

2017

HUMANITARIAN RESPONSE PLAN END OF YEAR REPORT

JANUARY-DECEMBER 2017

PREPARED BY THE WHOLE OF SYRIA ISG FOR THE SSG



**SYRIAN ARAB
REPUBLIC**

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NUMBER OF PEOPLE IN NEED BY SUB-DISTRICT (IN 2017)

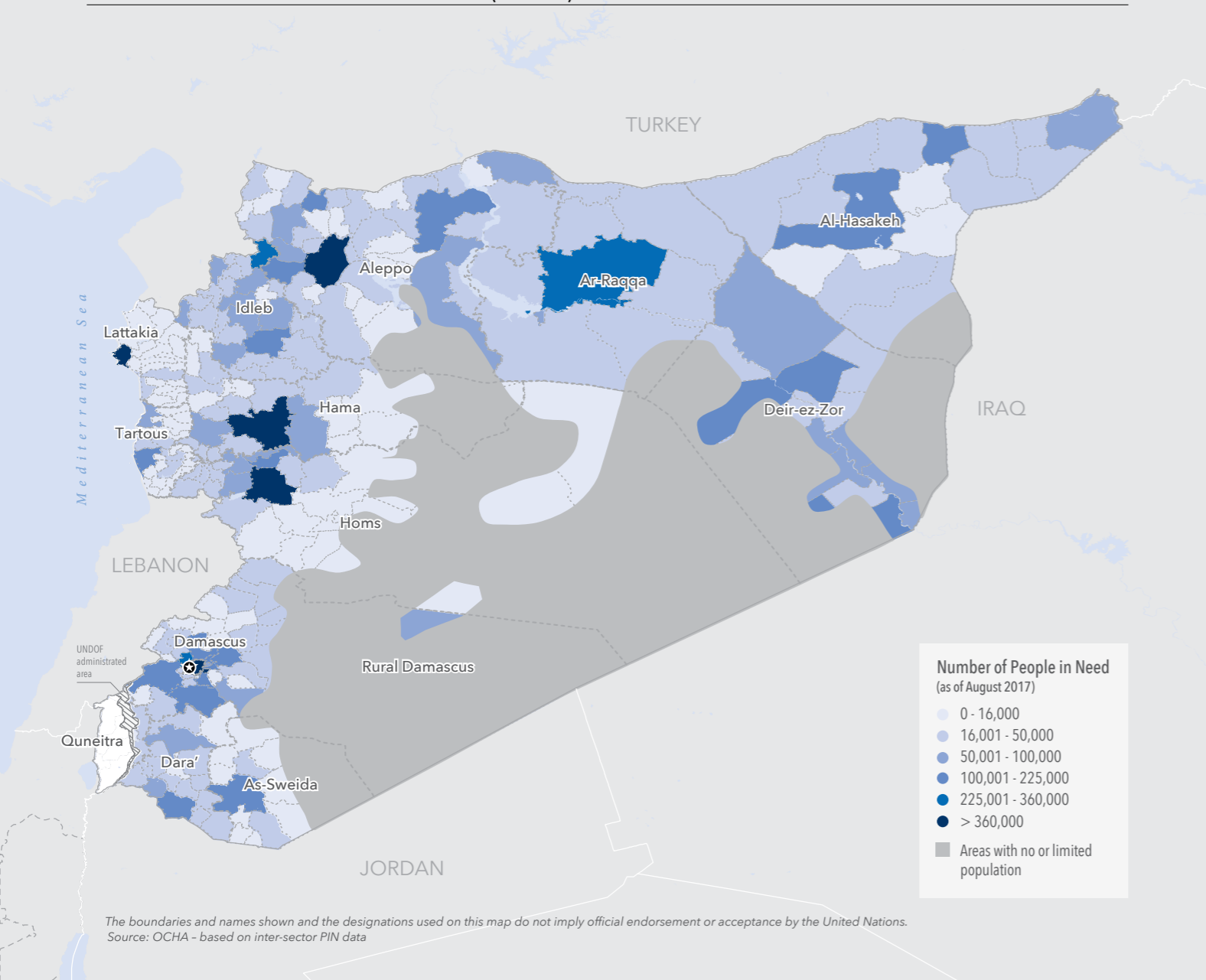


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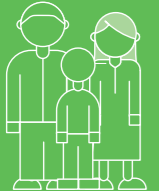



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PEOPLE IN NEED (HNO 2017)	PEOPLE IN ACUTE NEED (HNO 2017)	PEOPLE TARGETED (HRP 2017)	PEOPLE REACHED (MONTHLY AVERAGE)	COMMUNITIES REACHED AT LEAST ONCE IN 2017
13.1 million*	5.6 million	9 million direct assistance	7.8 million	4,193 out of 5,622
		12.8 million service delivery		

*Under the 2017 Humanitarian Needs Overview (HNO), informed by multiple sector assessments and a comprehensive multi-sector needs assessment, some 13.5 million people were considered to be in need in Syria. Following a mid-year review of the Humanitarian Response Plan (HRP), the number of people in need was revised upwards to 13.6 million as of June 2017. The remainder of this document will reference the revised PiN of 13.6 million when referring to the 2017 HRP.

HIGHLIGHT OF

ACHIEVEMENTS IN 2017



PROTECTION

7.3 million protection interventions provided in **238 sub-districts** through one or more prevention/risk mitigation, response or capacity-building activities.

Over 1 million girls and boys under five, received lipid-based nutrient supplements (LNS) or high-energy biscuits, while almost **1.9 million** girls and boys under five and PLWs received micronutrient supplementation.



NUTRITION

Over 1.5 million girls and boys under five, as well as almost **300,000** PLWs, were screened for early identification of acute malnutrition in community centers and health facilities.



CAMP COORDINATION & CAMP MANAGEMENT

Over 400,000 IDPs living in **375 IDP sites** including planned camps, informal settlements, transit/reception centres and collective centres in four governorates were reached with humanitarian life-saving multi-sectoral assistance.

An average of **5.2 million** people benefited from food assistance on monthly basis, while some **5.5 million** people within 106 sub-districts across 12 governorates benefited from emergency food assistance.

FOOD SECURITY



3.3 million people benefited from agriculture and livelihoods support.

8 million people were served through repair, rehabilitation, augmentation of water systems.



WASH

5 million individuals benefited from access to improved lifesaving / emergency WASH facilities and services.



SHELTER/NFI

2.6 million people received seasonal or supplementary shelter and NFI assistance, including winter support.

Over 690,000 individuals received emergency shelter support.



EDUCATION

Almost 2.5 million children and youth were reached through formal and non-formal education services.

Almost 13,000 additional classrooms were rehabilitated or established.



EARLY RECOVERY & LIVELIHOODS

Over 4.7 million people benefited from early recovery and livelihood interventions.

Over 229,000 people, benefited from livelihood support through loans, grants or productive assets.



HEALTH

12 million treatment courses were distributed.

27 million medical interventions were carried out

360,000 children were vaccinated with DPT3.



LOGISTICS

285 airlifts carrying **23,770m³** of humanitarian supplies were conducted in 2017.

Approximately 38,380m³ of relief items were distributed through

55 convoys to UN-declared besieged and hard to reach areas, in addition to

6,922m³ of relief supplies delivered through common transport.

TOP LINE CONCLUSIONS AND

RECOMMENDATIONS

Humanitarian needs remain staggering in terms of scale, severity and complexity:

Against the continued backdrop of high levels of violence and systemic violations of International Humanitarian Law (IHL) and International Human Rights Law (IHRL), no amount of humanitarian assistance and protection services can offset the lack of a political solution.

The scale of displacement continues unabated:

For every one person who spontaneously returned in 2017, there were approximately three new displacements. As hostilities in certain areas of Syria continue to drive mass displacement, humanitarian partners will continue to highlight that the overall conditions for safe, dignified and sustainable returns are not yet in place in Syria while ensuring that the response to spontaneous returnees continues to be consistent with core principles that support voluntary returns as a durable solution. A coherent response to the needs of IDPs and returnees based on humanitarian and protection principles will be paramount in 2018.

The Centrality of Protection:

Hostilities remain the principal cause of Syria's humanitarian crisis, resulting in countless deaths and injuries, mass internal displacement, lost livelihoods and deepening poverty and erosion of coping strategies with the most vulnerable segments of the population such as children, youth and women particularly affected. In this context, responding to protection needs should remain a priority in 2018. Protection considerations and principles need to remain central in the humanitarian response and actors providing protection services need to be supported throughout Syria.

Predictable humanitarian funding remains essential:

With only 51.6 per cent of the 2017 Humanitarian Response Plan (HRP) funded for the year based on funding reported through the online Financial Tracking Service (FTS), humanitarian partners have prioritized – access permitting – helping those people in the most severe need who urgently require humanitarian life-saving and life-sustaining assistance. Underfunding in 2017 had a number of consequences, with an estimated 100,000 people not receiving life-saving and life-sustaining medicines for every

US\$1 million not mobilized in 2017. In general, underfunding prevented partners from adequately scaling up sustainable service delivery, and had a particular impact on livelihood interventions, with only 25 per cent of target beneficiaries reached with livelihood assistance in 2017. Continued under-funding will likely interrupt humanitarian life-saving assistance programmes, adversely affecting the ability of humanitarian organizations to reach these people. In this context the support of member states will remain essential in 2018 to i) make effective all pledges and ii) increase their financial commitment to principled and coordinated humanitarian action in Syria. At the same time, systematic reporting through the FTS is essential in informing a comprehensive analysis of funding gaps which can inform gap identification and help address critical, unmet needs.

Humanitarian presence, access and reach face extraordinary barriers:

Although humanitarian partners continued to prioritize assistance to people facing the most severe needs, a combination of active hostilities, shifting frontlines, administrative impediments and deliberate restrictions on the movement of people and goods by all armed actors often precluded sustained access to those in the most desperate need. The support of member states, particularly those with influence over armed actors, will remain fundamental in enabling the unimpeded provision of principled humanitarian assistance to people in need. The coherent and complementary use of various operational response modalities will remain key to ensure an effective, appropriate, safe and timely response to the most severe needs identified in Syria.

Humanitarian analysis and prioritization continues to be required:

Amidst a challenging funding environment and given the scale of needs in Syria, continued analysis remains essential to ensure humanitarian aid reaches the most vulnerable people in communities facing the most acute needs. In this vein, efforts to provide granular community-level information on needs, a comprehensive breakdown of response efforts and detailed gaps analysis at the Whole of Syria (WoS) level will need to be pursued in 2018 to support informed humanitarian policy-making, facilitate a common understanding of the humanitarian situation and to support targeted interventions.

Quality Assurance Efforts remain essential:

The quality of the response is underpinned by a shared commitment among humanitarian partners to various response standards. Ensuring appropriate mechanisms through which affected people can provide feedback on the adequacy of humanitarian initiatives will remain essential in ensuring that the needs and concerns of beneficiaries guide the overall response of the humanitarian community in Syria.

Efforts to enhancing resilience must be pursued along live-saving assistance:

With the crisis in Syria now entering its seventh year, there is a need to reflect on the parameters of the response inside Syria. Efforts should be made to explore improving the resilience component of the response, along life-saving efforts, to mitigate aid dependency and enhance community capacity in those areas of the country conducive to the implementation of more sophisticated programming, whilst continuing to prioritize the delivery of life-saving assistance to those in most urgent need.

CHANGES IN

HUMANITARIAN CONTEXT

Key developments in 2017

As the Syria crisis entered its seventh year, hostilities continued to result in severe needs, mass displacement and widespread destruction of civilian infrastructure. Throughout 2017 high levels of civilian casualties continued to be reported, pointing to violations of IHL and IHRL, with severe consequences on the protection of civilians as well as their access to humanitarian assistance and services, including food, water, healthcare, education and shelter. Against the disruption caused by prolonged hostilities and extensive displacement, access to services and livelihood opportunities remained limited in many areas, straining people's ability to cope and contributing to increased recourse to dangerous and exploitative harmful coping strategies.

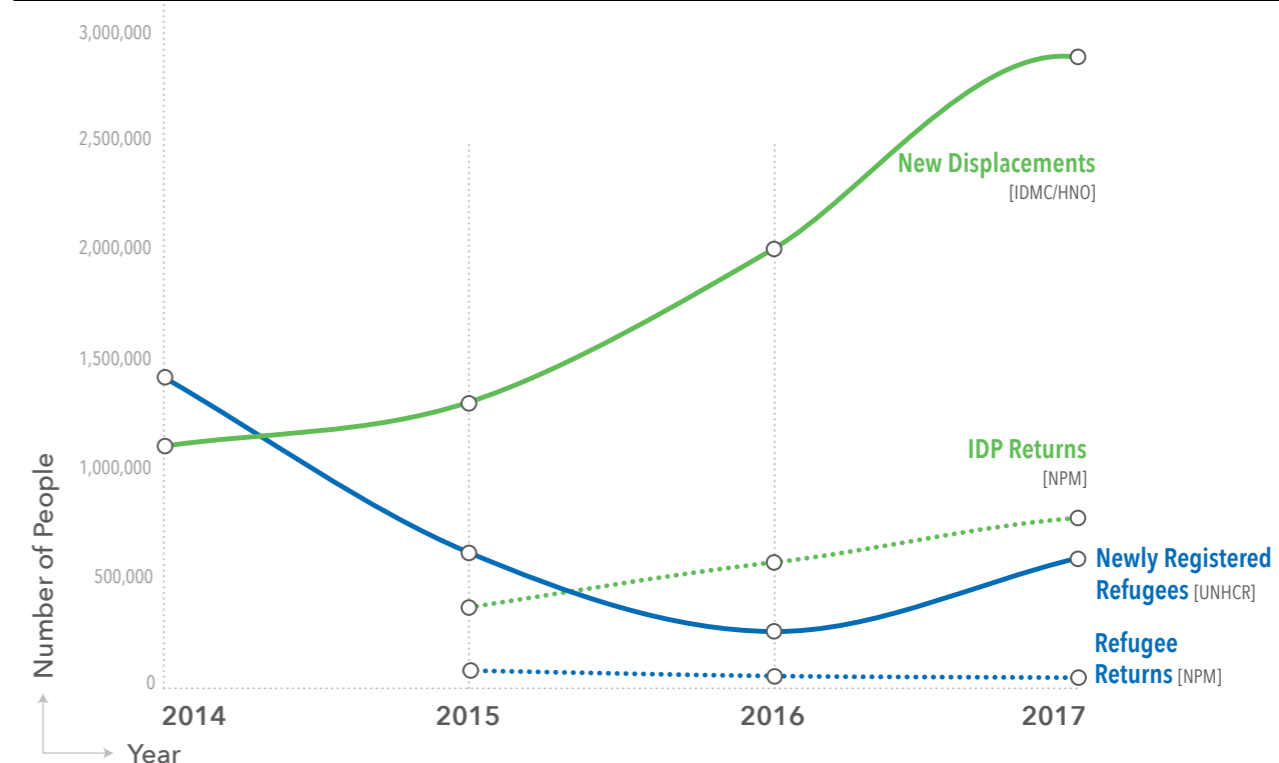
In 2017, hostilities throughout the country, most notably in areas of Aleppo, Deir-ez-Zor, Ar-Raqqa, Idleb, Hama, Al-Hasakeh, Homs and Rural Damascus governorates resulted in shifting frontlines and changing areas of control. Though the year also witnessed a reduction in the level of hostilities in some parts of the country, notably in Aleppo Governorate, in

several areas of Rural Damascus and Homs, as well as in the south, in part facilitated by de-escalation agreements¹, intense military operations in other parts of the country generated mass displacement, resulting in significant humanitarian needs and presenting multiple challenges for humanitarian responders. As a result, humanitarian needs remained broadly similar throughout the year, with the overall number of people in need in Syria marginally decreasing from an estimated 13.5 million people in need at the beginning of the year, including 5.6 million in acute need, to 13.1 million (including 5.3 million children) and 5.6 million respectively at the end of 2017 (as reflected in the 2018 HNO).

Displacement Trends

Internal displacement remained at high levels throughout 2017. According to estimations, for every one person who spontaneously returned in 2017, at least three instances of displacement were recorded, underlining that in many areas of Syria the overall conditions for voluntary, safe, dignified and sustained returns are not yet in place. 2.9 million people

REFUGEE & IDP DISPLACEMENT & RETURN TRENDS



1. In May 2017, Iran, the Russian Federation and Turkey signed a memorandum on the creation of four de-escalation areas (DEAs). The four areas identified are (a) Idleb Governorate and certain parts of neighbouring Latakia, Hama and Aleppo governorates, (b) parts of northern rural Homs Governorate, (c) East Ghouta in Rural Damascus Governorate, and (d) certain parts of southern Syria (Dar'a and Quneitra governorates).

were estimated to have been displaced over the year, some of them multiple times. As of the end of 2017, the total number of IDPs is estimated to be 6.1 million people, of which an estimated 2.55 million are children. The number of instances of displacement that occurred during 2017 represent a 31 per cent increase from 2016 (2 million) and 55 per cent increase from 2015 (1.6 million). On average, more than 239,612 IDP movements were documented per month, amounting to some 7,878 people displaced per day. Many people have been displaced multiple times, moving from one place to another as frontlines shift and hostilities draw closer.

Of the 2.9 million displacements recorded in 2017, 61 percent of the IDPs went to Idleb, Aleppo and Ar-Raqqa governorates. Overall, half of the total displacements occurred within the governorates of origin. Although rates of displacement remained high throughout 2017, levels peaked in October and November with some 442,000 and 374,000 movements recorded respectively. The rate of displacement in October was almost twice the monthly average for 2017, with anti-ISIL offensives contributing to over 125,000 displacements in Deir-ez-Zor Governorate alone. While in November, over 100,000

displacements were recorded in Idleb Governorate following an escalation of hostilities between the GoS and NSAGs.

During 2017 humanitarian actors in Syria witnessed an increase in the number of people seeking refuge in last resort sites (informal settlements, planned camps, transit/reception centres and collective centres), indicating a reduction in resources among IDPs and host communities. In areas of northeast Syria, this also resulted from restrictions on freedom of movement and encampment policies implemented by local entities. A total of 2,975 communities received IDPs in 2017 with 84 per cent of the IDPs hosted by communities in urban areas, which are increasingly overburdened and have a limited availability of resources and services. As a result, of the 6.1 million IDPs across Syria, some 750,000 IDPs now live in IDP sites, with almost a third of IDPs in Idleb Governorate now resorting to such sites. Of those people newly displaced in 2017, approximately 20 per cent sought refuge in last resort sites, an increase of 9 per cent from 2016. IDPs in last resort sites are deemed to be among the most in need of humanitarian assistance in Syria and face a daily struggle to address their

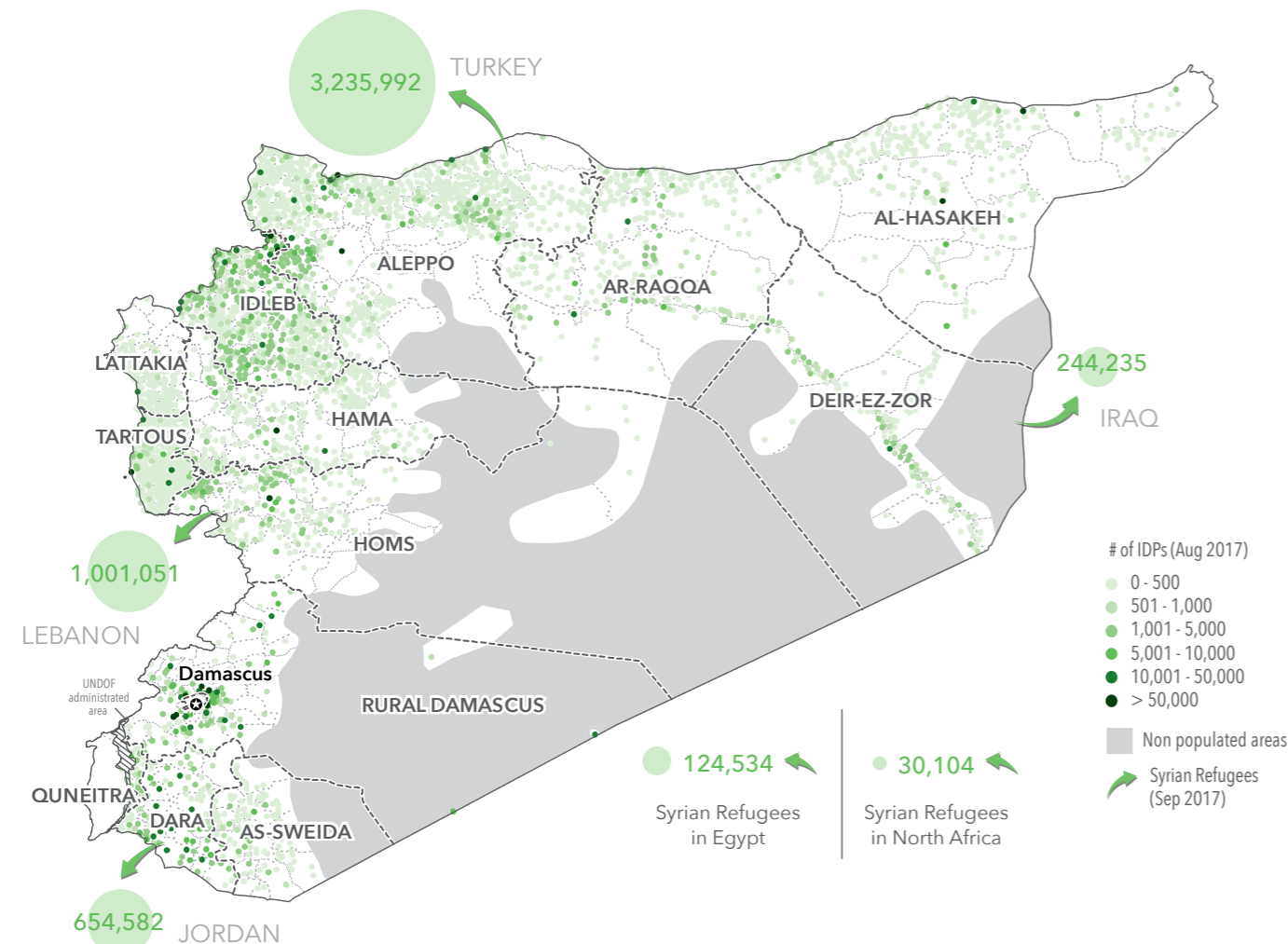
immediate survival needs. Many of those seeking refuge in such sites are likely to be particularly vulnerable and unable to access sufficient livelihood opportunities, with many IDP households reported to be receiving lower wages and/or exposed to risks of exploitation and abuse. For displaced families, access to income generating opportunities has been further diminished due to the breakup of families, with one third of all families reporting at least one absent member since 2011, often the main breadwinner. Such disruption has left people with limited options and increasingly unable to support themselves as hostilities persist.

IDPs continued to be exposed to severe physical, social, psychological and economic vulnerabilities due to new as well as protracted displacements. Having often witnessed the destruction of their homes and livelihoods, IDPs remained among the most vulnerable segments of the population in 2017 and thus more likely to be forced to resort to harmful coping strategies. Strategies employed range from cutting back food consumption, spending savings and accumulating debt to more exploitative and hazardous activities such as child labour and recruitment, early marriage and engagement with armed groups. During displacement, IDPs were also exposed to a number of protection risks. In northeast Syria, in particular, IDPs were subjected to restrictions on their freedom of movement, extensive screening procedures and the confiscation of identification documents by armed groups at checkpoints or transit sites, jeopardizing onward movements and the ability of these IDPs to access humanitarian assistance and services. Hostilities also represented a direct threat to IDPs, with many families crossing frontlines while fleeing and/or moving through areas highly contaminated by explosive hazards.

