were Key Informant (KI) interviews as well as direct observations from the field carried out by a trained REACH enumerator. These methods were designed to enforce, supplement and validate findings from primary and secondary data.

The enumerator who participated in the assessment in Ar-Raqqa city was trained remotely by the REACH Turkey assessment team. This training ensured a good understanding of key terms and underlying factors for each assessed sectors, as well as assessment standards, methodology and techniques such as triangulation and interviewing, and humanitarian principles.

REACH designed and provided a multi-sector questionnaire to the enumerator based on data collection tools adapted from the Syria Integrated Needs Assessment (SINA)<sup>3</sup> to ensure that data could be compared where appropriate.

The questionnaire includes an evaluation of needs, priorities and severity in the sectors of food, health, and water. Key Informants were asked to rank severity on a seven-point scale, from 0, meaning “normal situation”, to 6, indicating a “catastrophic” humanitarian situation (Table 1). One questionnaire focusing on the whole city of Ar-Raqqa, which is currently fully controlled by a third-party armed group, was completed for this assessment (Map 1).

The REACH enumerator selected KI based on their knowledge of sector-specific issues. These included individuals such as local leaders working with private or public service providers<sup>4</sup>.

To increase the reliability of data collected through KI interviews, the enumerator was asked to triangulate its findings through different sources familiar with the context in Ar-Raqqa city, across the food, water and health sectors. To ensure further data consistency, the REACH assessment team conducted a remote debriefing during August 2014, to review and validate the completed questionnaires.

The focus of this debriefing was to further elaborate on these findings and to ensure that any apparent inconsistency in the data was clarified, rectified, or altogether discarded.

Due to the recurrence of population movements and the ongoing limited access to Ar-Raqqa city, population numbers are difficult to estimate. For this reason, the population and displacement figures provided in this factsheet should be interpreted as informal estimates only.

The main limitation for this assessment is the reliance on a limited number of KI interviews as the primary data collection method. This constrained the analysis of results, despite the checks and balances set by REACH during the triangulation process. Despite this, the limitations and difficulties of movement in the assessed zones currently make KI interviews the most feasible and accessible source of information.

<sup>3</sup> [Assessment Working Group for Northern Syria](#), 31/12/13

<sup>4</sup> KI usually include, but are not limited to, local council, relief committees, and health and education officials, along with community leaders.