Intensified hostilities and changes in frontlines in Syria continued to drive displacements with security conditions in

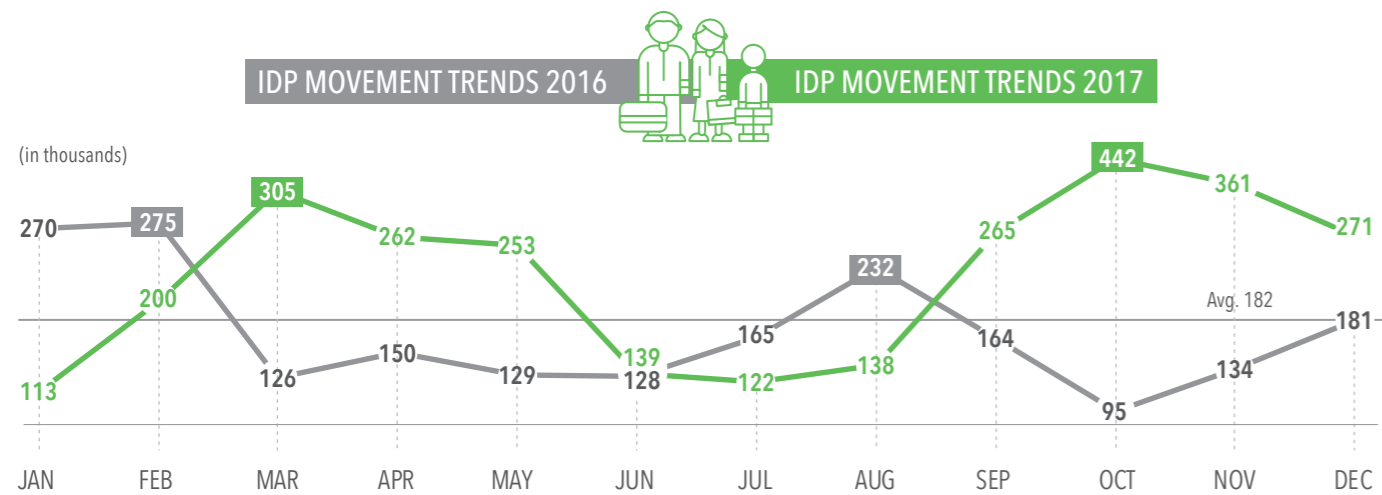
areas of origin/return and areas of displacement remaining the primary factors shaping IDP intentions in 2017. The IDP intention survey conducted by IOM in September 2017, reported that the improvements in the security situation was the main pull factor for 65 per cent of families surveyed, while the poor security situation at the current location was reported as the main push factor for 51 per cent of families. Increased stability in some areas of Syria did contribute to an increase in spontaneous return movements, with some 840,000 people spontaneously returning to their areas of origin in 2017- including approximately 55,500 refugees- in contrast to the 560,000 returnees reporting during 2016. Aleppo Governorate witnessed the highest number of returnees, with an estimated 496,000 individuals returning over the course of the year, almost 60 per cent of all returnees recorded. While the number of spontaneous return movements may have increased in some relatively stable areas during 2017, the overall conditions for voluntary, safe, dignified and sustainable returns are not yet in place in many parts of Syria. Humanitarian actors continue to support those who choose to return, but do not facilitate or promote returns.

OVERVIEW OF DISPLACEMENT INSIDE AND OUTSIDE SYRIA



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Source: OCHA - based on inter-sector PIN data, refugees source: <http://data.unhcr.org/syrianrefugees/regional.php>

IDP MOVEMENTS PER MONTH (2016-2017)



February 2016

Hostilities in Aleppo and Idlib governorates lead to the displacement of over 75,000 people in the first three weeks of the month alone.

March 2017

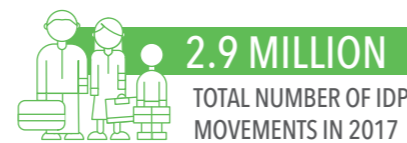
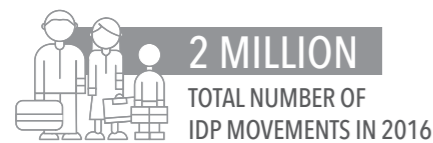
An intensification of hostilities in northern Syria results in some 84,000 displacements, almost 75,000 of which occurred in Aleppo Governorate.

August 2016

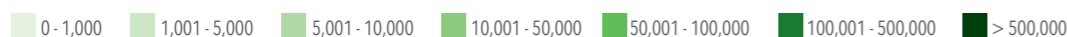
Some 65,000 people displaced from Al-Hasakeh city between 17 August and 22 August, following hostilities between the GoS and NSAGs.

October 2017

The ongoing anti-ISIL military operation leads to 147,000 displacements across Ar-Raqqa and Deir-ez-Zor governorates.



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Aleppo	134,951	93,867	26,346	78,044	30,378	52,616	51,335	105,490	41,070	28,030	57,902	121,720	821,749	32,319	111,572	155,397	38,800	44,658	29,349	22,960	26,927	31,007	66,824	53,260	27,717	640,790
Al-Hasakeh	4,181	10,701	5,544	6,414	1,764	2,407	1,932	11,315	1,993	5,834	4,388	3,028	59,501	1,885	2,307	6,551	6,409	8,377	15,152	10,883	6,938	34,634	85,548	112,935	5,532	297,151
Ar-Raqqa	4,275	4,853	11,864	8,140	2,402	3,637	2,585	2,124	6,933	1,434	6,329	10,738	65,314	6,294	12,936	37,516	96,430	127,728	31,135	29,393	40,702	41,401	21,613	46,191		491,339
As-Sweida	449	1,075	782	181	3,087	833	842	926	1,090	1,170	1,199	1,199	12,833	520	386	633	544	551	476	340	181	55	65	58		3,809
Damascus	1,767	1,955	1,507	1,436	75	10	3,507	4,186	2,561	2,395	2,478	2,702	24,579	2,521	7,853	3,059	1,617	1,530	1,114	1,066	4,720	2,776	5,290	15,507		47,053
Dar'a	41,669	67,008	22,342	19,185	20,065	6,661	10,130	7,696	7,495	10,184	2,825	6,702	221,962	7,822	31,333	25,144	13,620	6,600	10,956	5,330	1,095	223	17,370	5,462	650	125,605
Deir-ez-Zor	18,379	7,757	5,084	2,297	1,832	1,689	2,163	881	809	718	539	596	42,744	1,531	1,611	1,894	4,580	2,668	3,077	4,793	5,901	87,643	125,277	14,391		253,366
Hama	5,401	1,603	2,029	1,203	5,182	3,102	1,395	591	19,756	6,754	4,514	416	51,946	1,956	1,180	25,835	4,443	3,957	6,891	12,230	7,935	8,412	14,275	7,308	11,796	106,218
Homs	2,118	19,306	7,880	2,041	3,490	8,013	9,052	6,114	1,822	1,345	1,024	983	63,188	2,616	366	2,785	6,898	6,162	370	2,356	1,239	899	875	539		25,105
Idlib	38,093	54,906	31,805	18,793	39,783	41,827	55,278	73,365	73,016	25,983	45,086	30,661	528,596	21,319	13,252	24,529	68,298	42,778	27,369	29,600	36,428	44,578	89,178	101,204	142,544	641,077
Lattakia	654	1,035	2,280	1,135	245	1,117	1,984	2,024	1,499	2,837	892		15,702	929	828	404	2,845	1,475	1,213	1,351	2,004	1,756	1,743	1,980		16,528
Quneitra	35	430	615	214	193	569	45	655	712	3,400	82	57	7,007	554	50	3,050	5,728	230	932	60	250	225	10,618	100	4	21,801
Rural Damascus	18,103	10,626	7,686	5,793	20,269	6,194	24,879	15,475	2,848	4,127	2,047	807	118,854	31,866	15,915	14,732	10,317	4,731	566	578	2,852	10,654	1,772	14,280	5,520	113,783
Tartous			5,040	327	825	653	1,209	1,655	1,667	2,427	551		14,354	657	475	3,237	1,647	1,705	1,665	850	825	815	1,264	1,170		14,310



Protection environment, including respect for IHL

The intensity of hostilities in densely populated urban areas, high level of civilian casualties, as well as attacks on health facilities, education facilities and civilian infrastructure in 2017, are a strong indication of violations of basic principles of IHL, notably the prohibition on launching indiscriminate attacks and of the principles of proportionality and precaution.

During 2017 humanitarian workers continued to face a hazardous operating environment, resulting in deaths and injuries. In Idlib, Damascus and Aleppo governorates, heavy air-strikes impacted humanitarian offices of Syrian Arab Red Crescent (SARC), NGOs and UN agencies, as well as their partners. In June 2017, an inter-agency convoy to East Harasta, Misraba and Madaya in Rural Damascus was fired on by snipers despite the activation of de-confliction measures, killing a SARC driver. Since the start of the conflict, dozens of humanitarian workers have been killed, including 22 staff of UN agencies, 66 staff and volunteers of SARC and eight staff members and volunteers of the Palestine Red Crescent Society. Furthermore, a total of 27 staff members working under UN programmes are currently detained or missing. Such numbers do not capture the full scale and impact of attacks affecting aid workers, especially those working for Syrian NGOs, which cannot be systematically reported in many parts of the country.

The work of health care providers was particularly affected in 2017, as hospitals, medical centers, clinics and staff were attacked, jeopardizing the provision of health services available to civilians in affected areas. WHO reported 192 incidents on health care in 2017, a 42 per cent increase from 2016. This included 73 attacks on health facilities, 69 attacks on ambulances, 73 people killed (38 health workers and 10 patients) and 149 injured (46 health workers, 4 patients and 99 others). Moreover, significant attacks on educational facilities were also reported in 2017, with the Monitoring and Reporting Mechanism for Syria (MRM4Syria) verifying 67 attacks on schools and education personnel, the majority of which occurred in Idlib, Aleppo and Deir-ez-Zor governorates.

Shifts in frontlines and dynamics have added a further layer of explosive hazard contamination in communities across Syria, with 8.2 million people reporting explosive hazards as a critical concern in their communities. The presence of explosive remnants of war (ERWs) is a grave concern, particularly for the estimated 819,890 people (including 764,310 IDPs) spontaneously returned to their areas of origin in 2017. This concern is particularly pertinent in Ar-Raqqa city, where as of March 2018 130 civilians were confirmed to have been killed by explosive hazards since the city was retaken from ISIL in October 2017. In addition to the devastating impact on the lives of civilians and resilience of communities, explosive hazard contamination also inhibits the safe delivery of humanitarian aid and the ability of

partners to scale up reconstruction efforts.

According to the 2018 Whole of Syria Protection Needs Overview², in some 59 per cent of assessed communities the occurrence of at least five protection concerns was reported to varying degrees in 2017. This was further exacerbated by the protracted nature of the crisis that continued to disrupt community structures and daily lives, safety nets and the rule of law. Protection risks continued to disproportionately affect vulnerable groups, with grave abuses and violations against children and gender-based violence particularly affecting women and girls. Moreover, concerns such as the lack or loss of civil documentation which impacted the freedom of movement of civilians and their legal status, or issues related to the delivery of humanitarian assistance were also amongst the protection risks reportedly faced by the crisis-affected population in 2017.

Syria Monitoring and Reporting Mechanism (MRM) on grave violations against children

Summary

The Syria MRM verified 2,896 grave violations against children between 1 January and 31 December 2017, representing a 13 per cent increase in the number of verified violations compared to 2016. In addition, the Syria MRM gathered a further 1,304 reports of grave violations which occurred in 2017; verification of which was pending at the time of writing. Grave violations were verified in 12 out of 14 governorates in Syria, with the most verified cases occurring in Aleppo (681), Idlib (543), Deir-ez-Zor (406), Ar-Raqqa (331) and Al-Hasakeh (256). Continued high intensity hostilities across Syria in 2017 resulted in the highest verified number of grave violations against children since the establishment of the Syria MRM.³

1. Killing and injuring of children

At least 910 children were killed and 361 children were injured in the course of 2017 due to armed hostilities. Of the 1,271 child casualties, the majority occurred in Idlib (369), Aleppo (301) and Deir-ez-Zor (224). Of the verified cases, 734 were affected by airstrikes, of which 76 reportedly involved the use of barrel, cluster, parachute or bunker buster bombs; 191 by shelling; 133 by improvised explosive device (IED) attacks; 64 by shooting; 52 by unexploded ordnance; 48 by ill-treatment, torture or execution; and the remaining 43 in other circumstances.

2. Attacks on health

During 2017, 108 attacks on hospitals and medical personnel were verified, the majority of which occurred in Idlib (47), Hama (18) and Rural Damascus (14). Attacks included airstrikes (81),

2. Verification of reports remains ongoing and the numbers are expected to increase as more verified information becomes available. It is also important to note that these numbers are not indicative of the overall scale or scope of grave violations against children in Syria over the reporting period, but rather of the number of grave violations it was possible for the Syria MRM to capture and verify based on primary sources.

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of which 11 reportedly involved the use of barrel bombs, bunker busters or cluster bombs; shelling (seven); unknown explosions (seven); shooting (five); IEDs (four); raids (two); abduction (one) and a threat (one). In addition, another 10 incidents of military use of hospitals were verified. Of these, eight hospitals were subsequently attacked.

3. Attacks on education

During 2017, 67 attacks on schools and education personnel were verified, the largest majority of which occurred in Idlib (18), Aleppo (14) and Deir-ez-Zor (10). Attacks included airstrikes (47), of which four reportedly involved the use of barrel or cluster bombs; shelling (11); unknown explosions (four); wanton destruction (three); IEDs (one); and unexploded ordnance (one). In addition, another 22 incidents of military use of schools were verified. Of these, 16 schools were subsequently attacked.

4. Recruitment and use of children

In 2017, at least 961 children, including 89 girls, were recruited and used in armed hostilities, representing a 13 per cent increase as compared to 2016 (851 cases). Of these, 861 children served in a combat role (90 per cent) and 254 children (26 per cent) were below the age of 15. Verified cases were attributed to 31 distinct belligerents in Syria. Of the total verified number, 36 children were of foreign origin, including 13 nationalities other than Syrian. At least 16 children were verified killed during combat because of their association with belligerents.

5. Detention of children on security grounds

In 2017, children continued to be arrested and detained by belligerents in the context of their alleged association with armed forces or armed groups. Of the 78 cases (52 boys and 26 girls), some aged as young as 10 years old, the whereabouts

of 74 remained unknown at the time of writing; in at least 39 cases, the detention of children was aggravated by ill-treatment, torture and/or rape. In addition, at least 166 children, as young as one year, were detained in the context of suspected family ties with fighters.

6. Sexual violence against children

Incidents of sexual violence against children attributed to belligerents remained highly under-reported, with only 24 cases verified across the reporting period. The cases, affecting 23 girls aged between 11 and 16 years and one 16-year-old boy, included rape and gang rape, forced marriage to fighters, trafficking and sexual enslavement, and sexual violence while deprived of liberty. Of the girls forcibly married to fighters, at least four were married multiple times in a brief period, either through temporary marriages or the 'husband' being killed in combat.

7. Abduction of children

At least 84 children, some as young as one-year-old, were abducted by belligerents in 2017, including 51 children whose relatives were allegedly affiliated with opposing armed forces or armed groups, 27 children as punishment for a wide range of alleged crimes/acts, six children for the purpose of forced recruitment, and in one case the reason remained unknown. In 25 cases, the whereabouts of the children remained unknown at the time of writing. In at least 17 cases, the abduction was aggravated by ill-treatment, torture and/or rape.

8. Denial of humanitarian access

In 2017, 105 instances of denial of humanitarian access were verified, including 52 attacks on humanitarian facilities and personnel (resulting in the killing of 21 and injury of another 35 humanitarian workers), as well as 53 incidents of removal

or blocking of humanitarian supplies. The largest majority of incidents were verified in Rural Damascus (35), Idlib (26) and Homs (15). Attacks included airstrikes (23); shelling (16); IEDs (five); shooting (three); looting (two); unexploded ordnance (one); a threat (one); and an unknown explosion (one).

Besiegement and local agreements

The needs of the population in UN-declared besieged and hard-to-reach areas remained particularly acute, with their situation exacerbated by indiscriminate attacks and restrictions on freedom of movement. This prevented civilians from accessing humanitarian life-saving assistance in a sustainable manner, which disproportionately affected vulnerable segments of the population. In UN-declared besieged areas, the burden of protracted besiegement among civilians continued to grow, and the severity of needs in these areas remained at catastrophic levels. For instance, in East Ghouta, a combination of access restrictions, ongoing hostilities and the emergence of a war economy have led to an eight-fold increase in food basket prices from February to November 2017 and a five-fold increase of the proportion of children with global acute malnutrition to 11.9 per cent (close to one in eight children) from January to November 2017 according to the Nutrition SMART survey figures.

As of December 2017, there were an estimated 2.90 million people in UN-declared hard-to-reach areas, including 417,566 people in nine besieged locations, of which 393,000 are located in the East Ghouta enclave. This compared to some 4.72 million people in hard to reach areas, including 643,000 people in 13 besieged locations, in January 2017.

As in 2016, warring parties signed a number of local agreements in 2017, notably in the formerly UN-declared besieged locations of Qaboun and Barza Al Balad in Damascus Governorate, Wa'er in Homs Governorate and Madaya and Bqine/Zabadani in Rural Damascus Governorate. While these agreements have contributed to a reduction in the number of people living in UN-declared besieged areas and enabled increased freedom of movement and commercial access, they have not always

translated into sustained and quality humanitarian access, including to conduct needs assessments to inform interventions and to carry out regular programming. For civilians living in these areas, the lack of immediate access to assistance has sometimes compounded the burden of siege and intensive hostilities that often precede local agreements.

Access

In 2017, safe and sustained delivery of humanitarian assistance to people in need remained challenging as a direct result of active hostilities, shifts in frontlines and explosive hazard contamination. Moreover, the imposition of administrative and bureaucratic impediments by armed actors on humanitarian operations continued, despite the legal obligation to avoid obstructing access for neutral and impartial humanitarian actors. Moreover, sporadic closures of border-crossing points, as well as frontline check points, prevented timely and predictable delivery of humanitarian assistance through cross-border and cross-line modalities.

2017 saw a significant decrease in the number of people in need in hard-to-reach-areas, particularly as the frontlines shifted southwards from northern areas of Aleppo, Ar-Raqqa and Al-Hasakeh Governorates. However, humanitarian actors continued to face constraints to access and reach people in need across different areas, affecting all response modalities. For instance, only 164,000 people on average per month were reached from within Syria to UN-declared besieged and hard-to-reach areas through 55 convoys in 2017, compared to some 294,000 people in 2016. Medical supplies were removed from 54 out of total 55 convoys in 2017, possibly in violation of IHL. Only 27 per cent of UN inter-agency convoy requests were approved in 2017 compared to 45 per cent in 2016. Of those approved, many were unable to actually deliver assistance due to factors including the delay in provision of facilitation letters and insecurity.

In this context, throughout the year cross-border programming from Turkey, Iraq, and Jordan, airlifts to Qamishli, and airdrops to Deir-ez-Zor until August 2017, remained indispensable to in providing people in need with humanitarian life-saving assistance in Syria.

SUMMARY OF VIOLATIONS IN 2017

MRM 4 Syria

961 Incidents of recruitment and use of children

78 Detention of children for their alleged association with parties to the conflict

166 Detention of children with suspected family ties to fighters

84 Cases of abduction of children

NEARLY 3,000 GRAVE VIOLATIONS AGAINST CHILDREN IN 2017

1,271 Killing and injuring of children

910 Killing of children

361 Injuring of children

24 Incidents of sexual violence against children

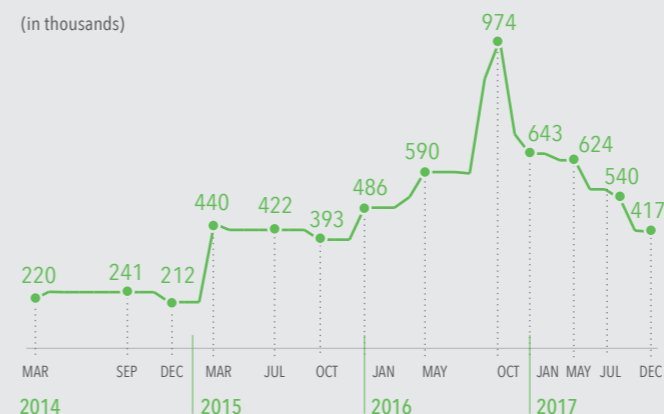
207 Attacks on education and health

89 Attacks on education

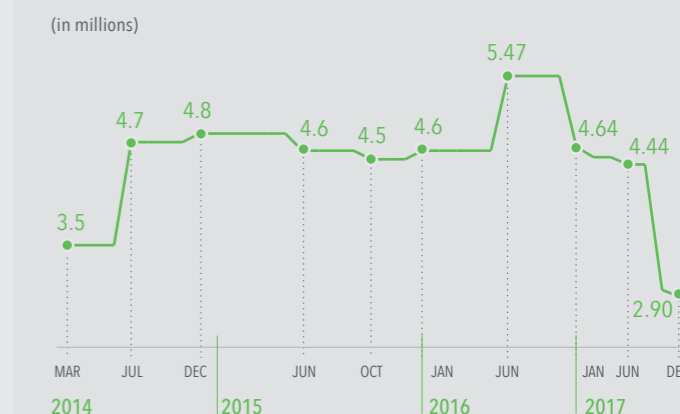
118 Attacks on health

105 Instances of denial of humanitarian access

EVOLUTION OF PEOPLE IN NEED IN UN-DECLARED BESIEGED AREAS



EVOLUTION OF PEOPLE IN NEED IN UN-DECLARED BESIEGED AND HARD-TO-REACH AREAS



STRATEGIC OBJECTIVES:

ACHIEVEMENTS DURING 2017



1 Save Lives
Provide life-saving humanitarian assistance to the most vulnerable people with emphasis on those in areas with high severity of needs



2 Enhance Protection
Enhance the prevention and mitigation of protection risks, and respond to protection needs through supporting the protective environment in Syria, by promoting international law, IHL, IHRL and through quality, principled assistance



3 Increase resilience and access to services
Increase the resilience of affected communities by improving access to livelihood opportunities and basic services, especially amongst the most vulnerable households and communities

PEOPLE TARGETED/REACHED BY SECTOR (UP TO DECEMBER 2017)

Sector	People in need (as per 2017 HNO)	Reached (Jan-Dec 2017)	Targeted (2017 HRP)	% Reach against target	% Reach against PIN	% Funded against requested (as per FTS)
CCCM (IDPs tracked)	6.3M	2.5M	0.45M	100+%	39%	25%
Early Recovery & Livelihoods	13.8M	4.9M	5.5M	90%	36%	15%
Education	6.1M	2.8M	4.6M	61%	46%	45%
Food Security: Food Assistance	9M	5.2M*	7M**	75%	NA	44%
Food Security: Livelihoods/Agriculture		3.3M	5.1M	64%	NA	
NFI	5.8M	2.4M	4.9M	48%	41%	27%
Nutrition	4.4M	2.6M	2.6M	99%	60%	22%
Shelter	4.3M	0.95M	0.74M	100+%	22%	27%
WASH***	8.2M	5M	8.2M	61%	61%	40%
Health: Medical Interventions****	12.8M	2.24M (monthly average)	NA	NA	NA	35%
Protection: Interventions*****	13.5M	7.3M	9.7M	75%	NA	21%

* Average food baskets and cumulative emergency food rations
 ** The sector targets the estimated 7 million food-insecure people (HNO 2017) and an additional projected 1 million people from the caseload of emergency response (based on needs) to shift from short-term support to longer-term regular assistance until needed.
 *** Estimated number of individuals benefitting from access to improved lifesaving / emergency WASH facilities and services; HRP only.
 **** Given the challenges the sector faces in measuring individual beneficiaries, the indicator for the number of medical procedures is used as an aggregate indicator that serves as a proxy measure for overall progress in health service delivery in Syria (medical procedures are an aggregate indicator that includes outpatient consultations at primary health care units and hospitals, a number of referral cases, mental health consultations, trauma cases, persons with disabilities supported and deliveries by a skilled birth attendant).
 ***** Protection figures represent the total number of distinct protection interventions conducted through the sector's prevention, response and capacity building activities. The figures in this product include achievements from child protection (CP), gender-based violence (GBV) and mine action areas of responsibilities (AoRs).

RESPONSE ANALYSIS

The 2017 HRP aimed to provide nine million people in need with direct assistance and 12.8 million people in need with improved access to basic services. In an effort to meet these needs, humanitarian partners provided some form of humanitarian life-saving and life-sustaining assistance and services to a monthly average of 7.8 million people during 2017, an increase from a monthly average of 6.2 million people reached in 2016. The increase in reach followed expanded access to hard-to-reach areas, including those formerly besieged or controlled by ISIL.

Delivery Modalities

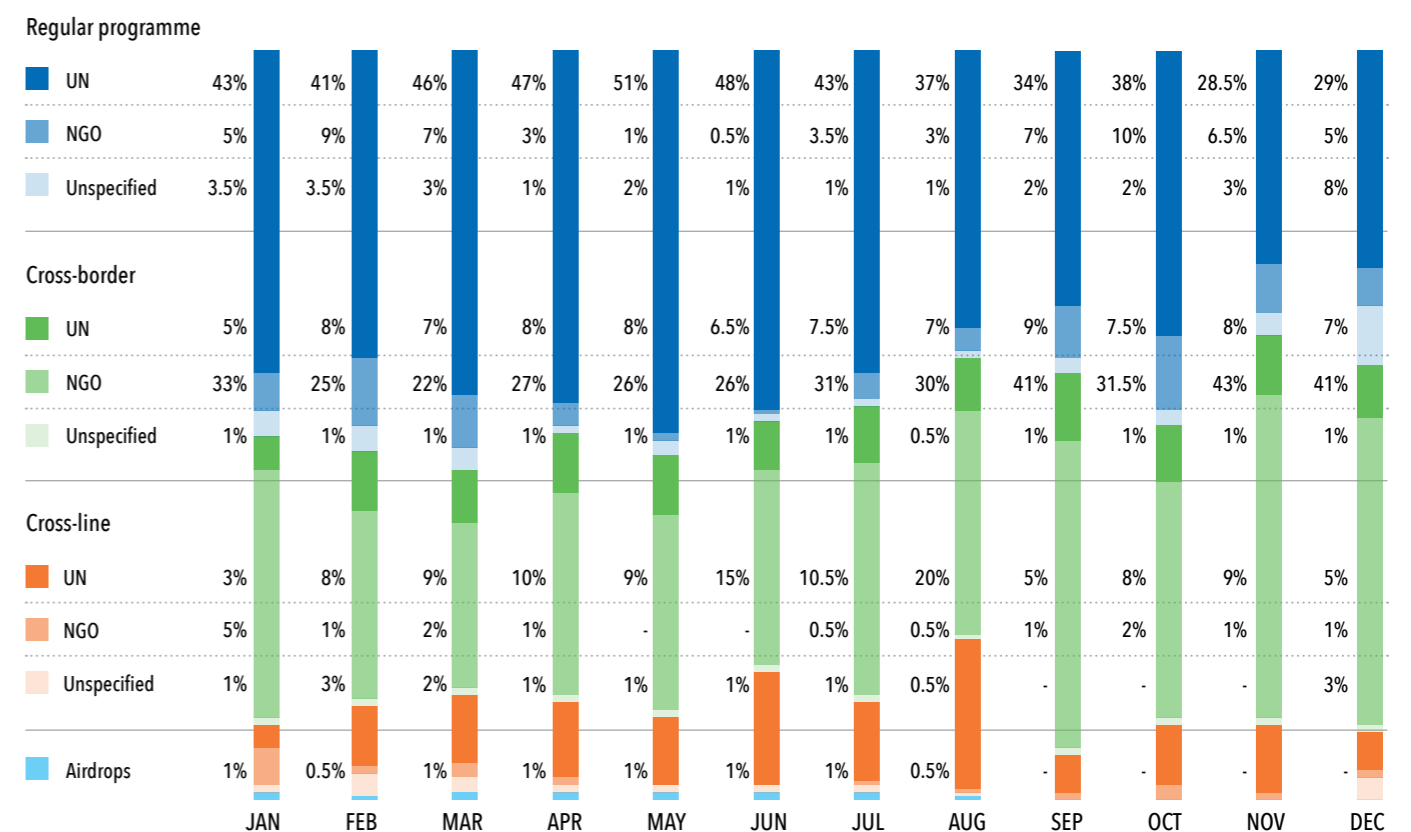
The humanitarian response in Syria operates under a WoS coordination approach, enabling humanitarian partners to employ multiple response modalities to reach people in need. This framework utilizes regular programming, cross-line and cross-border modalities (under UNSCR 2165 and subsequent UNSCRs) to promote a complementary approach that prioritizes the delivery of assistance through the most direct and efficient routes, from within Syria and from neighboring countries. The WoS approach also recognizes that in view of pervasive access challenges, which exist across frontlines

and affect all response modalities, a combination of delivery modalities is crucial in maintaining the delivery of assistance and provision of basic services, particularly in hard-to-reach areas. The massive scale of the monthly response in Syria is contingent upon the ability of the humanitarian community to leverage all of these modalities to reach people in need across Syria.

According to available data, approximately 60 per cent of the response in 2017 was delivered from within Syria, comprising 47.5 per cent regular programming, 12.2 per cent cross-line deliveries and 0.8 per cent airdrops. A further 40 per cent of the response was delivered cross-border, of which 32.3 per cent was delivered through NGOs and 7.4 per cent through UN agencies ⁴.

Through this combination of modalities, partners were generally able to maintain basic service delivery and to increase efforts to preserve or restore livelihoods and resilience strategies, helping to mitigate protection risks linked to poverty and the exhaustion of positive coping mechanisms. At the same time, significant gaps in the response during 2017 were identified – mainly due to access constraints, underfunding or capacity limitations. These gaps are expanded upon in the below analysis on the response against the three HRP strategic objectives.

HUMANITARIAN DELIVERIES BY MONTH



4. Due to underreporting of the response by cross-border partners, cross-border assistance is likely significantly larger. All cross-border programmes are implemented by NGOs, even if supplies are delivered by the UN. These programmes provide sustained services on site and are usually managed remotely from neighboring countries. Cash assistance may also be provided. Regular programming is used primarily in Government of Syria (GoS) areas, while cross-border assistance from neighboring countries and cross-line convoys from GoS areas are used to reach contested areas and include remotely managed cross-border programmes, including service delivery and cash.

Prioritization

In line with humanitarian principles and in view of a restrictive funding environment, the 2017 HRP prioritized assistance – access permitting- to those people considered to be in the most acute need and facing either catastrophic, critical or severe problems. This prioritization was conducted according to a severity scale established at the sector and inter-sector level.

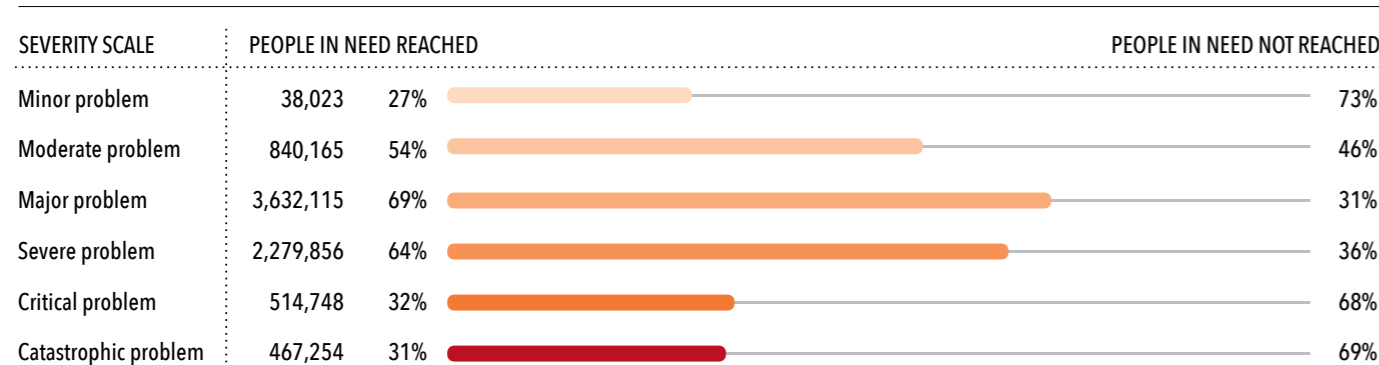
Over the course of 2017, humanitarian partners reached 3.5 million of the 5.8 million people living in high severity of need communities with some form of humanitarian assistance on average each month. However, in those areas facing either catastrophic or critical problems- the highest severity level recorded by the inter-sector severity categorization tool- there were considerable gaps in the response, with almost 65 per cent of people facing catastrophic problems and 39 per cent of people facing critical problems not reached on average each month. People facing catastrophic problems include the 417,566 people living in UN-declared besieged areas as of December 2017.

Despite prioritizing assistance to high severity of needs communities, access restrictions hampered the ability of humanitarian partners to deliver assistance to those people facing the most acute needs. People facing catastrophic and critical problems mostly live in hard-to-reach areas, including UN-declared besieged locations, where access is impeded due to a combination of ongoing hostilities, insecurity, interference in aid delivery and bureaucratic restrictions (see below for more detail). The population in UN-declared besieged and hard-to-reach areas was often subjected to indiscriminate attacks and airstrikes, as well as a lack of freedom of movement of goods or people that resulted in negligible market functionality, high prices and limited services, exacerbating overall vulnerability and exposure to risks.

Outcome Monitoring

During 2017 sectors have continued, to the extent possible, to enhance monitoring around key mortality and morbidity indicators aimed at assessing the overall outcomes of humanitarian interventions. After its successful pilot in 2016, the Food Security sector conducted two additional rounds of Outcome Indicators Monitoring (OIM) in 2017, through a common tool for post-distribution monitoring and data collection which enabled a follow-up of the food security status of assisted households in Syria. The second round of outcome monitoring, conducted in May 2017, indicated a slight deterioration in food consumption patterns of surveyed households over a six-month period with the percentage of households with poor food consumption increasing from 11 to 19 per cent. Despite a slight increase in food insecurity rates, malnutrition rates generally remained stable, with the notable exception of East Ghouta and other UN-declared besieged areas where access restrictions and hostilities have contributed to a drastic deterioration in the nutrition situation. In terms of Health sector activities, the delivery of multi-antigen catch-up campaigns also contributed to reducing excess morbidity and mortality. In general, it is estimated that the combination of efforts deployed under the 2017 HRP have mitigated overall mortality rates and helped to prevent to address the needs of the most vulnerable. However, a combination of access restrictions and specific difficulties associated with the monitoring of protection, mortality and morbidity indicators has continued to hamper efforts to establish a comprehensive understanding of the outcomes of humanitarian interventions in Syria.

PEOPLE IN NEED REACHED/NOT REACHED BY SEVERITY/ MONTHLY AVERAGE



STRATEGIC OBJECTIVE 1

Provide humanitarian life-saving assistance to the most vulnerable people

Of the estimated 13.6 million people in need (as per the HRP mid-year review) some 5.8 million people live in high severity of need areas where they face catastrophic, critical or severe problems due to the combined impact of high intensity hostilities, displacement, limited access to basic services, dysfunctional markets and reliance on harmful coping mechanisms.

PROGRESS MADE

Over the course of 2017, a total of 5.5 million people across 106 sub-districts in 12 of 14 governorates were reported to have benefitted from emergency food assistance. HRP partners assisted 3.1 million people, while non-HRP partners provided assistance to 2.4 million people. Emergency food assistance consisted of short-term support of 2-4 weeks through reduced food baskets, Ready-To-Eat-Rations (RTERs) and cooked meals, provided by WFP and 65 sector partners to people within 72 hours of displacement. The actual reach exceeded the target reach due to a combination of factors, including repeated targeting of people displaced and the multiple displacements some beneficiaries experienced in 2017.

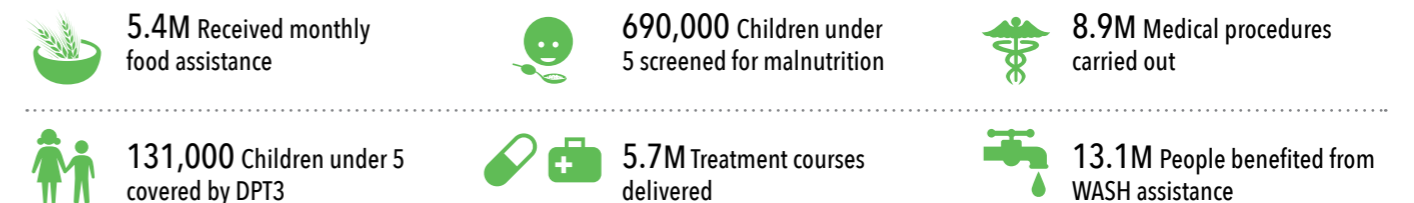
During 2017 over 1.5 million girls and boys under age five, approximately 105 per cent of the overall target, as well as almost 300,000 pregnant and lactating women (PLW), 33 per cent of the sector target, were screened for early identification of acute malnutrition in community centres and health facilities. Some 34,741 children and 8,512 PLW presented with severe acute malnutrition and subsequently received specialized treatment including therapeutic and supplementary feeding programmes. Progress was made in providing micronutrient supplementation to children under age five and PLW, with some 1.9 million, 71 per cent of the sector target, reached over the course of 2017. Similarly, over 1 million girls and boys under age five, 88 per cent of the sector target, received lipid-based nutrient supplements (LNS) or high-energy biscuits over the year.

With regards life-saving and life-sustaining health services, almost 27 million medical procedures were carried out by Health sector partners including outpatient consultations, trauma cases and assisted births. To address a measles outbreak reported across all 14 governorates in Syria two countrywide measles vaccination campaigns were conducted, reaching almost 2.8 million children. The Health sector continued to face challenges in reaching some of those people with the most acute needs in UN-declared besieged and hard-to-reach areas, with only 50 per cent of planned health assistance actually delivered through cross-line inter-agency convoys to these locations. Violence against healthcare, the lack of approvals for medical evacuations from UN-declared besieged and hard-to-reach areas and the removal of critical medical supplies from inter-agency convoys include some of the core challenges in reaching people in need during 2017.

In terms of WASH, 93 per cent of the planned catchment population (14.9 million) were covered with WASH sector services as of December 2017. The WASH sector also continued to provide humanitarian life-saving assistance across Syria, with a specific emphasis on addressing the needs of IDPs. Efforts to scale up the emergency WASH response in northeast Syria have been ongoing throughout the year, with mixed results. While over 6.1 million people were reached through improved access to life-saving/emergency WASH facilities and services, only 4.8 million people, or 59 per cent of the sector target, were reached through access to WASH NFIs and hygiene promotion.

ASSISTANCE IN HARD-TO-REACH AREAS, INCLUDING UN-DECLARED BESIEGED AREAS

As of December 2017, there were 2.9 million people in need in UN-declared hard-to-reach areas, including 417,566 in UN-declared besieged areas. Over the course of 2017, the



UN reached 61.1 per cent of people in need in UN-declared hard-to-reach areas and 22.4 per cent of people in need in UN-declared besieged areas with some form of humanitarian assistance each month. These people were reached through a combination of delivery modalities, with 39 per cent of people provided assistance through cross-line, 25 per cent through cross-border and 37 per cent through airdrops, which were used exclusively to reach 93,500 people living in Deir-ez-Zor up to the end of August, having been besieged by ISIL. On average 77.6 per cent of people living in UN-declared besieged areas were not reached each month with any form of assistance. In hard-to-reach areas, excluding UN-declared besieged communities, an average of 1.3 million of the 2.5 million people living in these areas were reached with some form of assistance each month. These people were reached through a combination of cross-line and cross-border modalities, with 65 per cent of people reached through cross-line and 35 per cent through cross-border. On average 61.7 per cent of people living in hard-to-reach areas, excluding UN-declared besieged areas, were not reached each month with any form of assistance.

Access restrictions impacted all response modalities delivering assistance in UN-declared besieged and hard-to-reach areas. For cross-border actors restrictions encountered included the sporadic closure of designated border crossing points, which at various points of the year prevented partners reaching high severity of needs communities in Idleb and Al-Hasakeh Governorates, in northeast and northwest Syria respectively. From within Syria inter-agency convoy plans targeting UN-declared besieged and hard-to-reach areas were severely affected by denial of authorizations to operate, burdensome administrative procedures, delay in the provision of facilitation letters and the targeting of humanitarian workers. Over the course of 2017 humanitarian partners were only able to reach 27.5 per cent of people targeted under the inter-agency convoy plans. Where inter-agency convoys were able to reach affected populations, specific restrictions

attached to the delivery of certain items such as medicines and medical equipment by the GoS, prevented people from accessing some critical humanitarian life-saving assistance.

MULTI-SECTORAL ASSISTANCE TO IDPS

As of the end of 2017, 413,944 IDPs lived in 375 sites across Aleppo, Ar-Raqqa, Hama and Idleb governorates, including 274 informal settlements, 16 planned camps, 4 transit/reception centres and 81 collective centres. IDPs living in these sites benefitted from continuous multi-sectoral assistance. On a monthly basis some 92 per cent of IDP residents were able to access potable water, 90 per cent were served with waste removal services, 89 per cent were reached with sanitation services, 85 per cent were provided with sufficient shelter assistance, 80 per cent were reached with food and 73 per cent with NFI assistance. Protection actors continue to work extensively within IDP sites, through static and outreach teams, providing respective protection interventions, with a particular focus on the most vulnerable populations.

PALESTINE REFUGEES

According to a verification exercise conducted in late 2016, up to 438,000 Palestine refugees remained in Syria out of 560,000 registered Palestine refugees with the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) in the country. It is estimated that up to 95 per cent of the remaining refugees relied on UNRWA assistance to meet their basic needs in 2017. Emergency assistance comprises food parcels, cash grants and NFIs, targeting up to 418,000 Palestine refugees during each round. Although UNRWA regained access to newly opened areas in 2017 (Sbeineh and Khan Esheih camps in Damascus), humanitarian access remained extremely constrained to the 56,600 Palestine refugees in UN-declared besieged and hard-to-reach areas (Yarmouk, Yalda, Babila, Beit Sahem, Ghouta, Dera'a, Muzeirib, Jillien).

In 2017, UNRWA distributed about US\$112 million in cash assistance over four rounds to an average of 408,760 Palestine refugees each round, covering eight months of assistance. The UNRWA cash distribution programme remains one of the most efficient forms of assistance in areas where markets are functional, providing recipients with the flexibility and independence to decide how best to meet their own daily needs and prioritize their spending. Also, almost 510,000 food parcels were delivered via 16 distribution points during four rounds of food assistance in 2017. Each food parcel aimed to cover one third of the daily intake of one family. UNRWA also provided essential NFIs to refugees living in UNRWA managed collective centres.

In 2017, UNRWA continued to run 15 health centres and 11 health points across the country, conducting an average of

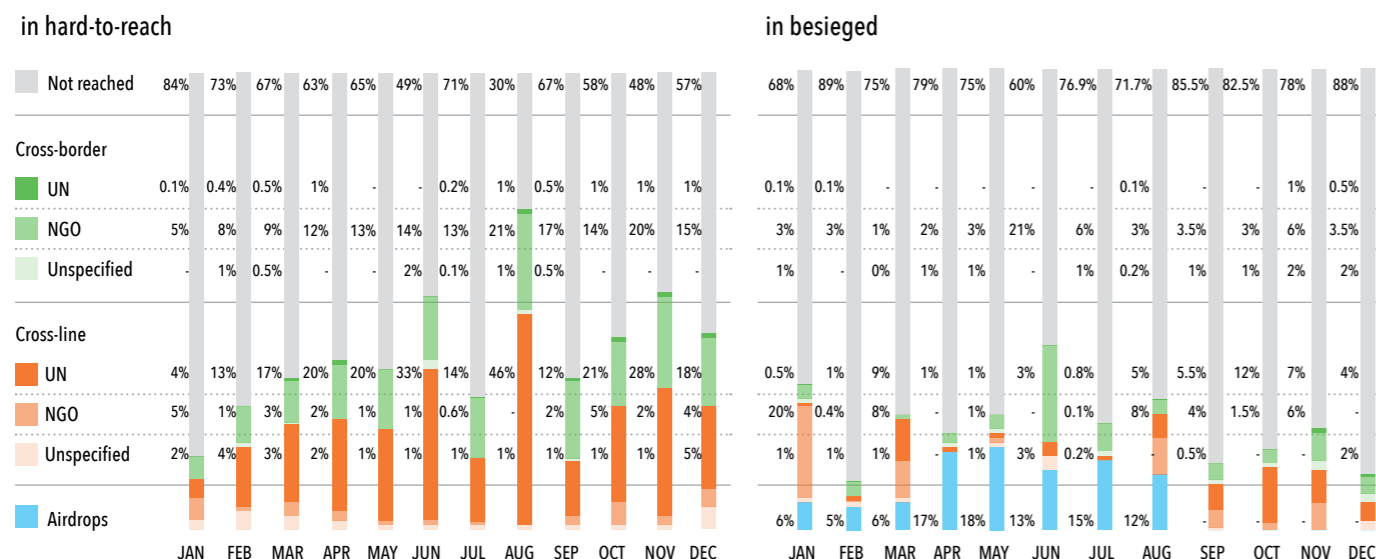
68,000 health consultations per month, in addition to about 100,000 dental consultations over the entire year. To reach people in UN-declared besieged and hard-to-reach areas, the agency ran a mobile health clinic providing vital and urgent health care for vulnerable Palestine refugee communities.

In September 2017, 47,322 Palestine refugee children started the new 2017-2018 school year in 104 schools operated by UNRWA. A total of 3,212 students graduated from short-term TVET courses offered by UNRWA, and another 421 graduated from long-term courses. By the end of 2017, 1,685 Palestine refugees (577 families) were residing in nine UNRWA-run collective shelters in Damascus.

In addition to the provision of NFIs, food rations (including daily hot meals) and cash assistance, UNRWA ensured access to basic social and health services to all IDPs residing in UNRWA collective shelters.

UNRWA also continue to provide support and assistance to refugees returning to newly accessible areas, including camps in Rural Damascus. In October 2017, two out of the six UNRWA schools in the Sbeineh camp in Syria re-opened for the first time since December 2012. On 15 October, 547 students, from grades 1 to 9, returned to their classrooms after a four-year-closure due to the security situation in the camp. The Salhiyeh School for boys and Safouriyeh School for girls both underwent maintenance and repair works to welcome Palestine refugee students for the new school year 2017-2018. The agency also opened a temporary health point to serve refugees returning to the camp, and conducted maintenance and repair work on water networks, in addition to rehabilitation of two of the water wells in the camp.

MONTHLY REACH IN HARD-TO-REACH AND BESIEGED LOCATIONS BY DELIVERY MODALITY



Yarmouk, Syria. Credit: UNRWA





STRATEGIC OBJECTIVE 2

Enhance the prevention and mitigation of protection risks and respond to protection needs through supporting the protective environment in Syria, by promoting international law, IHL, IHRL and through quality principled assistance.

PROGRESS MADE

Protection services

From 1 January to 31 December 2017, the Protection sector conducted 7.3M interventions in 1,975 communities in 238 out of 272 sub-districts in Syria, through one or more of its prevention/risk mitigation, response or capacity building activities. This represents 76 per cent of the 2017 HRP target. 78 per cent of protection interventions were implemented from the Syria hub, 18.5 per cent from the Turkey hub, 2.1 per cent from the Jordan hub and 1.4 per cent through northeast Syria INGOs. In total, 630,700 interventions were conducted in UN-declared besieged and hard-to-reach areas⁵. Many interventions were implemented through integrated protection facilities, including more than 100 community centres (99 are active in 12 governorates as of the end of 2017 from the Syria hub), more than 50 women and girls' safe spaces, child friendly spaces and structured child protection interventions, enabling coverage of 381 communities in schools across 14 governorates. In addition, the sector continued to expand its mobile capacity, through over 2,100 outreach volunteers associated to the community centres and more than 150 mobile teams/units (protection, child protection and integrated GBV/ reproductive health). This enabled the sector to ensure increased coverage and outreach to the most vulnerable and isolated segments of the population.