Map 1: Assessed zone of Ar-Raqqa city, 24 July 2014<sup>5</sup>

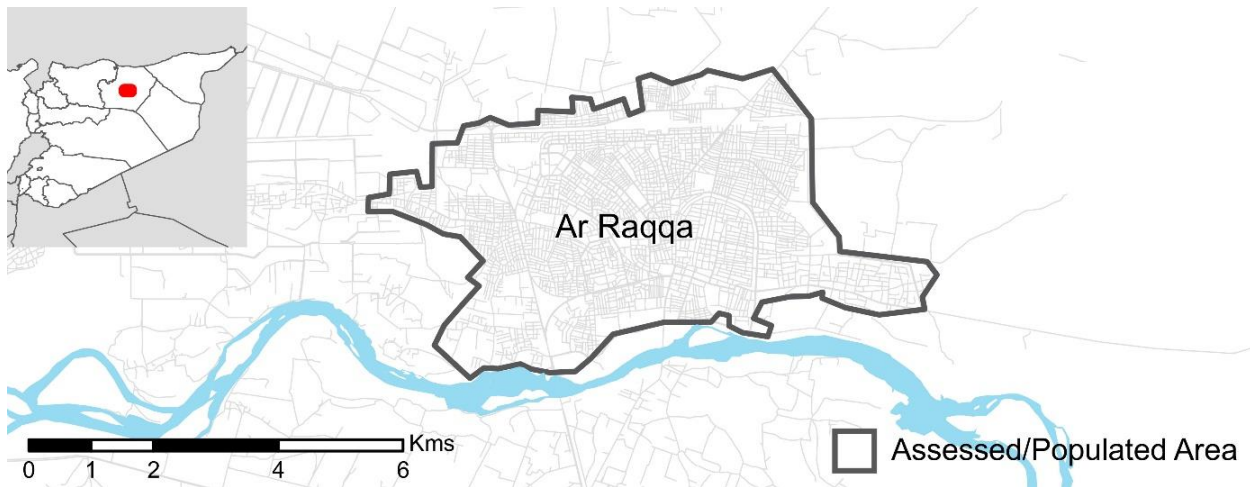


Table 1: Severity Scale, from 6 (“Catastrophic situation”) to 0 (“No problem”)

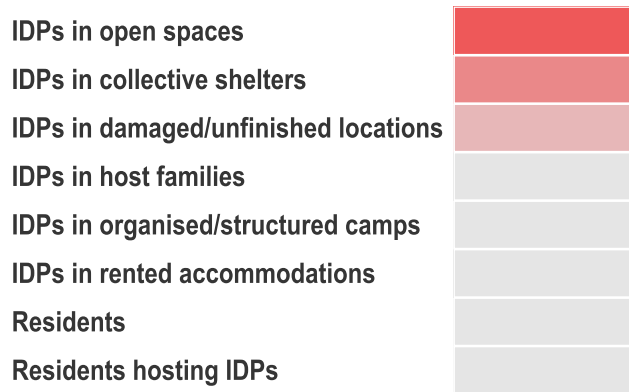
<b>6</b>	<b>Catastrophic situation</b> for <sector name>. Affected population faces <b>life-threatening conditions</b> causing <b>high level of suffering, irreversible damages to health status</b> and deaths. <b>Large number of deaths</b> are reported directly caused by the current <sector name> conditions and will result <b>in many more deaths</b> if no immediate <sector name> assistance is provided.
<b>5</b>	<b>Critical situation</b> for <sector name>. Affected population faces <b>life-threatening conditions</b> causing <b>high level of suffering, irreversible damages to health status</b> and deaths. <b>Deaths are already reported</b> , directly caused by the current <sector name> conditions, and <b>more deaths are expected</b> if no immediate <sector name> assistance is provided.
<b>4</b>	<b>Severe situation</b> for <sector name>. Affected population faces <b>life-threatening conditions</b> causing <b>high level of suffering and irreversible damages to health</b> , which <b>can result in deaths</b> if no humanitarian assistance is provided.
<b>3</b>	Situation of <b>major concern</b> for <sector name>. <b>Majority of people</b> are facing <Sector name> <b>problems or shortages</b> causing <b>discomfort and suffering</b> which can result in irreversible damages to health, but they are <b>not life threatening</b> . Affected population will <b>not be able to cope</b> with the <Sector name> current conditions <b>if the situation persists and no humanitarian assistance is being provided</b> .
<b>2</b>	Situation of <b>concern</b> for <sector name>. <b>Many people</b> are facing <sector name> <b>problems or shortages</b> causing <b>discomfort and suffering</b> , but they are <b>not life threatening</b> . Affected population is feeling the strain of the situation but <b>can cope with the current situation with local resources</b> .
<b>1</b>	Situation of <b>minor concern</b> for <sector name>, but <b>conditions may turn concerning</b> . <b>Few people</b> are facing <b>problems or shortages</b> in <sector name> but they are <b>not life threatening</b> . Affected population is feeling the strain of the situation but <b>can cope with the current situation with local resources</b> .
<b>0</b>	<b>Normal situation</b> for <sector name>. Population is living under <b>normal conditions</b> . All <sector name> <b>needs are met</b> .

<sup>5</sup> Map data: REACH and © OpenStreetMap contributors.