In terms of general protection services, 860,800 people were reached through awareness raising sessions on protection risk mitigation, as well as on legal topics (187 per cent of HRP target) and 895,800 through integrated community-based protection services (56 per cent of HRP target), including psychosocial support, targeted socio-economic assistance for persons with specific needs, non-formal learning opportunities and community-based initiatives. 131,200 interventions were carried out by specialized partners and related to legal counselling or assistance with administrative authorities and courts, largely on civil status documentation

and to a lesser extent on housing land and property (HLP) issues. A total of 152 communities now have at least one type of specialized gender based violence (GBV) service (92 per cent of HRP target) available and 425,500 people were reached with women and girls empowerment and GBV prevention activities (37 per cent of HRP target). 678,500 girls and boys were engaged in structured child protection programmes (74 per cent of HRP target) and 19,232 received specialized child protection services through case management (44 per cent of HRP target). By December 2017, explosive hazard risk education activities reached more than 2.4 million beneficiaries (85 per cent of HRP target). 63 per cent of the protection response in 2017 was delivered in sub-districts with a severity ranking of 5 or 6 in the 2017 HNO. In total, protection interventions reached 19 UN-declared besieged areas in 2017 (out of 33)⁶.

In northeast Syria, protection delivery and operational coordination has gradually improved throughout 2017, especially around the Ar-Raqqa and Deir-ez-Zor response, even though significant challenges remained. In the Syria hub, sub-national coordination was strengthened, with operational protection working groups active in the main locations to better address regional-specific issues and to bring operational coordination close to the point of delivery.⁷ Various initiatives were taken across hubs to improve information management and quality of reporting of protection partners, including interactive dashboards (Syrian, Jordan and Turkey hubs), online assessment registry and mapping of services and facilities to improve coordination and protection delivery and referrals.


Centrality of protection


The Protection sector has continued to play a crucial role to promote the centrality of protection in the humanitarian response to the Syria crisis. A WoS Protection Strategy for the humanitarian leadership was developed with the support of the Protection sector and endorsed by the SSG


in July 2017. In late 2017, the Protection Sector presented a series of priorities for action and advocacy on different protection aspects to the Strategic Steering Group (SSG), in line with the above strategy, including on protection of civilians, children in armed conflict, GBV, durable solutions, civil documentation and voluntary return. The Protection sector also supported the development of a policy position on "Conditions for voluntary, informed, safe and dignified returns of IDPs to Ar-Raqqa city", endorsed by the humanitarian community which continues to guide opportunities for responding in areas of returns of Ar-Raqqa and Deir-ez-Zor governorates. In total, the sector engaged in 64 advocacy initiatives during 2017, to sensitize various stakeholders on the importance of upholding protection principles across the response and to address specific protection issues and situations with key stakeholders and duty bearers. Concerns for protection arising in the wake of military operations in northeast Syria have been raised on numerous occasions through existing civil-military mechanisms and led to the elaboration of different guidance tools, including standard operating procedures (SOPs) for the conduct of screenings for IDPs exiting from Ar-Raqqa and Deir Ez Zor and a statement on freedom of movement. Other protection advocacy initiatives were undertaken by the Syria hub in the context of the evolving situation in East Ghouta as well as on humanitarian activities in newly accessible areas. Through a capacity development initiative led by a Protection Cluster member (Turkey hub), protection mainstreaming in the cross-border operations continued to be a priority. Focusing on capacity building of local organizations, as well as mainstreaming protection principles and monitoring their use in each organization's programming, the Protection Mainstreaming Monitoring System was utilized. In 2017, this initiative supported 15 organizations working in five governorates. As was the case last year, the Protection Sector supported the full integration of protection risk analysis (PRA) in the 2018 HRP cycle, with training and sensitization across the hubs. (see "cross-cutting commitment section).

Protection Monitoring

Over 2017, significant efforts continued to be made in terms of protection monitoring and assessments, especially in areas served by Turkey and Jordan-based actors, with a total of 453 communities reached in 2017 by protection monitoring or periodic needs assessments activities. Protection monitoring continued to inform all actors and sectors of vulnerabilities, risks and protection concerns to guide their respective response. In the Jordan hub, the protection monitoring initiative (PMI) was established in mid-2017, resulting in strengthened protection data and analysis. The PMI releases monthly reports analyzing the situation and population movement in southern Syria including return movement and displacement, assessing reasons for return and obstacles faced. In the Turkey hub, the Protection Monitoring Task Force began conducting regular monthly monitoring in March 2017, and until December 2017, 13 members of the Protection Cluster in Gaziantep conducted 5,955 interviews in eight governorates, 22 districts, 57 sub-districts, and 276 communities. A PMI Dashboard and quarterly narrative reports have provided information on a range of protection risks and threats facing civilians in specific geographical areas. In addition, seven ad-hoc reports from 2017, covering topics such as the impacts of the December 30 ceasefire agreement, evacuation from Al-Wa'er, displacement towards Menbij, evacuation of Madaya and Az-Zabadani, movement from Arsal, and screening and sponsorship procedures in Aleppo and Ar-Raqqa, were made publicly available. Within Syria, after a prolonged dialogue with authorities, 35 Protection sector partners conducted 4,600 consultations/observations in more than 1,700 communities in areas under GoS control, generating a significant amount of data which was analyzed and included in the WoS Protection Needs Assessment (PNO)⁸. In term of the Child Protection response, investment continued to be made in improving the quality monitoring practices through enhanced guidance, training and on-demand mentoring to lead to more accurate reporting. Of particular note was the establishment of a child protection situation and response monitoring mechanism as part of global situation and response monitoring pilot. This will be replicated in other locations in 2018.


 **7.3M** Protection interventions conducted in 1,975 communities.

 **More than 2.47M** Reached by explosive hazard risk education activities.

 **895,800** People reached through community-based protection services.

 **19,200** children received specialized child protection services through case management.

 **425,500** women, girls, boys and girls reached with GBV prevention and empowerment activities.

 **131,200** legal counselling/ services (incl. for civil documentation, HLP and GBV survivors) were provided.

5. As of updated list of besieged and hard-to-reach areas of December 2017

6. The list of besieged and hard-to-reach areas was updated in December 2017

7. Such as Aleppo, Homs/Hama, Latakia/Tartous, Sweida and with new initiatives in Qamishly and Damascus/ rural Damascus

8. Whole of Syria 2018 Protection Needs Overview, October 2017 (www.globalprotectioncluster.org/_assets/files/2018_wos_protection_needs_overview_v2_30_nov_2017.pdf)

Building protection capacity of national actors

Initiatives continued to be taken across all hubs to continuously expand and reinforce protection skills and capacities. By the end of 2017, a total of 9,966 persons, including 6,294 frontline workers, received capacity building to implement protection interventions for prevention and response and to promote do no harm considerations (151 per cent of the HRP target). As of the end of 2017, 3,692 humanitarian actors were trained on GBV, including on case management, specialized psychosocial support and establishing women and girls spaces, adolescent girl-friendly services and how to ensure GBV services are inclusive, particularly for people with disabilities. 9,730 men and women were trained on child protection in line with child protection minimum standards (85 per cent of HRP target), as part of efforts to build a sustainable child protection workforce. As part of the ongoing commitment to strengthen national systems, two Syrian NGOs were selected to be members of the Strategic Advisory Committee of the Global Alliance on Child Protection in Humanitarian Action. This initiative aims to raise the participation of national child protection actors in global forums to guide

global and regional priorities. Achievements in the field of mine risk education have been made possible with the provision of training of trainers in explosive hazards risk education to over 13,250 people, including school teachers, across Syria, including in UN-declared besieged and hard-to-reach areas. In the Turkey hub, the Protection Cluster exceeded its target for the number of persons who received capacity building to implement protection interventions for prevention and response, reaching over 4,000 women and men. A dedicated protection training officer for Turkey hub conducted a training of trainers, more than half of whom came from contested areas in Syria to Turkey for the training. In addition, the Cluster conducted a two-day workshop on the protection of IDPs. This aimed to enhance knowledge on IDP protection by promoting the Framework on Internal Displacement, including IDPs' rights and the corresponding obligations that governments and other involved actors have. In the Syria hub, the Protection Sector supported the sensitization and training initiatives on the Protection Risk Analysis and on protection mainstreaming for sectors and interested humanitarian actors ahead of the HRP project submission. In the Jordan hub, several protection mainstreaming trainings were conducted for humanitarian workers inside Syria, through e-learning modules and facilitation of ToTs.

million people reached by the sector, over 2.4 million comprised children and youth who received increased opportunities to access formal and non-formal education at pre-primary, primary and secondary levels. Close to 13,000 classrooms were constructed, established or rehabilitated to expand the capacity of schools and learning centers during 2017.

Despite considerable efforts to rehabilitate and reinforce health facilities to provide safe environments to health-service delivery, only 48 health facilities were rehabilitated and/or reinforced due to a lack of funding. Over half of health facilities, including 111 hospitals and 1,806 healthcare centers, are in need or rehabilitation.

Similarly, a lack of funding, as well as the limited capacity of partners, has prevented the WASH sector from implementing significant light rehabilitation projects, such as that required in Aleppo city, or provide additional support to existing water, sanitation and solid waste management systems. Over the course of 2017, the WASH sector was able to reach only 52 per cent of target beneficiaries through support to sewage and solid waste management systems. This has contributed to increased economic strain on impoverished families that are left with no option but to purchase water from unregulated private sector sources.

100 sub-districts across 12 governorates. Early Recovery and Livelihoods (ERL) partners were also able to employ over 40,000 people in debris and solid waste management, as well as the rehabilitation of affected neighborhoods (366 per cent of the target) and 17,268 people in basic and social infrastructure rehabilitation (179 per cent of the target per cent of the target).

In addition the Food Security sector reached 60,000 households (42 per cent of the overall target) through the distribution of seeds and agricultural inputs, while over 11,500 households (15 per cent of the overall target) benefitted from the distribution of small livestock and animal feed. These activities contributed to asset building and enhanced household security.

Support to socio-economic infrastructure

During 2017, low funding across sectors hampered efforts to support the rehabilitation of socio-economic infrastructure.

Overall 198,240 households benefitted from the light rehabilitation of relevant food and economic infrastructure, some almost 100 per cent of the overall target. These light rehabilitation activities include the restoration of bakeries, cash-for-work projects, the provision of dairy production kits for communities and the rehabilitation of irrigation canals, pumps, pipes and generators. At the same time, almost 32,800 households (16 per cent of the sector) benefitted from activities aimed at establishing and strengthening the capacity of the community to deliver essential services. Activities included environmental sanitation campaigns, the rehabilitation of water networks, mobile agriculture clinics as well as Disaster Risk Reduction (DRR) and early warning system trainings.

In contrast, achievements related to the rehabilitation of electricity infrastructure remained low, with only 71,000 people (46 per cent of the overall target) benefitting from the establishment and installation of emergency power generators, wind turbines and solar energy panels.

People in need supported with livelihood interventions

Throughout 2017 only 229,000 people, or 25 per cent of the overall target, were reached through activities aimed at supporting the restoration of disrupted livelihoods, intended to strengthen social protection and positive coping mechanisms.

Similarly, only 66,999 households, 67 per cent of the annual sector target, were reached through income-generating activities such as support to the establishment of small businesses, the provision of vouchers and the extension of training opportunities. These activities were carried out in



4.2M people benefitted from improved access to basic services and social infrastructure.



48 health facilities were rehabilitated or reinforced over the course of 2017.



Almost 13,000 classrooms were either constructed, established or rehabilitated in 2017.

STRATEGIC OBJECTIVE 3

Increase resilience and livelihood opportunities and affected people's access to basic services.

PROGRESS MADE

The 2017 HRP underscored the humanitarian community's recognition of the need to strengthen the resilience of affected communities, households and individuals through measures which protect and restore livelihoods, enable access to essential services and enable the light rehabilitation of infrastructure. In 2017 early recovery and livelihood activities were implemented in 139 sub-districts across Syria, benefitting over 4.7 million people. Some 4.2 million of these people benefitted from access to basic services and social infrastructure (roads, schools, hospitals and markets). These activities have helped generate improved access to services, while facilitating a cleaner and healthier living environment. These improvements were in part a reflection of expanded debris and solid waste management activities. However, achievement against the livelihoods restoration targets and the promotion of social cohesion remained low throughout 2017, with only 229,000 people (25 per cent of the overall target) directly benefitting from livelihood support.

People in need with increased access to basic social services

Building on the achievements of 2016, initiatives aimed at enhancing access to basic social infrastructure and social services were expanded in 2017. Specifically, advances continued to be made in expanding community-based protection responses through the establishment and expansion of the network of community centres, providing integrated protection services, as well as initiatives supporting family and community resilience (community-based organizations and initiatives). By the end of 2017 this network comprised 99 active centres across 12 governorates, supported by more than 2,100 outreach volunteers and mobile units, with a further expansion to 115 planned for 2018.

Regarding access to education, Education sector partners reached over 2.8 million children and youth, teachers and education personnel. Some 68 per cent of these beneficiaries were located in high severity of needs communities, where they faced catastrophic, critical or severe problems. Of the 2.8

PROGRESS MADE

IN CROSS-CUTTING COMMITMENTS



PROTECTION

In 2017, the WoS Protection sector proposed a strategic approach to the HRP that promotes and supports “Do No Harm” programming across the humanitarian response in Syria. As a step to achieve the above, all sectors/clusters were required to carry out sectoral-level protection risk assessments/analyses (PRA) to support partners’ project submission under the HRP. At the project level, all organizations submitting HRP projects were asked to include a PRA in their projects and therefore demonstrate evidence of how they reflected upon and ensured efforts to Do No Harm.

In the first half of 2017, a review was conducted on the compliance, impact and monitoring opportunities for the PRAs in the Syria HRP and provided recommendations on how the PRA and related tools could be improved. The review included a desk review of all relevant documentation, including the PRA guidance, HRP and sectoral PRA matrices and Online Projects/ Planning Systems (OPS) project submissions (581 projects). Following the desk review, 42 interviews were carried out with different sector/cluster coordinators (hub and WOS), OCHA leads involved in the HRP, a sample of donors, and a sample of UN agencies, INGOs, and Syrian NGOs, who submitted projects on OPS.

Despite some challenges, including the impossibility to monitor project implementation and follow up on the identified risks and mitigating measures identified by each partner, the review concluded that the PRA was a worthwhile exercise that had a positive impact on the approach to the response. It generated a more complete understanding and consideration of the Do No Harm imperative. With regard to compliance, the review found that 65 per cent of the OPS projects incorporated PRA (with different levels of quality), while 35 per cent of the projects

did not include any mention of PRA. Compliance was mixed across hubs and sectors, with no sector recording 100 per cent compliance. To overcome this low compliance rate, the review recommended that the OPS template be revised and have a specific section on the PRA, with a request from partners to specify identified risks and mitigating measures. This was created in the 2018 OPS. As a way to support sectors and agencies for this exercise and increase compliance and quality of protection risk analysis, the Protection sector in all hubs, with the support of OCHA, facilitated the roll-out of dedicated training sessions for partners in the different hubs.

The PRA remains a crucial step to hold sectors and submitting agencies/organizations accountable for addressing the Do No Harm imperative across the board.



RESILIENCE MAINSTREAMING

Several sectors expanded their activities to enable access to essential services, to undertake light rehabilitation of socio-economic infrastructure and to contribute to the creation of livelihood opportunities. These activities aim to increase people’s capacity to confront and withstand continuous shocks and shore up livelihoods whenever possible as part of humanitarian assistance to strengthen resilience and self-reliance. These activities and achievements included supporting people in resuming or strengthening their agricultural, livestock and food production capabilities; basic infrastructure rehabilitation, social service delivery and sector management capacity development (e.g. in health, education and WASH sectors); and socio-economic recovery and livelihoods support.

A resilience workshop was organized ahead of the 2018 HRP and provided good space for all key stakeholders for exchanging and sharing views on resilience. It was reaffirmed that the HRP should include resilience oriented programming (i.e. quality programming) and early recovery with a humanitarian objective and that all resilience activities in the HRP have to adhere to humanitarian principles and protection frameworks. Resilience is a quality programme approach – aimed at addressing humanitarian needs whilst reducing dependence on external assistance – to be adopted by all sectors.



CASH PROGRAMMING

To date, most assistance in Syria is being delivered in-kind, and both sectoral and multi-sectoral cash assistance have remained relatively small in scale. As of now, Food Security and Agriculture and Shelter/NFI are the main sectors using cash across multiple activities, although limited Cash Based Transfer (CBT) components have started to be integrated by other sectors. An increase in CBT programming was witnessed in 2017 compared to previous years with overall more than 4.3 million cash based response interventions reported in 2017, predominantly through vouchers.⁹

In 2017, CBT represented 21 per cent of the core NFI response, compared to 9 per cent in 2016; 26 per cent of the winter support NFI assistance. It represented 3 per cent of the overall Food Assistance response with on average 168,385 beneficiaries receiving cash or voucher food assistance each month as a regular food basket¹⁰ and 17 per cent of the Livelihood/Agriculture response under the Food Security sector.

68 per cent of CBT programming was implemented through cross border, out of which 78 per cent was implemented through vouchers. 94 per cent of CBT was used in accessible areas and 90 per cent of the beneficiaries were in areas ranked severity 3 (45 per cent) and 4 (44 per cent) which corresponds to the overall humanitarian assistance provided.¹¹ While limited, unrestricted cash rather than vouchers was preferred in UN-declared besieged and hard-to-reach areas and in more severely affected areas.¹²

In addition, reports indicate that -when feasible -sectoral cash and multi-purpose cash is increasingly considered for emergency response by cross-border partners. Unfortunately, multi-purpose cash, as well as the financial volume of cash assistance, was largely under-reported last year.¹³ It is therefore not possible to accurately analyze trends.

9. Vouchers are by default restricted cash transfers. There will be minimum restrictions on where a voucher can be spent.

10. Only cash/voucher distributed for regular basket. Cash/voucher for emergencies is excluded.

11. As of November 2017, 83% of people reached with humanitarian assistance were in accessible areas: https://reliefweb.int/sites/reliefweb.int/files/resources/wos_response_november_2017_180124.pdf

12. In East Ghouta, Food Security Sector recommended only restricted Cash due to limited markets access to prevent prices to skyrocket and targeted only specific and available commodities or used for Cash For Work

13. No reporting system and template was in place in 2017 to report multi-purpose cash. It has been introduced for 2018

NO LOST GENERATION

Throughout 2017, humanitarian partners worked to promote the importance of investment in children and young people, under the umbrella of the No Lost Generation initiative. As part of this, the Education sector in Syria continued to focus its work on scaling up equitable access to education, enhancing the quality of education services and strengthening education systems. The Syria Education Dialogue Forum (EDF) established under the framework of the Education Cannot Wait (ECW) investment for Syria has been working to ensure a unified and cooperative approach between the WoS actors and the Education Development Partners Group (DPG) on strategic and technical education issues that contribute to advancing systemic improvements across the WoS. The sector has also supported the finalization of the Syria Crisis Education Information Management Package which is designed to help education sectors in the HRP and 3RP countries plan and collect data in a way that is contextually relevant while ensuring regional coherence to the education response to the Syria crisis. WoS partners were also instrumental in designing and contributing to the strategic paper “Preparing for the Future of Children and Youth in Syria and the Region through Education: London One Year On”, which was presented at the 2017 Brussels Conference and maintained momentum around long-term commitments and accountabilities for education in Syria and the five neighboring host countries.

In the Child Protection sub-sector there was increased focus on separated and unaccompanied children, who are among the most vulnerable of all children in Syria. Having lost the care and protection of their usual caregivers, these girls and boys are at heightened risk of a range of protection threats, including child marriage, child labour recruitment by armed actors and abduction. Findings from the 2018 Humanitarian Needs Overview indicate that separation from caregivers continues to be an issue of concern with 52 per cent of assessed communities

Credit: WFP/Edward Johnson

reporting the occurrence of the issue. Events throughout 2017, including the retaking of Raqqa, reemphasised the urgent need for context specific and protection sensitive family tracing and reunification mechanisms to respond to the needs of unaccompanied and separated children. Significant investment was made across all coordination hubs in the development of such procedures, and 2017 saw Child Protection actors come together for the first time to collectively tackle issues of separation across lines and between international borders. Following several technical consultations, a WoS Operational Note on Unaccompanied and Separated Children was drafted to support a harmonized approach. This Operational Note guides the work in each hub to ensure actions are in compliance with internationally agreed standards, and that roles and responsibilities among agencies are clarified, to ensure a continuum of care for unaccompanied and separated children, in their best interests. This work-stream will remain a top priority of the Child Protection AOR in 2018.

Finally, programming for and with adolescents and youth inside Syria was implemented under the education, livelihoods, social cohesion, protection and health sectors either through interventions specifically designed for this cohort or explicitly mentioning them as one of the target groups. A tagging system for these interventions has helped to improve planning and monitoring of adolescent and youth-related projects; strengthen the coherence of interventions; and identify programmatic and financial gaps.



PREPAREDNESS

EFFORTS

During 2017, humanitarian partners developed a number of area-based preparedness and response plans. In accordance with the parameters and projects set out under the HRP, these plans provide planning assumptions and outline preparedness steps to inform an effective and timely humanitarian response where military-related developments such as changes in control and/or access status are likely to have a significant impact on needs and present specific response challenges to humanitarian partners. Plans have been developed at the intra-hub, inter-hub and WoS level according to the number of hubs/modalities responding in a particular area.

Plans were developed at the WoS level where the response of two or more hubs overlapped, requiring harmonization to ensure a unified and coherent sectoral response. In close coordination with the hubs, the WoS coordinators facilitated the development of the northeast Syria and East Ghouta response and preparedness plans.

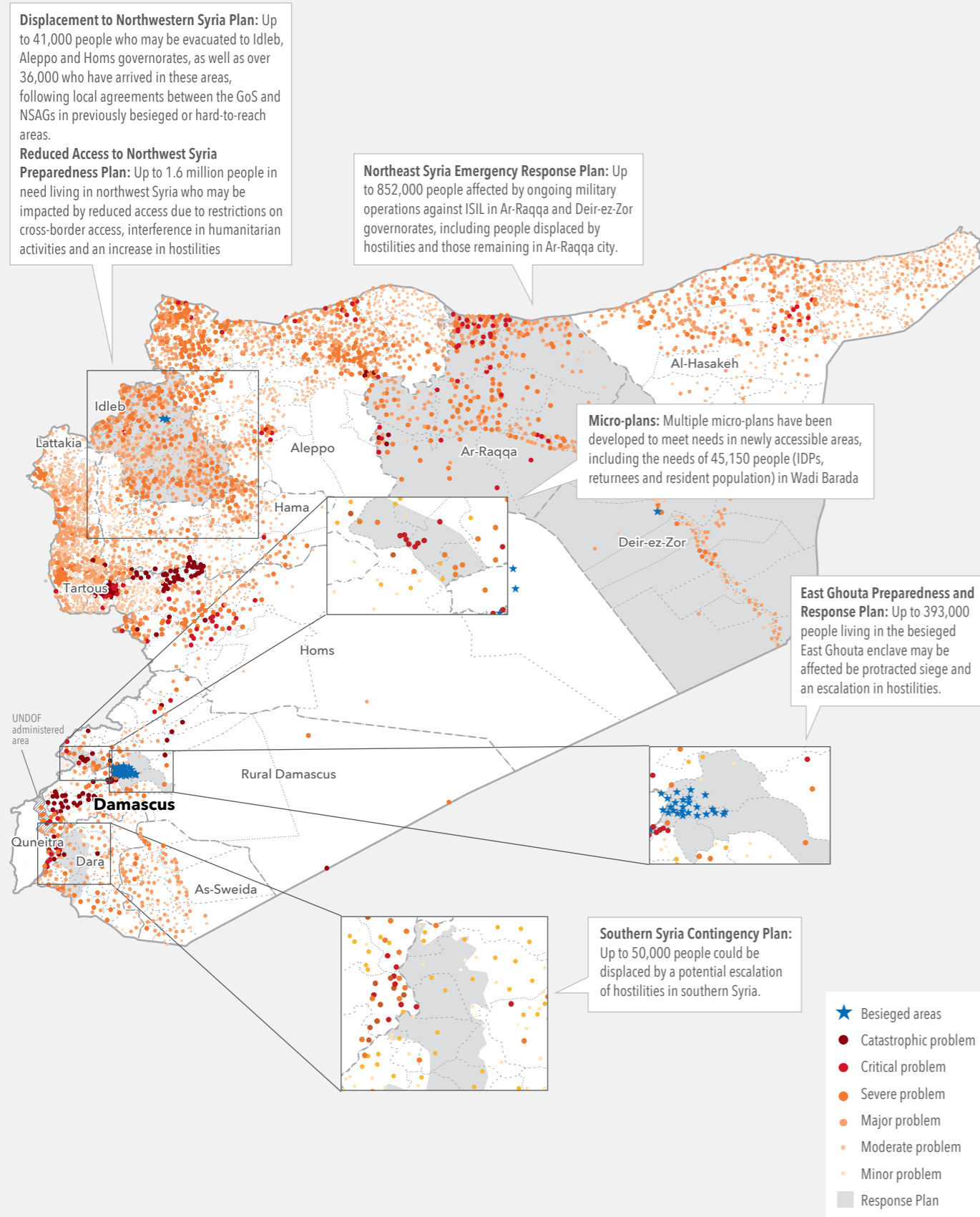
The northeast Syria plan, active until December 2017, brought together the mainly UN response from within Syria (Qamishli and Damascus cross-line), the cross-border response from Turkey and the NGO response from Iraq/ northeast Syria in an effort to capitalize on the comparative advantages of each. This avoids overlaps, strengthens operational harmonization and harnesses the response capacities of partners across multiple hubs. The last iteration of the plan, updated in September 2017, outlines the activities and response capacities required to meet the needs of approximately 852,000 affected people for at least three months following their initial displacement as a result of the anti-ISIL offensive in Ar-Raqqa, Al-Hassakeh and Deir-ez-Zor governorates. An East Ghouta plan was also developed in June 2017 and was subsequently updated during the beginning of 2018 to identify the humanitarian implications of an anticipated deterioration of the situation in the UN-declared besieged enclave in terms of access, the state of infrastructure and basic services, and displacement. The plan is still being updated as the situation unfolds.

In addition, plans have also been developed at an inter-hub and intra-hub level where the scope and area of response lies beyond the WoS remit. For instance, the Jordan (southern Syria) hub developed a Southern Syria Inter-Agency Preparedness Plan which outlines scenarios for the evolution of the situation in southern Syria and the humanitarian implications under each scenario. The November 2017 iteration of the plan outlined three possible scenarios against the backdrop of GoS gains in the North of Syria and the formalization of de-escalation areas in the south. Under these scenarios, a maximum of 50,000 people could be

displaced as a result of GoS ground offensives. Similarly, the Syria hub, in consultation with Jordan colleagues, developed an operational plan to deliver humanitarian assistance to Al-Rukban camp on the border with Jordan in November 2017. This plan outlines the operational requirements and prerequisites for the delivery of multi-sectoral assistance from within Syria through a pilot inter-agency convoy. In the Turkey hub, a Displacement to Northwestern Syria plan has been developed, outlining the humanitarian implications of the “evacuation” of civilians to northwest Syria as a result of local agreements between the GoS and NSAGs in previously UN-declared besieged or hard-to-reach areas. In addition, a Reduced Access in Northwest Syria plan has been developed by the Turkey hub, outlining the humanitarian implications of reduced access to areas of northwest Syria due to a combination of possible border closures from Turkey and increased restrictions on humanitarian operations by actors within Syria.

In addition to area-based response and preparedness plans, the Syria hub, in consultation with cross-border partners, is leading the development of 3-6-month duration micro-plans, covering previously UN-declared besieged and hard-to-reach areas where local agreements between the armed actors resulted in increased access. These micro-plans outline the short and medium term response in newly accessible areas (i.e. the period before regular programming resumes) and are informed by a solid protection risk analysis, operate strictly within the scope of HRP activities, and avoid the humanitarian response acting as a pull factor for return or hindering the voluntary return of IDPs. As of December 2017, plans for Aleppo, Wadi Barada, Homs (Al-Waer), Zabadani and Hama (Maar Dis, Tiba Elemam and Suran) were active.

INTER-SECTOR SEVERITY CATEGORIZATION IN RESPONSE PLANS



The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

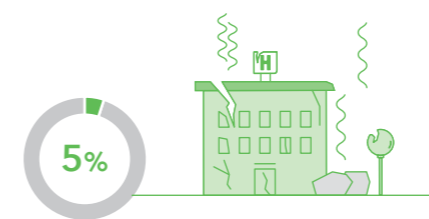
KEY

GAPS

During 2017 humanitarian partners strived to respond to all needs, while prioritizing assistance to people living in high severity of needs communities where they generally face catastrophic, critical or severe problems. However, recognizing that the scale, scope and severity of needs in Syria exceeds the response capacity of the humanitarian community and acknowledging the pervasive access challenges which exist across frontlines and affect all response modalities, there were significant gaps in the response during 2017.



Approximately 70 per cent of people facing catastrophic and critical problems, the highest severity levels as recorded by the inter-sector severity categorization tool, were not reached each month. Almost all live in UN-declared besieged and hard-to-reach areas where a combination of hostilities and bureaucratic impediments hamper the delivery of assistance.



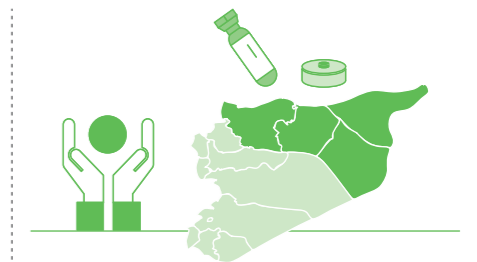
Implementation of light rehabilitation projects across selected sectors remained limited with, for instance, only 5 per cent of health facilities targeted under the HRP rehabilitated or restored.



During 2017 only 229,000 people, or 25 per cent of the Early Recovery sector's overall target, were reached through activities aimed at supporting the restoration of disrupted livelihoods and thereby contribute to greater resilience.



The departure from Syria of a large number of professional workers, particularly in the health and education sectors, continues to undermine public health and education services, as well as efforts of humanitarian partners to deliver on their targets under the HRP.



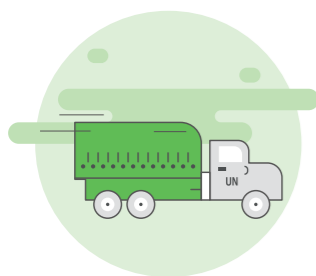
An insufficient presence of protection partners and specialized protection services has constrained the response in many areas. This is particularly notable in areas of northeast Syria, including Ar-Raqqa city and Deir-ez-Zor governorates, which have witnessed prolonged high intensity hostilities and where the presence of explosive hazards presents a threat even after immediate hostilities have subsided. Interventions in several situations have also suffered from the limited availability of specialized profiles in specific fields of the protection response (e.g. case management, structured psychosocial support, family tracing/reunification, legal aid particularly in the field of HLP), thus affecting quality programming.



Limited absorption capacity in already heavily populated IDP camps in northeast and northwest Syria has hampered the ability of humanitarian partners to provide shelter, protection and basic services to new arrivals who have been displaced from their homes as a result of hostilities.

KEY CHALLENGES

Gaps in the humanitarian response in Syria are due to multiple factors related to restrictions on humanitarian access, a lack of operational capacity in some areas and low levels of funding. Related issues constitute the core challenges faced by humanitarian partners in Syria.



ACCESS

High intensity hostilities and explosive hazard contamination continue to present a significant obstacle to humanitarian access, putting humanitarian staff, health workers and other service providers at considerable risk as they deliver assistance or provide basic services.

Denial of authorization to operate, the delay in providing facilitation letters and the removal of critical medical supplies from cross-line convoys has limited the quantity and quality of supplies delivered from within Syria to UN-declared besieged and hard-to-reach areas. In 2017 only 27 per cent (275,571) of those people targeted under the UN inter-agency convoy plans were actually reached between January and December.

Border closures and/or restrictions on the shipment of supplies from neighboring countries also presents a periodic challenge, while challenges in obtaining registrations or work permits from neighboring countries have in some cases resulted in programme suspensions.

Interference in the humanitarian response, including the detention of humanitarian staff, the occupation of humanitarian warehouse or compounds and administrative requirements undermine an effective, timely and principled response.

From the Turkey hub, an increasingly restrictive regulatory operational

environment has compelled a number of partners to either scale down — leading to a loss of technical expertise — or relocate to other response hubs — presenting challenges in terms of operational coordination and hampering the ability to establish partnerships with Syrian NGOs. From the Syria hub, while access through inter-agency convoys still represented an important modality, meaningful access required a sustained presence to consult the affected population and identify risks and needs. This possibility remained limited and regulated, including in newly accessible areas under Government control.

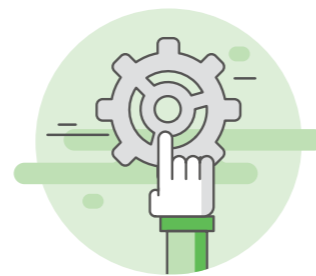
A complex environment for humanitarian actors, particularly for certain sectors, to carry out proper needs assessments, with no interference from authorities and with the necessary independence that should characterize humanitarian interventions, is increasingly emerging, with negative repercussions on response design.



FUNDING

Only 51.6 per cent of the 2017 Humanitarian Response Plan (HRP) was funded, in some cases leading to interruptions in the delivery of humanitarian life-saving emergency assistance and precluding the ability of partners to rapidly scale up the provision of assistance to people in need as required.

Low levels of funding have particularly affected the ability of some sectors to reach their targets under the HRP, with only a fraction of the population targeted for livelihood assistance under the Early Recovery sector strategy reached.



OPERATIONAL CAPACITY

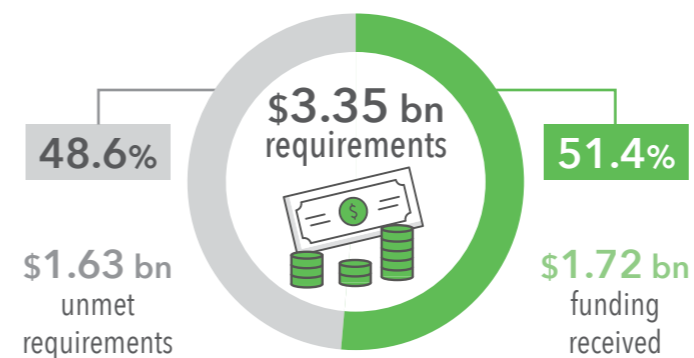
Constraints on staff movements have limited capacity-building support to Syrian local staff and partners, undermining progress towards more quality service provision.

The difficulties faced by Syrian NGOs in accessing direct funding has limited their ability to scale-up assistance and contributed to gaps in the response, particularly where there is limited presence of international partners.

Limited capacity in areas including cash-based programming, resilience and early recovery, shelter rehabilitation and protection (including technical HLP capacity) constitutes an obstacle to scaling up and diversifying services across Syria through quality programming.

KEY CHALLENGES

FUNDING UPDATE TO 2017 SYRIA HUMANITARIAN RESPONSE PLAN (AS OF DECEMBER 2017)



Of the US\$3.35 billion request by the humanitarian community to implement the 2017 HRP, US\$1.73 (51.6 per cent of overall requirements as per funding reported under FTS) were mobilized. A further US\$464 million was reported to be for humanitarian projects outside of the 2017 HRP or unreported funding under the 2017 HRP.

Continued under-funding constitutes a key limiting factor precluding the predictable delivery of humanitarian assistance and provision of basic services to people in need across Syria. For a number of sectors, funding gaps affected the ability of partners to sustain humanitarian life-saving assistance and to maintain the scale of their response.

FUNDING UPDATE TO 2017 SYRIA HUMANITARIAN RESPONSE PLAN BY SECTOR (AS OF DECEMBER 2017)

Sector/Cluster	Funded *	Unmet	Requirements
FOOD SECURITY	569.6	742.5	1312.1
NON-FOOD ITEMS (NFIS) AND SHELTER	126.9	357.7	484.6
HEALTH	160.7	304.2	464.9
PROTECTION	59.2	227.8	287
EDUCATION	116.1	133.8	249.9
WASH	83.5	135.2	218.7
EARLY RECOVERY AND LIVELIHOODS	23.4	138.4	161.8
NUTRITION	12.2	53.2	65.4
COORDINATION	59.8	(3.1)	56.7
CAMP MANAGEMENT AND CAMP COORDINATION (CCCM)	8.2	24.3	32.5
LOGISTICS	23.8	(7.3)	16.5
ETC	0.6	0.3	0.9
CLUSTER NOT YET SPECIFIED	390.9		
MULTIPLE CLUSTERS	86.3		

*as per FTS

PART II: SECTOR ACHIEVEMENTS

	Protection	30
	Camp Coordination & Camp Management	36
	Early Recovery & Livelihoods	38
	Education	40
	Food Security & Agriculture	43
	Health	51
	Nutrition	56
	Shelter/NFI	59
	Water, Sanitation and Hygiene	62
	Logistics	54



PROTECTION

PROGRESS TOWARDS SECTOR OBJECTIVES

The 2017 Protection Strategy aimed at (i) increasing the protection of populations at risk from the consequences of the crisis through tailored protection activities to prevent respond to, and advocate against rights violations, (ii) strengthen the capacity of humanitarian actors and duty bearers, with a focus on national and community-based actors, to assess, analyse, prevent and respond to protection needs (iii) providing survivors with access to quality specialised GBV services and put in place measures to prevent and reduce risks of GBV, (iv) reducing the impact of explosive hazards, and (v) increasing and rendering more equitable access for boys and girls to quality child protection interventions in targeted locations, in line with Child Protection Minimum Standards in Humanitarian Action.

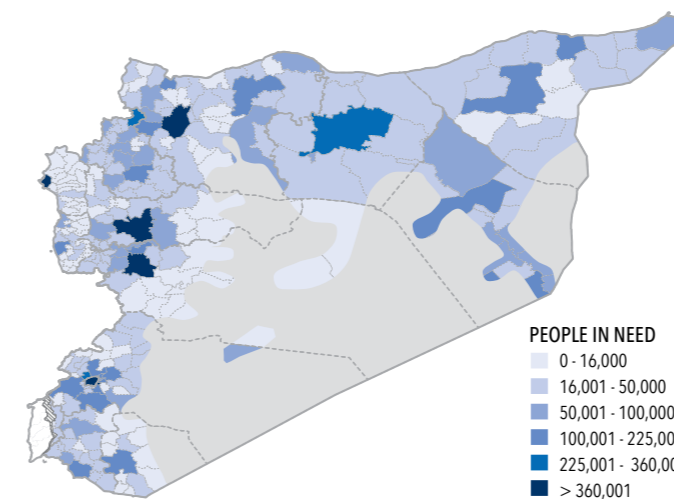
Community-based protection

A significant number of interventions continued to be carried out through community-based protection approaches, relying on a network of 99 community centres active across 12 governorates by the end of the year (Syria hub), more than 50 women and girls safe spaces and child-friendly spaces, as well as structured child protection interventions enabling coverage of 381 communities across 14 governorates. During 2017, additional facilities were opened in newly accessible areas, particularly in Rural Damascus, Homs and Aleppo, as well as areas where increased returns have been observed. Community centres acted as interaction spaces and offered a wide array of protection services and self-reliance support, including psycho-

social support services; legal aid, particularly on issues related to civil documentation; non-formal learning opportunities for children and youth, and activities to improve skills and opportunities to generate income for persons with specific needs; GBV prevention and response; child protection services; and assistance for persons with disabilities. The community-based protection approach also relied on an increased and strengthened mobile capacity, enabling expanded reach to affected populations in areas of new displacement but also in areas of spontaneous IDP return, by assessing protection risks and referring those in need to appropriate services, including those provided by static facilities. From the Syria hub, this was achieved through a network of almost 2,200 outreach volunteers and almost 60 mobile units. In addition, 70 mobile units were active in support of integrated GBV and Reproductive Health interventions, as well as Child Protection volunteers who operated in areas covered by Child Protection facilities. These resources formed the backbone of the mobile capacity and enabled partners to respond more rapidly and extensively to emerging protection needs, expand coverage of services and ensure the inclusion of persons with reduced mobility or visibility.

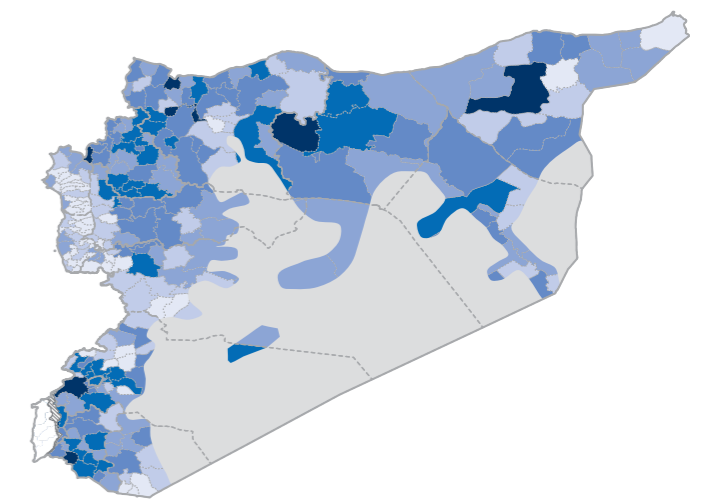
In the Turkey hub, enhanced field coordination resulted in minimum service response packages being delivered in an integrated manner to affected communities. A mixed-modality approach to service delivery was applied – through static service points and mobile outreach teams. Due to the dynamic nature of the context, this approach supported affected populations with multiple entry points to protection services and also supported continual service delivery in rapidly-changing circumstances.

PIN MAP



PEOPLE IN NEED
 0 - 16,000
 16,001 - 50,000
 50,001 - 100,000
 100,001 - 225,000
 225,001 - 360,000
 > 360,001

SEVERITY MAP



Psychosocial support

Psychosocial support activities remained a fundamental component of the protection response across all Areas of Reponseability (AoRs) given pervasive trauma and distress, at different degrees of severity, amongst the population. By the end of 2017, 976,500 psychosocial support interventions had been conducted by Protection, Child Protection and GBV partners, 76 per cent of which targeted children. While specialized interventions for children and GBV survivors were carried out under the respective responses, a variety of general psychosocial support interventions were also offered to other affected populations, largely through the above-mentioned modalities¹⁴. Interventions ranged from basic support such as recreational activities and community mobilisation to more specialized individual/group sessions and referrals, to specialist mental health partners via the Health sector. In the Syria hub, a Mental Health and Psychosocial Support (MHPSS) Task Force co-chaired by the Protection and Health sectors addressed specific aspects and developed standard ToRs for case managers, assessed MHPSS training needs, developed harmonised MHPSS awareness material and started mapping MHPSS services. A MHPSS cross-border technical working group was established mid-2017 in the Jordan hub to coordinate and establish referral pathways of MHPSS services.

Legal counselling/legal assistance

Legal counselling and legal assistance services were a core activity during 2017, particularly in supporting the registration of civil events in obtaining civil status documentation. These activities were aimed at ensuring legal identity and recognition, improving freedom of movement for IDPs within the country, facilitating access to assistance and services, and enabling the registration of civil status events so to avoid potential statelessness. A network of some 230 lawyers operated in community centres, legal clinics and other facilities to raise awareness on the importance of civil registration and documentation and other legal issues. By the end of the year, the network had offered individual advice and legal assistance to more than 131,200 people.¹⁵

From the Syria hub, technical and in-kind support to the Directorate of Civil Affairs was provided to restore the capacity of civil registry offices in affected and newly accessible areas, enabling them to serve the population and improve overall access to personal status registration and documentation. At the end of 2017, a technical workshop on Civil Registration and Documentation support was organized in the Syria hub, gathering technical experts from legal partners, key Sector members as well as Government representatives. This event enabled them to share information on existing capacity and activities in this specific field, identify scope for coordination, and possible additional initiatives in support to IDPs, returnees

and affected population.

Housing, land and property (HLP) issues continued to grow and will increasingly pose challenges, especially as returns increase. In 2017, the Protection cluster in Gaziantep formed an HLP Technical Working Group which gathered cluster coordinators and HLP practitioners to strategize about preventing and resolving HLP issues through a multi-sectoral approach. In the Syria hub, Protection sector representatives took part in an inter-sector technical Working Group on HLP where HLP legislative developments and issues of concern for humanitarian operations were reviewed and discussed. In the Jordan hub, the Protection Working Group released several guidance notes on civil documentation linked to birth registration and education, and HLP in shelter guidance, as well as food security and livelihoods.

Gender-based violence

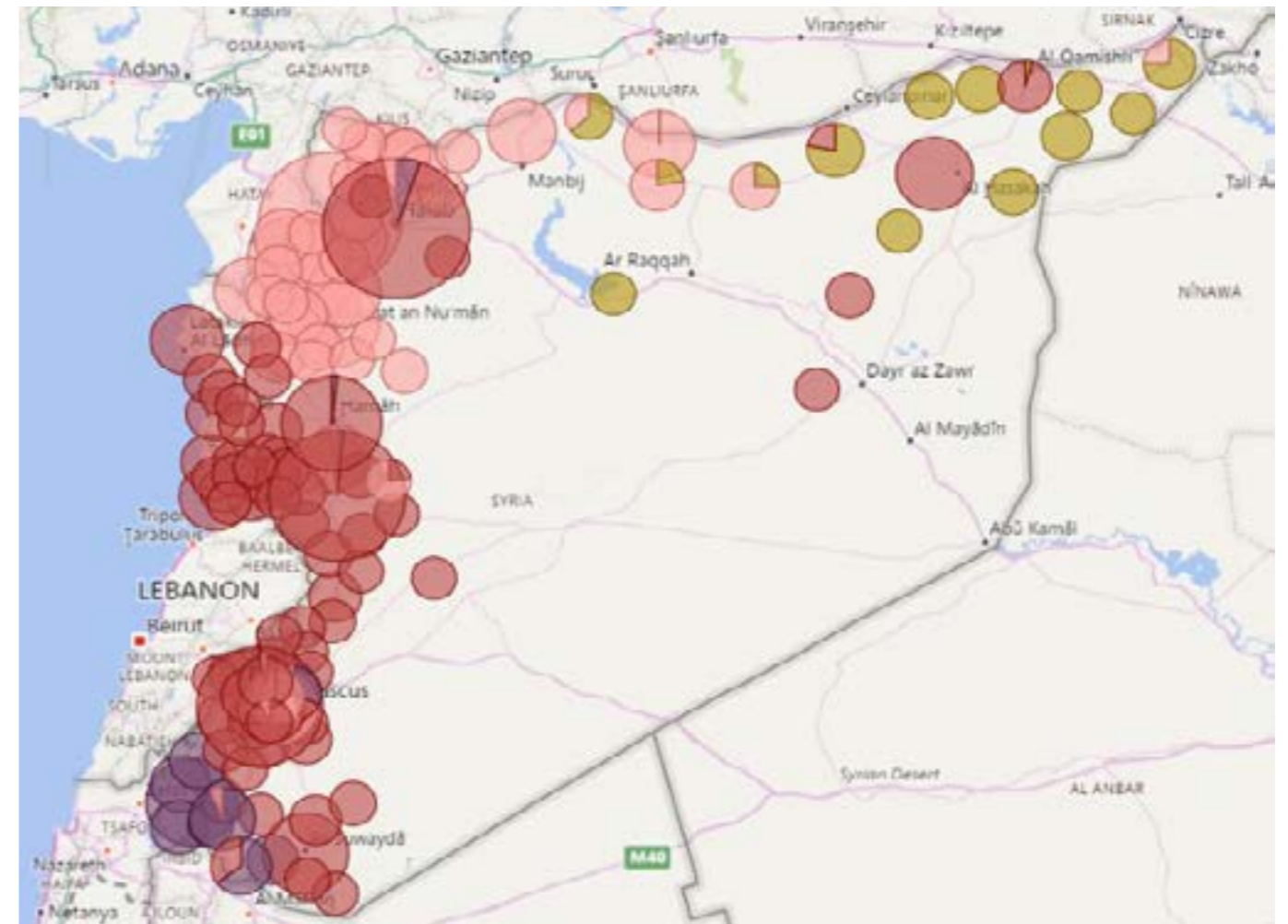
GBV specialized services were made available in 152 communities in 94 sub-districts across Syria, representing an increase of 48 communities since the previous year. 73 partners have provided 86,104 GBV services, with 425,540 people reached with prevention and empowerment activities. By the end of the year, 3,692 humanitarian actors had been trained on GBV including case management, specialised psychosocial support and establishing women and girls spaces, adolescent girl-friendly services and how to ensure GBV services are inclusive, especially for people with disabilities. Specialised service provision was expanded through capacity building initiatives, mobile outreach, increased women and girl safe spaces, community centres, and community-based women committees. Over 64,000 dignity kits were provided to displaced women and girls and to those living in UN-declared besieged and hard-to-reach areas.