## PRIORITY GROUPS

- Ar-Raqqa city was reported to host 94,000 IDPs at the end of July 2014, accounting for 16% of its population and whose predominant area of origin is Deir ez-Zor governorate. As these population groups tend to be comparatively more vulnerable than host populations, KI identified all priority groups for assistance to be **IDPs living in precarious conditions**. As such, the groups most in need of assistance are IDPs living **(1) in open spaces, (2) in collective shelters and (3) in damaged or unfinished locations**<sup>6</sup> (Table 2).

Table 2: Groups most in need of assistance in Ar-Raqqa city, 24 July 2014



<sup>6</sup> In April 2014, KI reported that approximately 5% of Ar-Raqqa city was destroyed. This figure is expected to increase as bombing seems to have intensified in the city.

## FOOD FINDINGS

### SEVERITY LEVEL: **SITUATION OF CONCERN (2)**

- Food security in the city of Ar-Raqqa was reported by KI to be of *concern*, but *not life-threatening* (severity 2), meaning that “many people are facing problems or shortages causing discomfort and suffering” and that “the affected population is feeling the strain of the situation but can cope with the current situation with local resources.”

### MARKET STOCKS AND SHORTAGES

- The main shortages identified in the markets of Ar-Raqqa were **cooking fuel**, along with a **lack of food diversity and insufficient levels of locally produced food** (Table 3). Markets were however consistently reported to have **most or all of the required stocks** to supply residents with food and non-food items, and tend to have the **capacity to restock within seven days**.

Table 3: Food availability **issues and shortages** in Ar-Raqqa city, 24 July 2014

Cooking fuel	
Food diversity on markets	
Locally produced food	
Infant formula	
Utensils	

Table 4: **Access** constraints to food in Ar-Raqqa city, 24 July 2014

Some commodities are too expensive	
Lack of resources to purchase food	
Physical and security constraints	
Food suppliers cannot reach markets	
Loss of agricultural assets/inputs	
No resources to grow food	

### ACCESS CONSTRAINTS

- **Financial constraints such as lack of resources and associated food price barriers are the major obstacles** to securing food in Ar-Raqqa. The prices of basic food and food-related items such as **infant formula, oils and cooking fuel** are prohibitive. Price levels and inflation highlight the **limited availability** of such products. Additionally, the current drought affecting northern Syria, including Ar-Raqqa governorate, has been considerably reducing yields and will likely further increase the prices of basic food items<sup>7</sup>.
- KI also highlighted **physical and security constraints** as preventing residents’ access to markets, and associated these with protection concerns hampering movements within Ar-Raqqa city (Table 4).

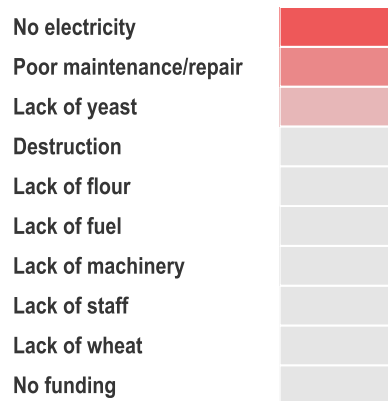
<sup>7</sup> [Syria: Red Cross and Red Crescent alarmed about water shortages](#) (ICRC, 25 July, 2014)



## FUNCTIONING OF BAKERIES

- While **most bakeries are reportedly able to function**, they are still facing several challenges, foremost among them being **an intermittent supply of electricity**. Electricity can be **off for as much as 20 hours a day**<sup>8</sup>, thus impacting bakeries' capacity to provide bread to Ar-Raqqa's residents. Occasional **shortages in yeast** were also reported, along with **poor infrastructure and machinery maintenance** (Table 5).

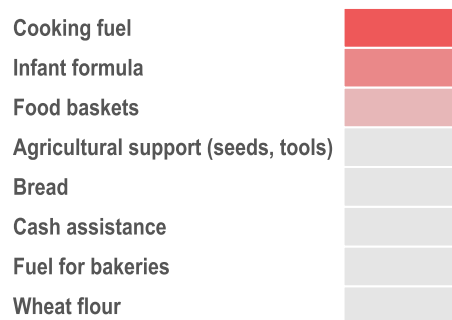
**Table 5: Factors impacting bakeries' functionality in Ar-Raqqa city, 24 July 2014**



## PRIORITY INTERVENTIONS

As a result of financial challenges and lack of food diversity, KI prioritised the provision of **infant formula and food baskets** as two of the most urgently needed interventions in Ar-Raqqa (Table 6). KI emphasised both these interventions as ways to mitigate residents' financial constraints and health issues resulting from lack of food diversity<sup>9</sup>. The first priority is **cooking fuel**, emphasising that food insecurity is not a major problem in the city of Ar-Raqqa when compared to other Syrian cities<sup>10</sup> such as Qamishli.

**Table 6: Priority food interventions in Ar-Raqqa city, 24 July 2014**



<sup>8</sup> [Life in a Jihadist Capital: Order With a Darker Side](#) (New York Times, 23 July, 2014)

<sup>9</sup> KI reported apparent cases of malnutrition in Ar-Raqqa.

<sup>10</sup> REACH assessments focusing on urban areas such as eastern Aleppo, Hasakeh and Qamishli, identified more severe food conditions in these cities.

## HEALTH FINDINGS

### SEVERITY LEVEL: SEVERE SITUATION (4)

- Health conditions in the city of Ar-Raqqa were reported by KI to be “severe”, meaning that the “affected population faces life-threatening conditions causing high level of suffering and irreversible damages to health, which can result in deaths if no humanitarian assistance is provided.” Similarly to the assessment done in April 2014, health conditions remain one of the most pressing concerns in Ar-Raqqa.

### HEALTH ISSUES AND MEDICAL SERVICES COVERAGE

- KI identified the main health issues in July 2014 to be **chronic diseases, maternal health issues and communicable diseases** such as **polio** and **leishmaniasis** (Table 7).
- Medical service coverage is uneven in Ar-Raqqa city. **Echoing the main reported health concerns**, chronic disease management services, medicine distribution, medical consultations and obstetric care are amongst the **least covered services** when compared to needs.

**Table 7: Main reported medical conditions in Ar-Raqqa city, 24 July 2014**



**Table 8: Average medical service coverage compared to needs in Ar-Raqqa city, 24 July 2014**

Growth monitoring/nutrition surveillance	0%
Chronic diseases management	10%
Medicine distribution	20%
Reproductive Health and obstetric care	40%
Medical consultations	60%
Vaccination	60%
Emergency and injury management	70%
Emergency health services/ambulances	70%

- The **best coverage**, still **insufficient**, is found in **emergency and injury management and ambulance services** (Table 8).
- Due to several reported **vaccination campaigns** conducted in Ar-Raqqa governorate, vaccination services managed to cover approximately **60% of the need**. These campaigns have however been limited since December 2013, especially for polio, due to increased conflict at the governorate and city level<sup>11</sup>.

<sup>11</sup> [ISIL recaptures Raqqa from Syria's rebels](#) (Al Jazeera, 14 January, 2014)

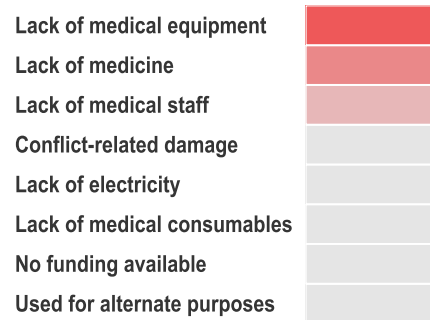
## FUNCTIONING OF HEALTH CENTRES

- Out of the seven main health centres and hospitals that were functioning before the conflict, only **five are currently functioning at limited capacity** whilst six were functional in April 2014 (Table 9). In April 2014 KI also reported that **only one of these health centres was free** and that most patients were choosing to cross the border to Turkey to get appropriate care.