Referral pathways were reviewed and improved in eight governorates, with particular attention to the situation in North East Syria and with localised pathways through cross-border operations. Sector partners reported an increasing number of referrals through cross border operations. A GBV reference group was formalised for the Jordan hub. Overall, 56 organizations and 87 staff received trainings, including 60 Psycho-Social Support (PSS) actors and 27 health actors, based in both Turkey and Syria from cross-border operations from Turkey. 23 partners operating from Turkey cross-border have now signed standard operating procedures, which were to be finalised in the Syria hub and Jordan hub in cooperation with multiple partners.

In response to the findings of the 2017 HNO, GBV and reproductive health actors launched a strategy to address the specific needs of adolescent girls and mitigate the gender based violence they are exposed to. Health services and women and girls safe spaces are more welcoming to adolescent girls as a result.

The development of a standard emergency response package, integrating GBV, child protection, mine action and general protection services enabled a quick protection response to

CUMULATIVE GBV AOR BENEFICIARIES BY HUB (JAN-DECEMBER 2017)



sudden displacements. For GBV, this package, operated both through static facilities and mobile teams, included the provision of psychosocial support and case management, the distribution of dignity kits, referral to other service providers and the dissemination of key messages. The close collaboration with the Ministry of Social Affairs and the Syrian Commission for Family Affairs and Population resulted in the establishment of the Family Protection Unit (FPU) provided comprehensive GBV services, including two shelters for women and children.

Child Protection

The Child Protection response, in line with the No Lost Generation (NLG) strategic framework, worked towards improving access to quality child protection services in prioritised locations, through investing in a combination of prevention and response strategies. Child Protection responses were available in 526 communities — including in 52 and 15 communities classified as hard-to-reach and besieged by the UN respectively — in 168 sub-districts, representing an increase of 119 communities compared to the previous year. 53 per cent of the locations reached were ranked with 4, 5 and 6 on the severity scale.

Child protection actors provided almost 680,000 girls and boys with structured child protection and psychosocial support programming. Over 65,000 men and women were supported with parenting programmes and a further 1.25 million individuals with awareness raising and social mobilization initiatives on child protection issues, such as prevention of separation and psychosocial/self-care practices. These community-based child protection and psychosocial support programmes — delivered through fixed and mobile modalities — were critical in reducing vulnerabilities, strengthening individual and community resilience and self-coping mechanisms, and increasing awareness about protection risks for children while also mitigating their impact. Building on investments made in developing common guidance and building capacity, over 19,000 children at risk and survivors of violence, abuse, neglect and exploitation were provided with specialized child protection services through case management. Finally, efforts to build a systematic and sustainable child protection workforce has been central to the achievements, reaching almost 10,000 men and women in 2017.

The Child Protection response also saw the expansion of specialized services to respond to the specific needs of children at risk and survivors of violence, abuse, neglect and exploitation. This was made possible due to the roll out of hub-specific SOPs

14. Community centres, mobile units and ORVs

15. This number does not include awareness-raising activities.

and associated tools that clarify the roles and responsibilities of those involved and improve the quality and predictability of services for children. Of particular note was the advancement of responses for Children Associated with Armed Forces and Armed Groups and unaccompanied and separated children, including through convening key stakeholders on cross-line and cross-border Family Tracing and Reunification and drafting of operational guidance. Particular attention was given to expanding the pool of skilled child protection practitioners, including through the roll out of the global case management supervision, a coaching training programme, and the endorsement of a training package by the Cabinet of Ministers.

Mine Action

Widespread presence of explosive hazards in areas where hostilities have taken place continued to be one of the main protection concerns in Syria. While explosive hazard surveying, marking and removal by humanitarian mine action partners remain limited, the sector has sought to mitigate the impact of hazards by expanding the reach of risk education. By the end of the year, risk education had reached more than 2.47 million people across Syria, particularly children, in schools, camps, community centres, as well as through house-to-house sessions, including in UN-declared hard-to-reach areas and newly accessible areas. This was made possible through the provision of training of trainers in explosive hazards risk education to over 13,250 people, including school teachers. In northern Syria, the sector integrated the distribution of risk education materials in activities undertaken by Shelter/NFI and Food Security and Livelihoods partners to reach a larger number of people at risk.

In parallel, in affected areas in northeast Syria, specific protection messages were developed to better inform IDPs about potential risks they face when on the move or returning home. From the Syria hub, the risk education partnership was extended beyond the Ministry of Education to the Ministry for Social Affairs and Labour, the Ministry of Local Affairs and the Ministry of Information.

Contamination impact surveys were also expanded, reaching 550 communities. The information collected was to better inform risk education messaging and help prioritize areas for further surveying, marking and removal of explosive hazards. Over 1,277 survivors of explosive hazard incidents have received victim assistance services during the reporting period, including physical rehabilitation, self-care and socio-economic integration support.

CHANGES IN CONTEXT

In 2017, across many areas of Syria, the civilian population remained trapped in desperate situations and were subjected to severe violations of humanitarian and human rights law. A reduction of hostilities and relative stability was observed in certain parts of the country, including in some of the de-escalation areas and in some locations where so-called “local agreements” were reached. These developments contributed to a reduction of the population in UN-declared besieged areas and an increase in spontaneous IDP returns. Despite these limited improvements, the Astana process has not contributed to a real reduction of hostilities in many other identified “de-escalation zones” and active hostilities have persisted in several locations such as Idleb, Ar-Raqqa, Deir-ez-Zor and East Ghouta, posing extreme challenges for the protection of civilians.

Following the Turkish-sponsored “Euphrates Shield” operation in March 2017, access of protection actors from Turkey to areas east of the Euphrates River grew increasingly difficult. The management of protection services provided east of Jarablus were effectively halted or shifted to other operational hubs and actors operating in northeast Syria.

Serious protection concerns emerged in the wake of military operations conducted in Ar-Raqqa and Deir-ez-Zor governorates, which generated large-scale displacements. Concerns included the protection of civilians due to active hostilities and widespread presence of explosive hazards, restrictions on freedom of movement for IDPs due to security measures implemented by local entities and sub-

standard conditions in IDP sites with limited possibilities for alternative hosting arrangements in local communities. Return movements to Ar-Raqqa city, reported from October 2017, raised significant concerns related to the physical safety of the displaced population: due to the high level of explosive hazards contamination in areas of return and the informed nature of those movements. Contamination also restricted access for humanitarian and protection actors to Ar-Raqqa and Deir-ez-Zor, rendering complex and specialized protection interventions difficult to implement. The number of people affected by the extensive presence of explosive hazards increased during the reporting period. The risk posed by such threats grew exponentially with continued hostilities, and partners had an extremely limited capacity for explosive hazard clearance operations. Specific protection needs also emerged in relation to spontaneous returnees, including in civil documentation, HLP issues, protection presence, and risk education.

With 800,000 IDPs estimated to have returned during the course of 2017, particularly to East Aleppo, Homs, Rural Damascus, specific protection needs emerged including in civil documentation, assistance on multiple HLP issues, protection presence and assessments and risk education. The sector severity scale was adapted to consider the impact of IDP spontaneous returns at the sub-district level. While strategies, methods of work and community-based approaches remain unaltered, priority locations have also factored in the return trends.

CHANGES IN PIN

In accordance with the inter-sector PiN, the number of people in need of protection assistance has marginally decreased from 13.5 to 13.3 million in 2017.

SEVERITY UPDATE

16. Details of the updated severity scale analysis of September 2017 can be found here: https://www.humanitarianresponse.info/system/files/documents/files/wos_protection_sector_severity_ranking_-_as_of_sep_2017.pdf

The Protection sector severity scale was updated in September 2017¹⁶ and was adapted to include the impact of IDP returns on severity of needs (the first indicator of the severity scale now include % of IDP and returnees). Since September 2016, 106 (out of 272 sub-districts) changed categorization in the scale, with 43 sub-districts showing increased severity of protection needs. Population in severity ranks 6 (catastrophic) and 5 (critical) taken together show a decrease of around 959,000 in the total population. This includes a decrease of 850,100 in IDPs, but with an additional 532,600 spontaneous returnees. Much of this is linked to the significant decrease in persons in UN-declared besieged and HTR areas.

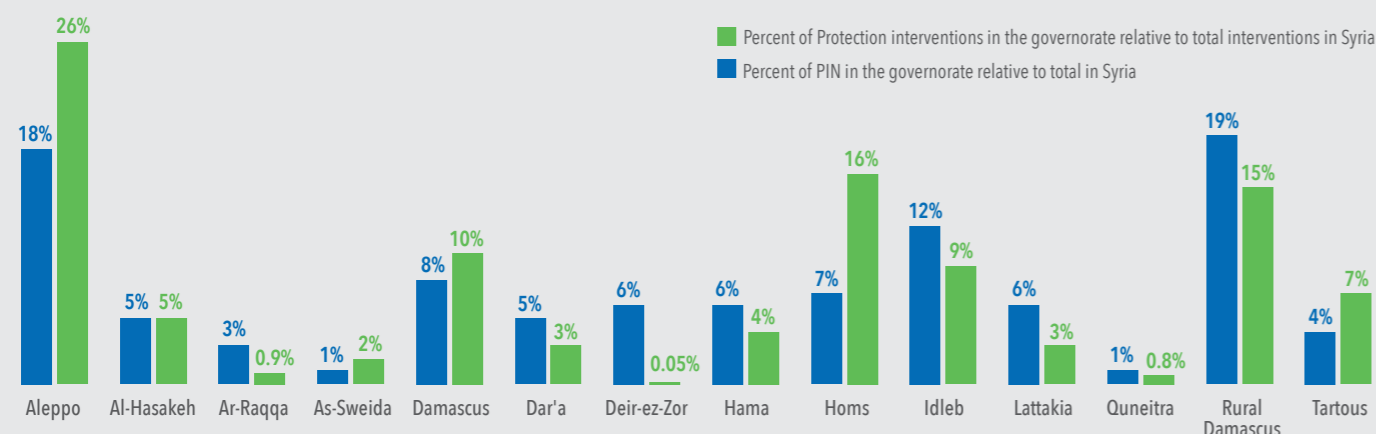
None of the UN-declared besieged locations are in catastrophic sub-districts. 22 out of 30 are in critical sub-districts, with five in severe and the remaining three in sub-districts categorized as major problem.

KEY GAPS

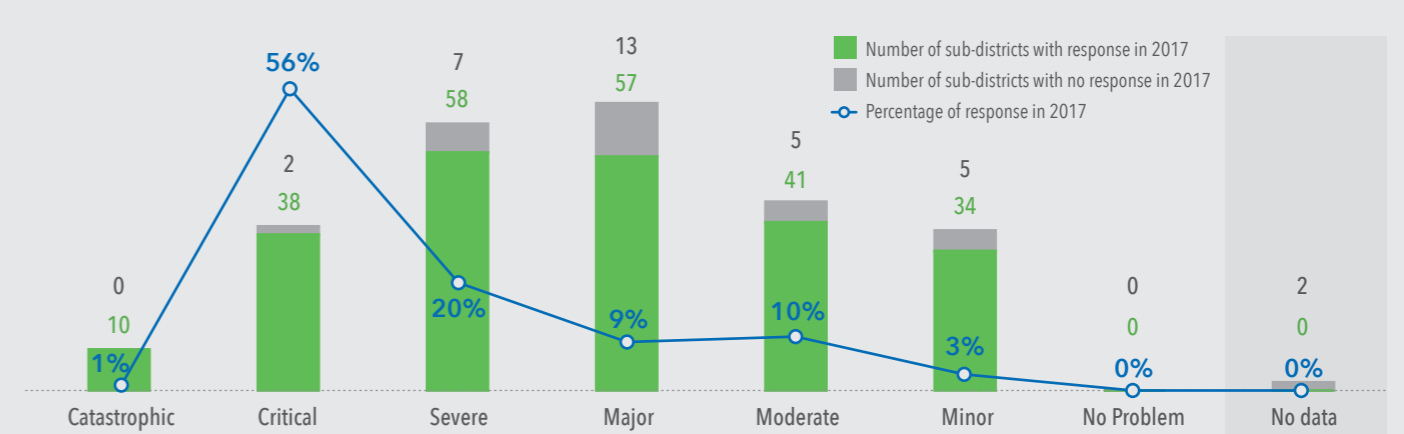
While the reach of services generally continued to increase across the protection response in 2017, with a total of 1,975 communities reached, important capacity gaps remain. In particular, gaps were noted in specialized services such as case management, family tracing and reunification expertise in specific legal issues (e.g. HLP), specialized services for persons with impairments, the elderly and other at-risk groups. While the lack or loss of civil documentation is the most commonly reported protection issue in non-government-controlled areas, it remained very difficult for IDPs and affected persons to obtain government-issued documentation. This continued to lead to a risk of statelessness among the population and to hamper access to education, work, and housing, land, and property rights, among others.

Shifts in frontlines often leave population needs initially unattended due to the concern of protection actors operating in the areas to continue their activities in the changed circumstances. Conversely, the physical implementation timeframe to scale up activities by protection actors from

COMPARISON OF RESPONSE BETWEEN GOVERNORATES/COHERENCE OF COVERAGE ACROSS THE RESPONSE



RESPONSE VIS-À-VIS SEVERITY RANKING (SEVERITY SCALE AS OF SEP 2017)



other hubs, particularly facilities such as community centers, needs to be considered.

In terms of geographic coverage, while the protection presence has steadily increased in Ar-Raqqa Governorate, important gaps remain in terms of availability of specialized protection services. These gaps are due to obstacles in expanding activities in those locations for partners traditionally operating in Government-controlled areas, the vast territory to cover and the bureaucratic impediments faced by several national and international. Up until December 2017, no protection presence was reported in Deir-ez-Zor Governorate. From the Turkey hub, community-based holistic protection programming also remained a gap, in light of continuous displacement and increased population movement. Following initial emergency services, integrating IDPs and other persons affected by hostilities into existing humanitarian programming is critical.

Over half of the sub-districts in Syria have no GBV response (137). While efforts have increased the number of services in Northeast Syria, large gaps remain in Deir-ez-Zor and Ar-Raqqa. Gaps in referral pathways remain and SOPs are not finalized in all hubs. Even though initial steps have been taken to ensure GBV risk mitigation measures were included in other sectors and to coordinate with the GBV AoR, more efforts are needed to reach international standards.

The lack of systematic and large-scale explosive hazard survey, marking and removal activities represent one of the main gaps across the country. While risk education remains one of the most widespread protection activity, the number of victims to explosive hazard incidents continues to increase significantly while humanitarian access was seriously restricted, such as in Ar Raqqa city.

KEY CHALLENGES

During 2017, regular humanitarian access continued to be a major challenge for the protection response, amidst security concerns due to ongoing hostilities as well as bureaucratic impediments. This has limited the capacity and scope of protection actors to respond and scale-up protection services as needed, particularly in areas such as northeast Syria

From the Turkey hub, an increasingly restrictive regulatory operational environment has compelled a number of protection partners to either scale down — leading to a loss of technical expertise — or relocate to other response hubs — presenting challenges in terms of operational coordination and hampering the ability to establish partnerships with Syrian NGOs.

From the Syria hub, while access through inter-agency convoys still represented an important modality, meaningful access for protection actors required a sustained presence to consult the affected population and identify protection risks and needs. This possibility remained limited and regulated, including in newly accessible areas under Government

control. Shifting frontlines led to a loss of humanitarian presence and expertise in certain areas and did not necessarily translate into predictable and sustainable access for partners operating from the Syria hub, despite the coordination of activities through inter-sector ‘micro-plans’. In Northeast Syria, bureaucratic requirements have hampered the expansion of operations in major areas of displacement, despite pressing protection needs. Limited access had an impact on the provision of adequate mentoring and coaching of new staff.

Maintaining continuity of services proved particularly difficult and was further compounded by shorter donor funding cycles and the fact that most funding continues to be channelled to Syrian NGOs through UN agencies and international NGOs. However, the constrained operational environment for international protection actors precludes the development of positive synergies between local and international actors. These challenges contribute to high turnovers in staff, hindering retention of knowledge and skills, while presenting difficulties related to remote-management programming.

Beyond humanitarian access, the overall environment for protection activities and for protection actors working with IDPs and local communities in Syria remains complex. In GoS-controlled areas, the processes of identification of protection needs and risks, and of evidence gathering to shape the programmatic protection response was closely scrutinized. This in turn deterred partners from participating. The independence in data collection during protection needs assessment and protection monitoring is of concern. Advocacy needs to continue at the highest levels to address the highly regulated environment for protection assessment and monitoring activities.

Restrictions to conduct clearance activities remained the main challenge for mine action. In addition to threatening the lives of millions of civilians, it has a negative impact on the delivery of the overall humanitarian response, as well as the implementation of recovery projects.

For the GBV response, some national laws and legislations that are not in favour of women and girls’ rights continued to be a complicating factor. The sensitivity of GBV issues and related fear of stigma, retaliation and lack of trust of the service has led to under reporting.

Underfunding of the protection response also had serious consequences, affecting human resource availability and hampering proposals to increase mobile activities and immediate support and outreach to the population in need. Sustained funding for programming that addresses both immediate and medium to long term needs is essential for humanitarian actors to be able to address growing needs through their services and programmes.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Increase the protection of populations at risk from the consequences of the crisis through tailored protection activities to prevent, respond to, and advocate against rights violations. (Relates to Strategic Objectives 1, 2, 3)

ACTIVITY	INDICATOR	IN NEED	BASELINE	TARGET	RESULT
1.1. Quality protection services, particularly community-based including awareness raising and other activities delivered to people in need through community centres, outreach volunteers, mobile teams, and support to community-based initiatives.	1.1.a. No. of people reached through awareness raising sessions on protection risk mitigation.	Overall Protection PIN	249,800	339,300	860,800
	1.1.b. No. of people reached through community-based protection services.		962,100	1,571,300	895,800
	1.1.c. No. of interventions supporting community-based initiatives.		4,400	1,400	1,555
1.1. Quality protection services, particularly community-based including awareness raising and other activities delivered to people in need through community centres, outreach volunteers, mobile teams, and support to community-based initiatives.	1.2. No. of people receiving individual assistance to reduce protection risks including material assistance, or referrals to specialised services or sectors.	Overall Protection PIN	196,000	359,000	200,300
1.2. Provision of legal counselling or assistance on civil documentation/ registration, housing/land/property issues in accordance with the national framework.	1.3. No. of people receiving legal counselling or assistance, including civil documentation and HLP issues.	Overall Protection PIN	49,800	267,900	128,700
1.3. Provision of psychological first aid (PFA), structured psychosocial support (PSS), and support to Mental Health PSS.	1.4. No. of people receiving PFA, structured PSS, and mental health PSS.	Overall Protection PIN	239,000	209,200	151,700
1.4. Advocacy with duty bearers and key stakeholders to inform and enhance the response to protection risks.	1.5. No. of initiatives incorporating protection advocacy.	NA	NA	22	64

Sector Objective 2: Strengthen the capacity of humanitarian actors and duty bearers, with a focus on national and community-based actors, to assess, analyse, prevent, and respond to protection needs. (relates to Strategic Objectives 1, 2, 3)

ACTIVITY	INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Activity 2.1: Capacity-building activities on risk mitigation and response interventions targeting humanitarian actors and national authorities implementing protection activities to mainstream protection and Do-No-Harm.	2.1.a. No. of persons' who receive capacity building to implement protection interventions for prevention and response and ensure Do No Harm.	NA	3,900	6,450	9,966
Activity 2.2: Protection monitoring and periodic needs identification conducted by sector members.	2.2.a. No. of communities reached with protection monitoring	All communities identified as in need	80	380	371
	2.2.b. No. of communities reached with periodic needs assessment by sector members.	NA	300	640	228

Sector Objective 3: Survivors have access to quality specialised GBV services and measures are in place to prevent and reduce risks of GBV (relates to Strategic Objective-01 SO-02 SO-3)

ACTIVITY	INDICATOR	IN NEED	BASELINE	TARGET	RESULT
3.1: Provide humanitarian life-saving specialised quality GBV services, including case management, psychosocial support and establish referral pathways.	3.1.1. # of communities that have at least one type of specialized GBV services.	All communities identified as in need	104	180	152
	3.1.2. # of specialized GBV services provided.	NA	73,523	157,899	86,100
3.2: Enhance strategies to empower women and girls and prevent GBV, with a particular focus on adolescent girls.	3.2.1. # of beneficiaries reached with women and girls empowerment and GBV prevention activities.	Overall Protection PIN	391,003	1,139,855	425,500
3.3 Build the capacity of GBV specialist and non-specialist to respond, prevent and mitigate GBV.	3.3.0. # of humanitarian actors trained on GBV (includes all trainings: CMR, MISP, SOPs, GBV, IASC etc.).	NA	6,305	8,721	3,700

Sector Objective 4: Reduce the impact of explosive hazards (relates to Strategic Objective 2)

ACTIVITY	INDICATOR	IN NEED	BASELINE	TARGET	RESULT
4.1: Conduct risk education for at-risk groups.	4.1.1 # of people who received risk education.		2,417,100	2,912,000	2,469,800
	4.1.2 # people trained to conduct RE.		NA	8,800	13,250
4.2: Conduct contamination surveys	4.2.1 # of communities where contamination survey has been conducted.		NA	1,070	550
	4.2.2 # of # of explosive hazard tasks completed		NA		191
4.3: Provide victim assistance services for people with disabilities, including survivors of explosive hazard incidents.	4.3 # of people reached with victim assistance services.		NA	7,500	1,277

Sector Objective 5: Increased and more equitable access for boys and girls to quality child protection interventions in targeted locations in line with the Child Protection Minimum Standards in Humanitarian Action

ACTIVITY	INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Activity 5.1: Community-based child protection is available for girls and boys in prioritized locations.	5.1.1 # of girls and boys engaging in structured, sustained child protection programmes, including psychosocial support.	Overall Protection PIN	249,800	339,300	860,800
	5.1.2 # of women and men engaging in parenting programmes.		962,100	1,571,300	895,800
	5.1.3. # of individuals benefiting from child protection awareness raising and community events.		4,400	1,400	1,555
	5.1.4 # of adults and children groups/committees supported to ensure the community's active participation to prevent and respond to child protection issues.				
Activity 5.2: Specialised child protection services (case management) for girls and boys are available in prioritized locations.	5.2.1. # of girls and boys who are receiving specialized child protection services through case management.	290,000 (**)	18,500	44,000	19,200
Activity 5.3: Strengthen human resource capacity to respond to child protection concerns in Syria.	5.3.1. # of men and women trained on child protection in line with child protection minimum standards.	NA	9,200	11,500	9,700

(*) Estimated 20% of parents of children under 18 in need of parenting programmes

(**) Estimated 5% of child PIN in need of specialised child protection services



CAMP COORDINATION AND CAMP MANAGEMENT

PROGRESS TOWARDS SECTOR OBJECTIVES

The CCCM cluster response strategy for 2017 aimed at enhancing the general protection environment in IDPs sites in Northern Syria by focusing on four inter-related areas (i) providing coordinated, humanitarian life-saving and multi-sectoral assistance to people living in IDP sites, (ii) disseminating operational information on sudden mass displacements on a timely basis; iii) improving the physical conditions in these IDP sites and responsibility of those working in them; iv) strengthening the resilience of households and communal coping mechanisms in the IDP sites.