**Table 9: Health centres' functionality in Ar-Raqqa city, 24 July 2014**



**Table 10: Main factors impeding health centres' functionality in Ar-Raqqa city, 24 July 2014**

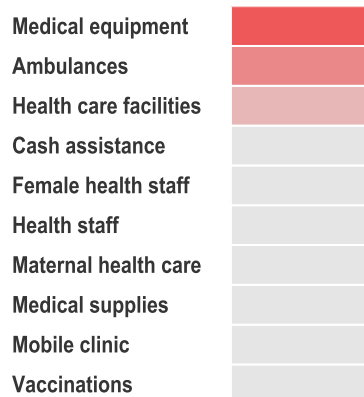


- The main issues affecting the functionality of health centres are reportedly **equipment and medicine shortages** along with a **lack of qualified medical staff**. Since KI did not report any salary payment issues for medical staff in April and July 2014, **protection and security concerns may have driven health staff away** from Ar-Raqqa city.

## PRIORITY INTERVENTIONS

- KI identified the provision of **medical equipment, ambulances and health care facilities** as priorities in the city of Ar-Raqqa (Table 11). These interventions would ensure a **better coverage** of existing medical services as well as **better access to emergency care**.

**Table 11: Priority health interventions in Ar-Raqqa city, 24 July 2014**



## WATER FINDINGS

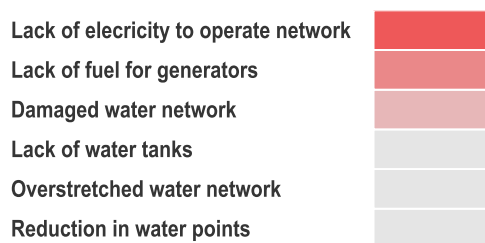
### SEVERITY LEVEL: **SITUATION OF CONCERN (2)**

- Drinking water conditions in the city of Ar-Raqqa were reported by KI to be of *concern*, but *not life-threatening* (severity 2), meaning that “*many people are facing problems or shortages causing discomfort and suffering*” and that “*the affected population is feeling the strain of the situation but can cope with the current situation with local resources.*”
- Current water conditions are likely related to a reported **high prevalence of diseases and symptoms originating from poor water and sanitation conditions**<sup>12</sup>.

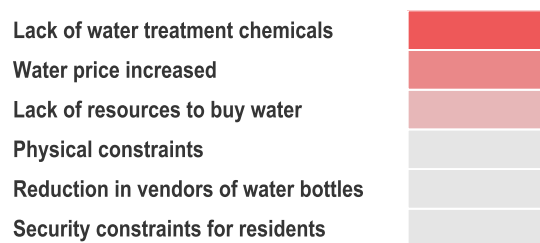
### WATER NETWORK DEFICIENCY

- KI highlighted **lack of electricity** and, to a lesser extent, shortages in **fuel for generators** and **damages to the water network** as the main reasons for the reduction in water supply in Ar-Raqqa city (Table 12).
- **Electricity shortages and recurring power cuts affecting the water network** were emphasised by KI in the city as a predominant issue whilst this was not reported in April 2014. As the water network relies on electricity to function, this limited availability of power considerably reduces water supply. Water and electricity were reportedly **unavailable for sometimes 20 hours a day** in July 2014<sup>13</sup>. Generators that could mitigate this issue lack the necessary quantity of fuel to function.
- KI also identified **financial challenges to purchase bottled water or water from private vendors** as the main access constraints to drinking water (Table 13). Lack of financial resources as well as the pricing of water have led Ar-Raqqa’s residents to resort to alternative sources such as the Euphrates River to cover their daily needs.

**Table 12: Water availability issues in Ar-Raqqa city, 24 July 2014**



**Table 13: Access constraints to water in Ar-Raqqa city, 24 July 2014**



<sup>12</sup> Symptoms and diseases such as skin diseases and diarrhoea, associated with water- and vector-borne diseases have been reported by KI in all three zones of the city.

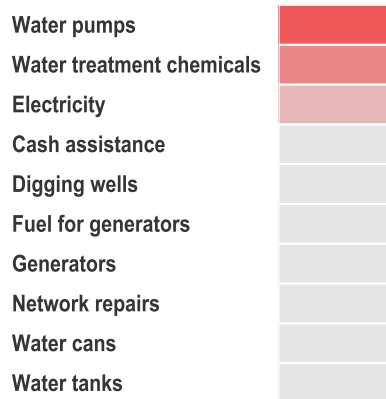
<sup>13</sup> [Life in a Jihadist Capital: Order With a Darker Side](#) (New York Times, 23 July, 2014)

- KI however reported a critical **lack of treatment chemicals** to purify the water pumped from the Euphrates and make it suitable for drinking purposes. KI further emphasised the lack of such chemicals by reporting **pollution** as the main water-related concern in Ar-Raqqa.
- Whilst water quality was not an issue in April 2014, KI already mentioned that the **dam of Al Bath**, which is providing both water and electricity to Ar-Raqqa city, **lacked staff to be run efficiently**.

## PRIORITY INTERVENTIONS

- Besides electricity, which would solve the current water network issues, KI identified the provision of **water pumps** and **water treatment chemicals** as the most urgently needed interventions in Ar-Raqqa city. Such items and chemicals would allow residents to **mitigate water network supply volatility**, as residents could resort to alternate water sourcing strategies whilst avoiding the negative consequences on health and welfare (Table 14).

Table 14: Priority water interventions in Ar-Raqqa city, 24 July 2014



## CONCLUSIONS

### GENERAL

- The residents of Ar-Raqqa face **acute challenges and service gaps**, especially in terms of **health care and electricity and water supply**. While service provision has reportedly improved in Ar-Raqqa since a third-party armed group took control over the city in January 2014, **protection concerns and financial challenges** have increased and reportedly **constrain access to existing services within the city**.

### FOOD

- KI emphasised financial challenges, notably a **lack of financial means in a context of high food prices**, as the main constraints impeding Ar-Raqqa's residents' access to food. Despite these challenges, markets and bakeries in the city are functional and have the capacity to meet the needs of residents. KI however reported **physical and security constraints** for residents in accessing markets as **protection concerns** are **challenging movements** within the city.
- **Priority interventions** to improve food security were identified by KI to be **cooking fuel, infant formula and food baskets**.

### HEALTH

- Health worker KI reported **communicable and chronic diseases** as well as **maternal health issues** as the most **prevalent medical concerns** in Ar-Raqqa. Medical services associated with these health issues are amongst the least covered. Additionally, **polio** in the city of Ar-Raqqa is a major concern and one of the most reported severe diseases by KI from the health sector.
- The functioning and capacity of health centres is reportedly diminished by the lack of essential resources, namely **medical equipment, medicine and qualified staff**. These issues have led residents of Ar-Raqqa city to **seek appropriate health care and surgeries in Turkey**.
- Priority interventions to improve both health centres' functionality and medical service coverage were identified by KI to be the **provision of medical equipment, ambulances and health care facilities**. The reported need for ambulances and health centres emphasise the **lack of access** to existing health facilities, due to **protection concerns and the high cost of health care**.

### WATER

- KI identified **shortages in electricity and water treatment chemicals** along with a **lack of resources to purchase water from private vendors** as the major challenges preventing residents of Ar-Raqqa city to cover their daily drinking water needs.
- The continuous **lack and intermittent supply of electricity** to operate the water network has led Ar-Raqqa's residents to resort to **alternative water sources**, and mostly to the **Euphrates River** which is located south of the city. However, the Euphrates' water is reportedly polluted and residents lack treatment chemicals to mitigate this issue which has reportedly led to a spread of water-borne diseases.
- **Priority interventions** to improve drinking water access and availability were identified by KI to be **water pumps and treatment chemicals**. Both interventions would allow to increase and purify water supply from the Euphrates. **Electricity supply** was also emphasised, as this is the main issue affecting the water network's functionality.