All CCCM activities were coordinated in compliance with the Do No Harm principle, whereby camp establishment should remain the last-resort and strategies for exit and camp closure should be considered when feasible.

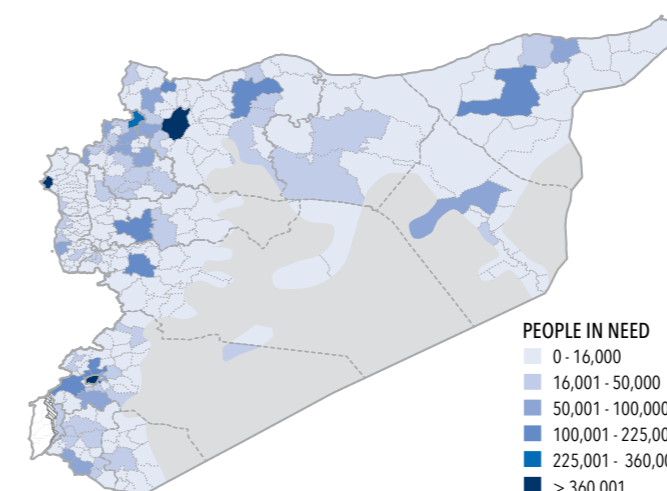
During the reporting period, members of the CCCM sector were able to coordinate the provision of multi-sectoral lifesaving assistance to 413,944 IDPs living in 375 IDP sites, including in 274 informal settlements, 16 planned camps, 4 transit/reception centres and 81 collective centres in the governorates of Aleppo, Ar-Raqqa, Hama and Idleb. The collective response of sector members encompasses Food, WASH, Shelter, NFI, Education, and Protection. During the reporting period, 92 per cent of IDP residents were serviced with potable water, 90 per cent of the residents were served with waste removal services, 89 per cent were reached with sanitation services, 85 per cent of the residents were covered for shelter needs, and 80 per cent were reached with food and 73 per cent were reached with NFI assistance on a monthly basis. Overall, this represents 92 per cent implementation against the sector's HRP indicator for 2017.

46 new IDP sites were established in Idleb and Aleppo, hosting 21,882 IDPs, as well as two new reception centres in Idleb and Aleppo. In the second quarter of 2017, six of the newly established sites were emptied due to insecurity. Several forced evacuations and massive displacements took place during 2017, with the CCCM Reception Centres (RCs) in Idleb and Aleppo consequently serving as first reception points for 33,233 IDPs.

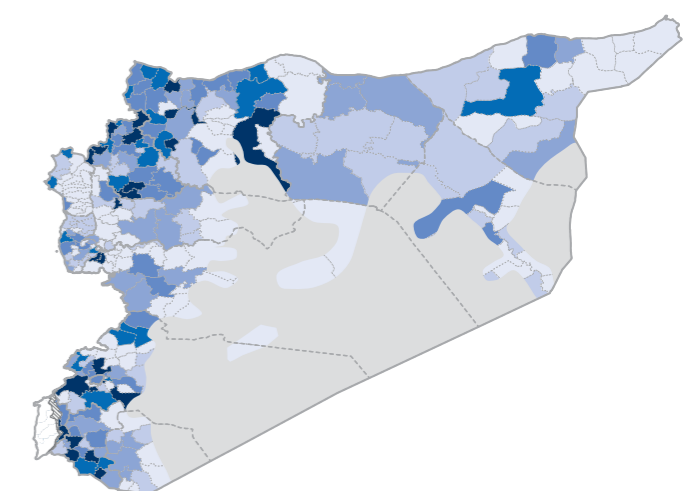
During 2017, the CCCM cluster tracked 1,608,074 unique displacements in 1,246 communities across seven governorates in Syria. Displacement tracking was critical in informing a speedy response based on movements and needs. The IDP Situation Monitoring Initiative (ISMI) continued to provide consistent qualitative and quantitative reports on IDP movements, including numbers, locations, and intentions in the form of reports, maps and info-graphics. Furthermore, the Cluster continued to conduct a monthly gap analysis of all IDP sites serviced by members in order to facilitate the coordination of the multi-sectoral response. Over 360 IDP sites were assessed and assisted on a monthly basis.

CCCM cluster members continued their efforts to provide solution-oriented, environmentally friendly and cost-effective interventions to improve the basic infrastructure of IDP sites. This resulted in more dignified access to services, thereby improving the protection of IDPs. 122,074 IDPs benefited from graveling of internal roads and pathways, 38,000 IDPs were targeted with shelter upgrade (tent insulation, external waterproofing and raising the level of the tent from the ground), 69,425 IDPs benefited from WASH services, 122,500 benefited from rain water drainage systems and 114,914 were targeted with fire safety measures in IDP sites.

PIN MAP



SEVERITY MAP



CHANGES IN CONTEXT

The constant changes in access and shifts in frontlines have led to large waves of displacements and highly impacted cluster members' capacity and outreach. 1,390,631 displacements were reported during 2017, including 536,590 new arrivals in Idleb and 411,787 in Aleppo governorates. Prolonged hostilities increased the vulnerability of the displaced population and increased the ratio of movements to IDP sites in comparison with off-sites. In Idleb Governorate, 27 per cent of the total number of IDPs now live in such sites.

The movement into IDP sites continues to increase as resources decrease. The offensive in Ar-Raqqa and Deir-Ez-Zour caused massive displacements. Due to a lack of alternatives, many IDPs moved to IDP sites in Raqqa, Hassakah and other northern governorates. While some IDPs moved back to these cities as the offensive ended, many are still in these sites and remain in need of humanitarian assistance. Concurrently military clashes in northern Hama and southern Idleb governorates forced about 2,000 IDPs to flee from 20 IDPs sites in Sinjar in Southern Idleb. The sector received very limited funding to support IDP sites in northern Syria, contributing to poor humanitarian conditions in these sites and less regular service provision to IDPs.

There has been a noticeable increase in the interference by NSAGs in the work of humanitarian actors in IDP sites in northern Aleppo and Idleb governorate. This has severely hindered the ability of humanitarian actors to provide assistance in these locations. In order to avoid compromising core humanitarian principles, humanitarian actors have spent more time negotiating access, adversely affecting the timeliness of the response.

CHANGES IN PIN

Since the last HNO (September 2016), the CCCM PiN has decreased by 167,973 individuals.

SEVERITY UPDATE

During 2017, the number of sub-districts with a high severity of need increased from 86 to 98, in large part due to increased needs and new displacements across Syria.

KEY GAPS

One of the major gaps experienced in northern Syria is a lack of space in the existing IDP camps. IDP sites are normally located in areas that are relatively safe since they are distant from frontlines. After years of conflict, these sites have become heavily populated and have been running beyond their absorption capacity for years.

The spontaneous nature of the majority of IDPs sites results in the absence of accountable camp management services in northwest Syria. This remained a gap, mostly due to a lack of security and shrinking humanitarian space in the absence of accountable de facto authorities, coupled with HLP issues and a shrinking operational environment.

While funds were available for the lifesaving humanitarian assistance, accessing funds to address the daily service provision in IDP sites remained a gap in 2017. IDP sites are often dependent on activities for the provision and maintenance of daily services such as waste-removal, electricity, water and others. The lack of funding has also forced some of the key CCCM actors to downsize activities in IDP sites in these areas.

KEY CHALLENGES

The instability of the security situation, changes in context and hindered access continued to be the key challenges hampering the response in northern Syria. Due to the shift in frontlines in Aleppo and Idleb and access restrictions to IDP sites in Jarablus and Azaz areas, cluster members were unable to conduct sufficient needs assessments and provide adequate assistance in these locations. Actors in these locations continued interfering in the work of humanitarian actors and have also undertaken forced evacuations in some camps.

Despite the strategy of the CCCM Cluster to ensure that camps will remain the last-resort for IDPs, the increased vulnerability among the displaced population resulted in more movements to these last-resort IDP sites. Many IDPs are hosted by communities in proximity to camps and tend to use camp resources. This adds pressure on infrastructure in sites that are for the most part running beyond their absorption capacity.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Provide coordinated life-saving humanitarian multi-sectoral assistance to people living in IDP sites

INTER-SECTOR OUTCOME INDICATOR	SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
1.5 IDPs in camps, informal settlements, collective shelters and receive multi-sectoral assistance	Life-sustaining humanitarian assistance is provided in IDP sites	Multi-sector responses in IDP sites	# of IDPs living in IDP sites provided with life-saving humanitarian assistance	1,010,000	340,000	450,000	
		Multi-sector responses in IDP collective centres specifically (sub-set)	# of IDPs living in collective centres provided with life-saving humanitarian assistance	685,000	20,000	50,000	413,944
		Construct more life-saving humanitarian critical infrastructure such as fire-breaks, drainage & flood prevention...	# of IDPs living in IDP Sites with improved essential infrastructure	340,000	N/A	150,000	
		Monthly Needs assessments in camps	# of Multi-sectoral gap analysis of IDP camps published in 2017	N/A	0	12	N/A

Sector Objective 2: Disseminate operational information on sudden mass displacements on a timely basis.

INTER-SECTOR OUTCOME INDICATOR	SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
1.4. Rapid response mechanisms in place to respond to needs of rapid on-set IDPs	IDPs in need of life-saving humanitarian assistance are quickly identified.	Track IDP movements and analyses displacements trends	# of displaced persons identified during a sudden mass displacement	N/A	800,000	N/A	1,567,388

Sector Objective 3: Disseminate operational information on sudden mass displacements on a timely basis.

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
IDPs sites and NGOs providing services are more accountable to the residents of IDP sites	Promote participatory management structures	# of IDPs living in sites with participatory management committees (including active participation by women)	340,000	50,000	100,000	N/A
	Training on camp management and/or protection mainstreaming for Humanitarian Actors.	# of IDPs benefiting from NGOs with reinforced capacities in camp and collective centre management.	N/A	50,000	150,000	N/A
Improved physical conditions in IDP sites.	Site renovations and improvements to key infrastructure	% of IDP settlements reporting improved infrastructure from the CCCM infrastructure checklist	N/A	N/A	At least 55%	N/A
Equal access to services	Promote equal access to goods and services in IDP camps to all residents	% of IDPs settlement where women, girls, boys and men have equal access to basic goods and services			At least 75%	N/A

Sector Objective 4: Strengthen household and communal coping mechanisms in IDP sites.

INTER-SECTOR OUTCOME INDICATOR	SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
3.4. Specific vulnerable groups (elderly, disabled, single headed households, etc) benefit from resilience-building and livelihood support	Strengthening communal self-protection and resilience in IDP settlements	Equip and train emergency responders and IDP committees in IDP sites	% of IDP settlements with self-run emergency response capabilities (first aid, fire response...)	340,000	Fewer than 10%	At least 30%	38,162
	Promote household resilience and exit strategies	Implement tailored livelihood activities designed to enable HHHs to restore their assets and leave IDP sites for more better solutions	Increase of funds dedicated to HH resilience % of residents who voluntarily leave IDP sites as reported to newly established IDP committees.	340,000 N/A	USD 600,000 N/A	Increase of 150% 5% per quarter	N/A N/A
	IDPs are enabled to choose more dignified and/or durable solutions	Assist site residents in the closure of IDP sites with particular emphasis on collective centres that were formally schools	# of IDP sites that were closed due to a voluntary resettling of IDPs to other locations.	1,010,000 (all IDP sites are a last resort)	0	5	N/A



EARLY RECOVERY & LIVELIHOODS

PROGRESS TOWARDS SECTOR OBJECTIVES

The 2017 Early Recovery and Livelihoods (ERL) response strategy was focused on (i) ensuring the provision of sustainable and efficient service delivery and basic community infrastructure, (ii) establishing adequate livelihoods as part of socio-economic recovery, and (iii) promoting social cohesion and community engagement in early recovery efforts to strengthen the resilience of affected people.

People living in Syria experienced further hardship in 2017, during which the security situation and living conditions remained major challenges. The deterioration of basic services and the gap between availability and demand for these services continued to be the underlying factors informing the prioritization of interventions by the Early Recovery and Livelihoods sector.

In 2017 the ERL sector achieved solid results with respect to its sector objectives. Over 4.7 million people (87 per cent of the target) benefited from early recovery and livelihood interventions through improved access to essential services, rehabilitation of affected livelihoods and promotion activities for improved social cohesion and civic engagement. Over 4.2 million people benefited from the restoration and rehabilitation of productive, basic and social infrastructure, and had improved access to better services and cleaner and healthier environments to work and live in. Over 57,000 temporary job opportunities were created where ERL partners were also able to employ over 40,000 people in debris and solid waste management as well as the rehabilitation of affected neighborhoods (366 per cent of the target) and 17,268 people in basic and social infrastructure rehabilitation (179 per cent of the target). Over 229,000 people benefited from livelihood support through loans, grants or productive assets. 16,683 people developed their capacities through their participation in vocational and resilience-based ERL training programmes. 3,113 women received livelihood support through loans, grants, assets and vocational trainings. Over 5,700 vulnerable households received regular cash

transfers or in-kind support. Over 168,900 community members benefited from social cohesion activities and initiatives, including 11,583 youth and adolescents engaged in or leading social cohesion and/or civic engagement initiatives. Moreover, 5,987 people with disabilities benefited from an integrated rehabilitation programme through various services such as disability aids and physiotherapy.

ERL activities were implemented in 139 sub-districts (mostly in accessible areas) over the entire country. Needs and opportunities for more interventions of the ERL sector are expected to continue and expand.

In 2017, the ERL sector led seven sector meetings in Damascus and 12 in Gaziantep. The ERL sector will engage with other sector partners in Damascus, Gaziantep and Amman to further explore policies, action plans and programmatic entry points.

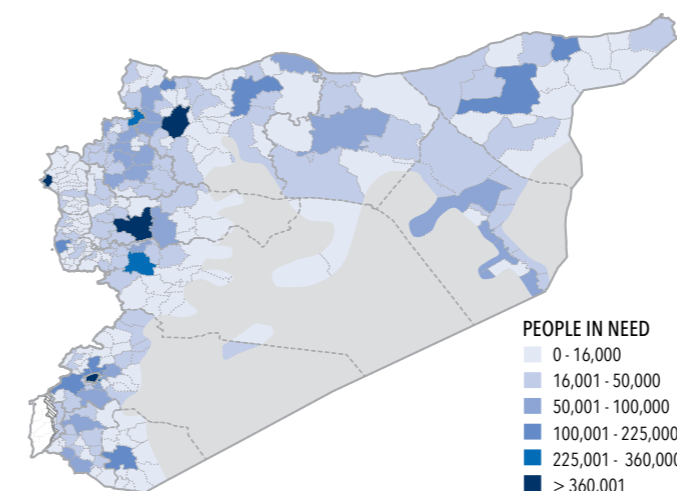
CHANGES IN CONTEXT

The ERL sector work became increasingly significant in 2017. Changes on the ground and the increase in the number of accessible areas led to further opportunities for ERL interventions, in a context where the overall humanitarian needs remained immense.

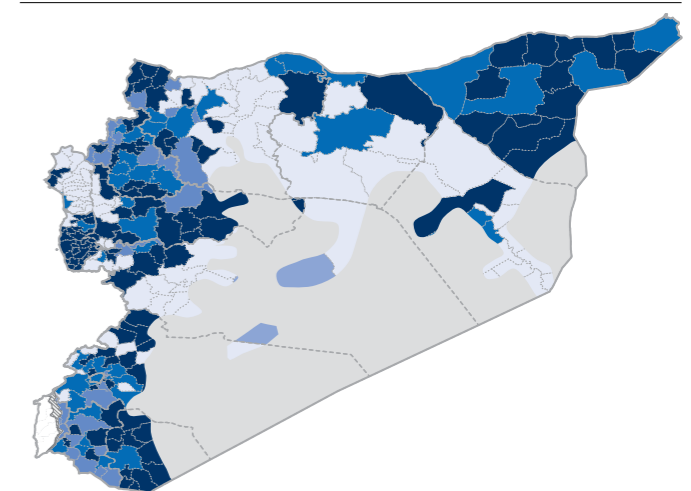
The ERL sector coped with changing situations and challenges on the ground triggered by the prevailing crisis. Good and flexible planning with all sector partners was a key area of success, particularly for response planning in some newly accessible areas – including but not limited to Moadamiah, Wadi Barada, Barzeh and Eastern Aleppo – where the need for ERL support was critical due to the high level of destruction/damage to infrastructure and critical living conditions. This response also enabled the voluntarily return of displaced people to their communities and the restoration of their livelihood activities.

The ERL sector took the lead in implementing and coordinating several interventions in newly accessible areas. The sector

PIN MAP



SEVERITY MAP



responded through solid waste and debris removal, infrastructure rehabilitation, the provision of livelihood opportunities through labour intensive mechanisms, support to agriculture through the provision of agricultural inputs and farming tools, in addition to social cohesion actions and initiatives to promote peacebuilding and create social synergies within targeted communities.

CHANGES IN PIN

The identified number of people in need of ERL support increased from 9.2 million in 2016 to 13.8 million in 2017, due to the increase in the number of accessible areas, the growing need to rehabilitate infrastructure that was totally or partially destroyed, as well as the growing need for job opportunities due to vast destruction of jobs and livelihoods as a result of the crisis.

SEVERITY UPDATE

The ERL sector conducted a severity analysis at sub-district level in August 2017 through key informants. designed around 16 indicators to assess severity of needs in 263 sub-districts in the country.

The analysis concluded that close to half of the population was in need of improved access to basic social services as well as livelihoods and income generating opportunities. More than half of the basic social infrastructure was destroyed and/or was non-operational. 55 per cent of people in Syria do not have a job and three quarters of young people in Syria are without reliable employment. An increasing number of people in Syria are resorting to harmful coping mechanisms in the absence of decent employment and livelihoods opportunities.

KEY GAPS

Despite the high percentage of people targeted having been reached by the ERL response in 2017, critical response gaps were identified by the sector. Due to the lack of funds and limited access, youth and women were not sufficiently reached through livelihood support. The number of returnees in recently accessible areas was limited due to lack of rehabilitation of infrastructure in those areas.

For seven ERL sectors indicators, the indicator achieved over 100 per cent of the established targets, mainly around the rehabilitation of productive, basic and social infrastructure (roads, schools, hospital, collective housing/shelters, markets, etc.) and debris and solid waste management, in addition to responses related to job opportunities created in debris and solid waste management and rehabilitations in affected neighbourhoods and host communities.

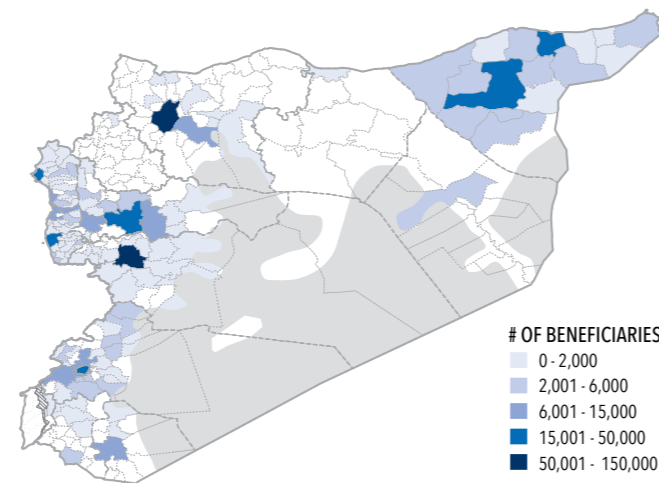
KEY CHALLENGES

A continued shortage in funding has hampered the ability of the ERL sector to scale of access to livelihood opportunities and some basic services in 2017. The ERL sector only received US\$23.4

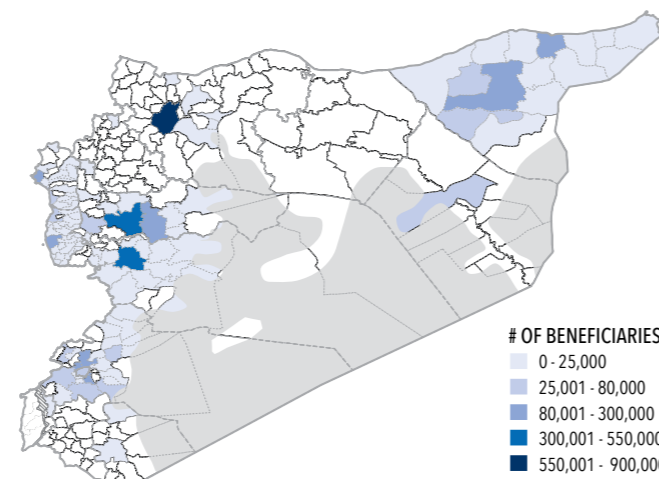
million in 2017 approximately 14 per cent of the funding requested by the sector under the 2017 HRP and only 5 per cent of the overall HRP appeal. A scaled up ERL response remains essential in contributing to reducing aid dependency and increasing resilience as a basis for more durable solutions. Capacities of local NGO partners need to be strengthened to develop a network of qualified ERL partners. This would enable the sector to respond to growing ERL requirements and emerging opportunities.

Movement constraints and accessibility to hard-to-reach areas, and cross-line and cross-border interventions continue to be a challenge. Assessments on the availability and accessibility of basic infrastructure are required to highlight the need for major rehabilitation efforts and support the design of a work plan. The Health, WASH, Education, and Shelter/NFI sectors are all undertaking rehabilitation work, which requires a high level of coordination to avoid gaps and overlaps. In addition, the low engagement with the private sector in ERL activities, and the limited understanding of their role is hampering the revival of the local economy.

DIRECT BENEFICIARIES 2017



INDIRECT BENEFICIARIES 2017



SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Improve safe access to basic and social essential services and infrastructure for affected people and institutions relates to SO3

SECTOR OUTCOME	SECTOR ACTIVITY	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Safe access to basic and social services improved	1.1. Restore and rehabilitate productive, basic and social infrastructure (roads, schools, hospital, collective housing/shelters, markets, etc.) in affected areas including areas of return and host communities focusing on labor-intensive schemes	1.1.1. Number of affected people with better access to: basic and social infrastructure and services		735,057	1,330,957	711,313
		1.1.2. Number of people employed in basic and social infrastructure and services		1,385	8,620	16,665
		1.1.3. Number of affected people benefiting from restoration of local businesses, shops, markets and workshops.				69,427
		1.1.4. Number of people employed in the restoration of local businesses, shops, markets and workshops			1,000	603
1.2. Implement debris and solid waste management relying on labor-intensive schemes		1.2.1. Number of affected people having better access to: cleaner and healthier environment to work and live in.	7,689,484	1,626,910	2,588,500	3,426,250
		1.2.2. Number of people employed in debris and solid waste management and rehabilitation of affected neighborhoods and host communities.		11,151	10,930	39,240
1.3. Rehabilitate electricity infrastructure through power station rehabilitation and alternative energy source provision in affected areas (where possible including areas of return and host communities)		1.3.1. Number of affected people benefiting from establishment and installation of emergency power generators, wind turbines and solar energy panels.	11,807,610	3,800,000	155,000	71,000
		1.3.2. Number of employed in installation of emergency power generators, wind turbines and solar energy panels.				864

Sector Objective 2: Restore disrupted livelihoods for strengthened social protection and positive coping mechanisms of affected people and vulnerable groups relates to SO3

SECTOR OUTCOME	SECTOR ACTIVITY	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Disrupted livelihoods rehabilitated and restored complemented by social protection	2.1. Restore micro- and small-scale enterprises through grants, loans and productive assets.	2.1.1. Number of affected people benefiting from livelihoods support (loans, grants and productive assets, ...).	5,269,106	47,807	608,030	229,058
	2.2. Establish capacity development and vocational training programmes and entrepreneurship skills	2.2.1. Number of affected people benefiting from capacity development and vocational training programmes.	5,269,106	5,071	141,101	12,676
	2.3. Develop and implement an integrated rehabilitation programme for PwD offering various services such as disability aids and physiotherapy.	2.3.1. Number of People with Disabilities benefiting from rehabilitation programmes such as disability aids and physiotherapy.		104	11,160	5,987
	2.4. Develop and implement a targeted female headed household livelihoods support through Cash-for-Work, assets support, grants and toolkits provision and vocational training, business startup grants and distribution of productive assets	2.4.1. Number of women receiving livelihoods support (loans, grants, assets, vocational training...) aggregated by gender and age	2,775,574	5,287	13,862	3,113
	2.5. Develop and implement a targeted youth employment and business support activities including business startup grants and distribution of productive assets	2.5.1. Number of youth benefiting from livelihoods support (business, self-employment and seed funding for social and business entrepreneurship initiatives).	5,777,105	3,224	117,200	57
	2.6. promote social protection schemes addressing social and economic needs of identified vulnerable groups	2.6.1. Number of vulnerable HH receiving regular cash transfer or in-kind support		7,983	15,100	5,708

Sector Objective 3: Promote social cohesion and local participation for more resilient communities relates to SO2

SECTOR OUTCOME	SECTOR ACTIVITY	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Inter Intra communal positive dynamics and social cohesion enhanced	3.1. Develop and implement participatory adolescent and youth-led community-based activities promoting civic engagement and social cohesion.	3.1.1. Number of community members benefitting from social cohesion	13,202,535	11,666	40,816	68,319
		3.1.2. Number of adolescents and youth involved in or leading social cohesion and/or civic engagement interventions		6,151	451,200	100,583
	3.2 Develop and implement capacity development programme for local partners on ER and other related matters	3.2.1. Number of community members trained on ERL and resilience-based approaches promoting social cohesion	5,777,105	281	4,898	3,449
		3.2.2. Number of youth trained on ERL and resilience-based approaches promoting social cohesion		225		558



EDUCATION

PROGRESS TOWARDS SECTOR OBJECTIVES

The 2017 Education response strategy was in line with the No Lost Generation framework and aimed at (i) increasing safe and equitable access to formal and non-formal education for crisis-affected children and youth, (ii) improving the quality of formal and non-formal education for children and youth within a protective environment, and (iii) strengthening the capacity of the education system and communities to deliver a timely, coordinated and evidence-based education response.

Overall, 2,815,531 children and youth, teachers and education personnel benefited from education interventions, with 68 per cent of beneficiaries living in communities classified as high as per the education severity scale (4,5,6). Overall 34 per cent of beneficiaries were reached in UN-declared besieged and hard-to-reach areas.

Within the access pillar, 2,450,362 children and youth had increased opportunities in formal and non-formal education at pre-primary, primary and secondary levels. The most vulnerable children, those who had been displaced and were out-of-school, benefitted from a range of assistance. 31,019 children were provided with community-based Early Childhood Education (ECE) services for school readiness, 139,413 children were given teaching and learning materials, 351,783 children participated in school feeding programmes, and 175,987 children were given access to formal and certified accelerated learning programmes, Curriculum B, and other non-formal education programmes such as the self-learning programme. Access to safe learning environments was increased through the rehabilitation or the establishment of 12,809 additional classrooms, with gender-sensitive WASH facilities benefitting 536,627 girls and boys. In addition, 341,882 children and youth have benefited from life skills and citizenship education programmes in informal settings.

Sector partners placed a greater emphasis on improving the quality of education service provision to cater to the specific needs of children in Syria. Capacity development schemes included enhancing the skills of teachers and education personnel on active and child centered learning. Furthermore, education partners have facilitated training to 24,664 teachers and education personnel, of which 4,198 teachers were training on psychosocial support.

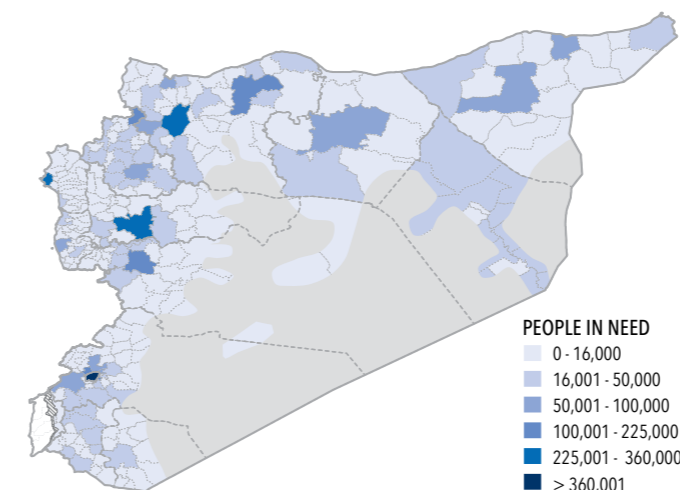
As part of efforts to strengthen the Education system, Education sector partners supported 912 education actors to build capacity on data collection in crisis contexts, including through Education Management Information System (EMIS) data collection and analysis. In addition, a major achievement is the joint effort of sector members and education authorities that allowed for 11,838 boys and girls to cross from UN-declared besieged and hard-to-reach areas to sit the official national exams (9 and 12 grades).

In 2017 the Education Cannot Wait (ECW) initiative selected Syria as one of its initial investments in response to protracted crises. The WoS Education sector is coordinating the \$15 million ECW Syria investment that aims to provide a strategic approach to address the severe and complex education needs in the country. The programme is designed to provide quality education interventions for 65,000 children that are either out of school or at risk of dropping out in 31 sub-districts in the governorates of Aleppo, Damascus, Hama, Homs, Idleb, Latakia, Rural Damascus.

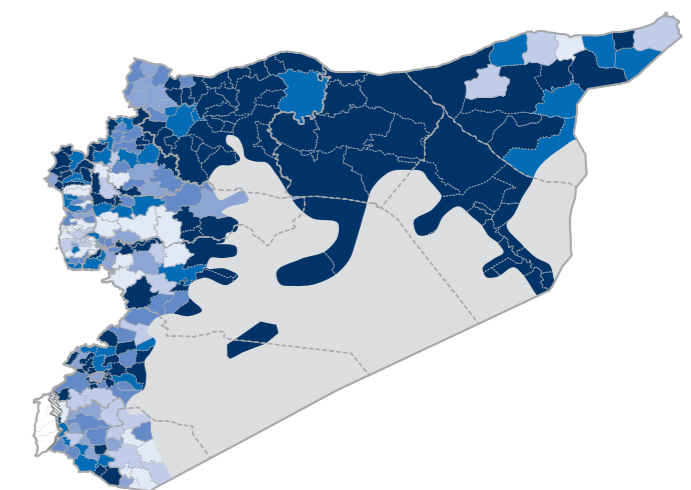
CHANGES IN CONTEXT

The operational context remained highly volatile during the reporting period. Hostilities remained the primary barrier to education, with related violence – including attacks

PIN MAP



SEVERITY MAP



on education – and changes in area of influence affecting communities and the operations of Education sector members. Access to quality education remained constrained due to displacement, school suspensions and a lack of sufficient and predicable resources. A severe education, protection and mental health crisis is unfolding in northeast Syria with potentially catastrophic consequences for 769,909 children. Many children saw their education interrupted, having fled hostilities and sought refuge in safer areas, in some cases to be displaced again as the frontlines shifted.

Displacements within and to Idleb put additional pressure on already overstretched communities and education systems. Clashes and military operations in East Ghouta resulted in frequent school suspensions, disrupting children's access to education. The education system also lost qualified teachers as a result of displacement. Education sector members still had a limited ability to provide quality education in the Euphrates Shield area. Camps continued to be severely underserved. Despite the risks associated with attending school and limited access to quality education, parents and children remained committed to education when circumstances allowed them to prioritize it.

CHANGES IN PIN

There are 5.8 million school-aged children (5-17 years) and over 300,000 teachers and education personnel in need of education assistance inside Syria. The Education sector PiN was updated in September 2017 (reflected in the 2018 HNO) based on population data provided by OCHA, resulting in a minor increase in the ratio of school-aged children (5-17 years) from 29.1 to 29.7 per cent.

SEVERITY UPDATE

The updated Education sector severity ranking was calculated at the community level then aggregated at sub-district level. The number of sub-districts categorised with a high severity scale (ranked 4 to 6) decreased from 190 (70 per cent) in September 2016 to 164 (61 per cent) in September 2017, however the number of children in need did not, with 73 per cent of all children in need still living in these areas.

KEY GAPS

Due to the ongoing hostilities most schools in contested areas are either not functioning or not fully functioning. The education system continues to be critically under resourced, overstretched and overcrowded. Schools and other learning spaces require urgent rehabilitation to absorb additional students. Due to a lack of safe learning spaces some schools operate two shifts and reduce teaching hours to two to three hours a day. Education in camps and informal settlements remains very limited. In most camps there are no education opportunities whatsoever. In addition, the lack of accreditation and certification in many parts of the country discourages families from allowing their children to attend schools. Secondary and higher education opportunities are also very limited for youth. Due to systemic poverty, children are more likely to drop out of school to support their families as they grow older.

KEY CHALLENGES

Hostilities remained the primary challenge to the education response. During the reporting period, 67 attacks on schools and education personnel were verified by the MRM4Syria. The vast majority occurred in Idlib, Aleppo and Deir-ez-Zor. Attacks included 47 airstrikes, four of which involved the use of barrel or cluster bombs, 11 shelling, four unknown explosions, three cases of wanton destruction, one IED, and one unexploded ordnance. In addition, another 22 incidents of military use of schools were verified, and of these 16 schools were subsequently attacked.

Violence affected communities, schools and aid workers and limited the ability of sector partners to consistently provide supplies and education services. However insufficient funding remained the main obstacle for Education sector partners to provide sufficient quality education services – only 48.4 per cent of requirements for the sector were funded in 2017.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Increase safe and equitable access to formal and non-formal education for crisis-affected children (aged 5-17 years); relates to SO3

SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Provide children with ECCE (Early Childhood Care and Education) or pre-primary education	Number of children (3-5 years, g/b) enrolled in ECCE and pre-primary education	1.3M	31,027	30,020	31,027
Provide children with non-formal education programs (catch-up classes, remedial education, literacy and numeracy classes, Curriculum B)	Number of children (5-17 years, g/b) enrolled in non-formal education	1.7M	429,461	1,210,906	175,987
Provide children with Self-learning Programme (SLP)	Number of children (5-17 years, g/b) enrolled in SLP	1.7M	332,876	297,801	40,103
Provide youth with informal vocational education opportunities	Number of youth (15-17 years, g/b) benefiting from informal vocational education	789,000	20,868	17,875	57,314
Establish, expand and rehabilitate classrooms	Number of classrooms established, expanded or rehabilitated	N/A	4,500	17,547	12,809
Provide students with learning materials	Number of children (5-17 years, g/b) receiving school supplies	5.8 M	3,337,738	1,736,935	1,354,170
Provide children with school feeding programmes in formal or non-formal/informal settings	Number of children (5-17 years, g/b) benefiting from school feeding programmes	3.7M	460,046	846,957	351,783
Provide support to children through cash-transfers	Number of children (5-17 years, g/b) supported by cash-transfers	444.000M	N/A	40,321	12,631

Sector Objective 2: Improve the quality of formal and non-formal education for children (aged 5-17 years) within a protective environment; relates to SO 3

SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Train teachers and education personnel on active learning/ child-centred, Curriculum B and protective pedagogy (life-skills and citizenship education, gender-sensitive inclusive education, classroom management, codes of conduct and anti-bullying)	Number of teachers and education personnel trained (f/m)	230,000	9,977	27,236	24,664
Provide teachers and education personnel with incentives	Number of teachers and education personnel receiving incentives (f/m)	85,000	10,002	4,786	11,498
Provide children with life skills and citizenship education in informal settings	Number of children (5-17 years, g/b) benefiting from life skills and citizenship education programmes in informal settings.	5.8M	332,876	300,000	341,882
Provide textbooks for children	Number of children (5-17 years, g/b) receiving textbooks	3.7M	3,337,738	1,292,050	1,176,757

Sector Objective 3: Strengthen the capacity of the education system and communities to deliver a timely, coordinated and evidence based education response; relates to SO 3

SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Build the capacity of education personnel at all levels in crisis-sensitive data collection and analysis and dissemination	Number of programmes implemented to improve crisis-sensitive data collection	150	N/A	52	6
Train education actors and education authorities on sector coordination, national standards, EIE, INEE MS and advocacy.	Number of education actors (f/m) trained on policy, planning, data collection, sector coordination and INEE MS	9,426	1,918	4,937	912



FOOD SECURITY & AGRICULTURE

PROGRESS TOWARDS SECTOR OBJECTIVES

The 2017 Food Security and Agriculture strategy was aimed at (i) improving the food security status of assessed food insecure people, (ii) supporting the life-saving livelihoods of affected households, (iii) improving the capacity to deliver essential services for improved linkages with the value chain and (iv) strengthening the effectiveness and quality of the WoS response based on evidence, capacity building and strong coordination within the Food Security and Agriculture Sector and across sectors.

During the reporting period the sector reached some 5.2 million people with food assistance each month, 75 per cent of its target, and 3.3 million people with livelihoods and agriculture support over the course of the year, 64 per cent of its target. The achievement includes the response reported by both HRP and non HRP partners that contributed to the overall sector targets.

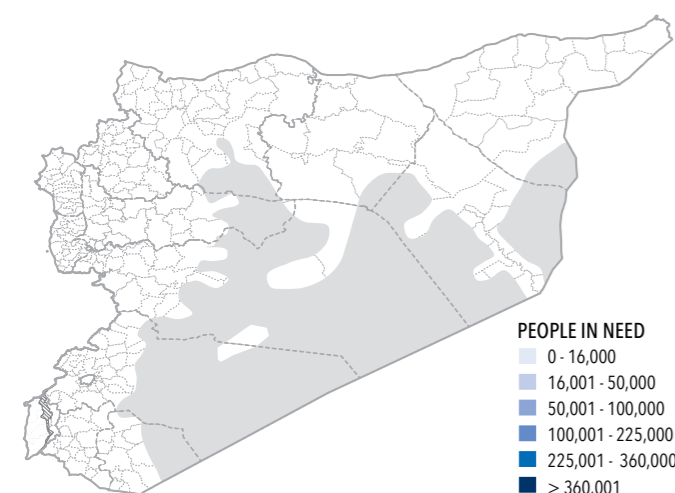
There were a total of 2.9 million displacements in 2017, with an average of 7,878 displacements each day. Displacement rates peaked in the last quarter of 2017 with up to 14,000 displacements reported on average every day. A total of 5.5 million people were reported to have benefited from emergency food assistance, comprising short term support provided over a two to four-week period and including reduced food baskets, ready-to-eat rations and cooked meals. This support was provided by WFP and 65 sector partners. Out of the 5.5 million people reached with emergency support in the first 72 hours, HRP partners assisted 3.1 million people, while non-HRP partners provided assistance to 2.4 million

people¹⁷. Due to the repeated and multiple displacements, the number of people reached was much higher than targeted in the HRP. The emergency response reached 106 sub-districts in 12 of the 14 governorates, a significant proportion of which followed displacements in Aleppo, Idleb, Dar'a, Rural Damascus, Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor governorates. This response amounted to at least 999 metric tons (MT) of in-kind emergency food with underreporting by some partners indicating that the overall response could be much higher.

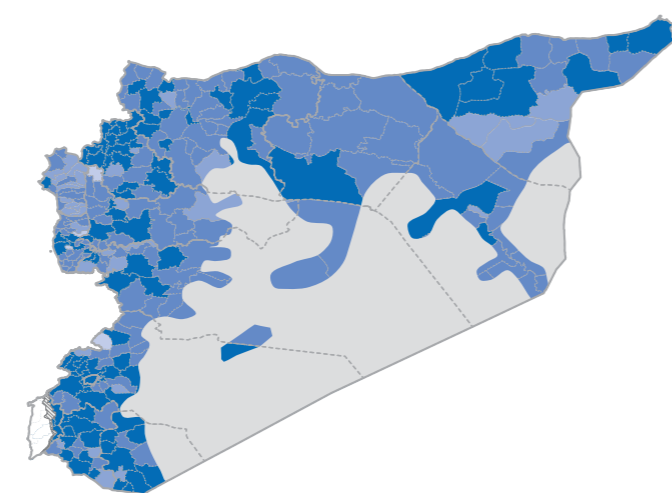
In 2017, the sector estimated that there were some 7 million food insecure people who were in need of food assistance on a monthly basis. The sector issued guidelines through a common targeting criteria that takes into account households' socio-economic status to identify food insecure people as recipients of monthly food rations. Against this target, an average of 5.2 million people, 75 per cent of the monthly target, benefited from full monthly food rations delivered by WFP, ICRC, UNRWA and 103 sector partners. Out of the 5.2 million people reached on average per month, HRP partners assisted 4.5 million people, while non-HRP partners provided assistance to close to 0.7 million people every month. It is estimated that half of the caseload reached comprise IDPs. The remaining beneficiaries include vulnerable food-insecure host populations as well as Palestine and Iraqi refugees. On average, the monthly ration provided by sector partners amounted to 1,354 kilocalories per person per day, slightly below the sector's recommended 1,600 kilocalories per person per day. Overall, 96 per cent of the response was provided in-kind, 3 per cent in cash and 1 per cent through vouchers. The sector aimed to reach the same caseload of pre-identified vulnerable households at least 8 times over the year to support

17. This number includes repeated targeting of people displaced multiple times to different locations. Due to the overlap, the full 5.5 million people reached cumulatively in the year should not be understood as unique beneficiaries.

PIN MAP



SEVERITY MAP



their efforts to maintain adequate food consumption and dietary diversity. On average, partners reached the same villages 5 times in the last 6 months of the year.

In addition to monthly food rations, sector partners also provided wheat flour and/or bread assistance. A total of 72 partners, including WFP, provided wheat flour/bread assistance to 2 million people on average every month through direct household distributions or bakery support, amounting to a total of 45,766 MT of wheat flour. However due to underreporting the total quantity of wheat provided may be much higher. In addition, an average of 67,441 people each month received supplementary food baskets on top of their food rations, including through cash-based transfers, as part of a targeted response to persons with specific needs such as orphans and vulnerable children, pregnant and lactating women and the elderly. Sector partners also provided supplementary feeding to children under five, which was distributed alongside general food distribution in collaboration with the Nutrition sector. For WFP, the supplementary feeding products for the prevention of malnutrition were distributed alongside the general food ration targeted children under two years old.

During 2017, a total of 146,752 households in 123 sub-districts across 12 governorates benefited from the distribution of seeds and agricultural inputs including cereal and legume seeds, fertilizer, herbicides, insecticides, pesticides, vouchers for purchasing fuel and seeds, including olive seeds. This constituted 42 per cent of the annual sector target. As recommended by the sector, the distribution followed the seasonal calendar to coincide with the planting seasons in Syria. Of the total agricultural response, 65 per cent was in-kind, 27 per cent in cash and 8 per cent through vouchers.

Inputs were also provided to 12,854 households for backyard food production, including vegetable seeds and pesticides. This assistance was provided to both host and IDP households and is key to boosting household production and diversifying the nutritional requirements of targeted households. These inputs reached 6 per cent of the sector's target in 73 sub-districts across 8 governorates and encompassed both host and IDP households. Of the total response, 97 per cent was in kind and 3 per cent in cash.

Asset building and protection in the form of small livestock and animal feed distribution was provided to 30,180 households. A total of 5,300 animals, including sheep, cows, poultry as well as animal feed was distributed to small herders, representing approximately 15 per cent of the annual sector target. Of the total response, 95 per cent was in kind, 1 per cent was in cash and 4 per cent through vouchers. Sector partners provided animal health treatment and/or drugs to 58,662 households, treating or vaccinating at least 1.1 million animals with the overall number likely much higher due to under-reporting by partners. This response reached 29 per cent of the annual sector target. Of the total response, 68 per cent was in-kind, 1 per cent in cash and 31 per cent through vouchers.

Partners provided income-generating activities through establishing small businesses, providing vouchers and conducting trainings to some 66,990 households, amounting to 67 per cent of the annual sector target. Of the total response, 81 per cent was in-kind, 15 per cent in cash and 14 per cent through vouchers.

In 2017, 32,796 households benefitted from the establishment, development and/or strengthening of the structure and capacity for the provision of essential services for local communities, constituting 16 per cent of the overall sector target. Sector support through trainings included environmental sanitation campaigns, rehabilitation of water networks to increase access to water for farming, mobile agriculture clinics for essential extension services, DRR and early warning system trainings. Furthermore, 198,240 households benefitted from the rehabilitation of relevant food and economic infrastructures such as canals, irrigation systems, markets, storage facilities and bakeries. These activities comprised 93 per cent in the form of services and 13 per cent as cash assistance.

Throughout 2017, the sector delivered on its core cluster/sector functions through a clear division of roles and responsibilities between respective hubs and the WoS. Key activities undertaken over the year included a coordinated multi-hub response to emergency situations in northeast Syria and East Ghouta; a WoS household assessment and the piloting of the Integrated Phase Classification through local capacity building; enhanced collaboration with the Nutrition sector; improved outcome indicators monitoring; a successful appeal for Humanitarian Pooled Fund allocations for partners; the preparation of three micro-plans and; developing an integration strategy to improve linkages between food assistance and livelihoods interventions.

CHANGES IN CONTEXT

The agricultural season over the 2016 to 2017 period was characterized by spatially and temporally well-distributed rainfall, with total rainfall levels well above the long-term average (LTA), and better than the previous season (2015 - 2016). All governorates received between 80 and 100 per cent of the annual average rainfall (al-Hasakeh: 93 per cent; Aleppo: 96 per cent; Hama: 84 per cent). Although the monthly rainfall totals were sometimes lower than the monthly LTA, this was compensated by the high amounts received in December, March and April, which greatly improved crop performance during the critical growth stages, especially for wheat and barley. As per the CFSAM released in July 2017, the total wheat production for 2017 was estimated to be 1.8 million MT, 12 per cent higher than the previous year but still less than half of the pre-crisis average of 4.1 million MT (2002 - 2011). The main agricultural constraints continued to be the high production costs and lack of inputs, as well as the impact of the crisis on infrastructure including irrigation. Over the past two years, the herd sizes have stabilized, albeit at very low levels with the main constraints

including high fodder prices, insufficient coverage of veterinary services and access to grazing areas in some parts of the country.

Livelihoods and Markets: Based on the 2017 CFSAM, overall food prices continued to be very high compared to 3 years ago, despite slight decreases in prices in some parts of the country compared to 2016. With slightly improved market access and market functionality, livelihood opportunities in the formal and informal sectors have improved compared to the previous year. However, the purchasing power of casual laborers and pastoralists continues to be lower compared to 2014 and 2015.

KEY GAPS

On average, food baskets provided by sector partners covered 1,354 kilocalories per person per day, falling short of the minimum recommended sector standards for Syria of 1,600 kilocalories per person per day. This gap is due to challenges related to funding, the supply chain, logistics and procurement.

Despite promoting the specific vulnerabilities of persons with specific needs, partners provided very limited supplementary food assistance to persons with specific needs to meet other dietary requirements.

In addition, only 64 per cent of the livelihoods and agriculture target was met due to multiple challenges including hostilities, displacement, a focus on the emergency response and funding issues. Delays in receiving funds were particularly problematic for activities such as the provision of agricultural inputs, with the efficacy of agricultural assistance tied to the seasonal calendar.

KEY CHALLENGES

Insecurity and access issues affected the operations of sector partners, particularly in Rural Damascus, al-Hasakeh, Aleppo, Idleb, Hama, Homs, Dar'a, Quneitra and Damascus governorates. Ar-Raqqa and Deir-ez-Zor governorates have also been significantly affected by the offensives to uproot ISIL. Although Ar-Raqqa Governorate has become increasingly accessible, explosive hazard contamination remained an extreme risk for humanitarian actors, preventing them from accessing specific areas, most notably in Ar-Raqqa city. Many areas in Deir-ez-Zor Governorate also remain largely inaccessible due to active frontlines and extensive explosive hazard contamination. However, some areas were reached, such as Deir-ez-Zor city and the northern part of Kisreh district.

Insecurity and access constraints in Western Dar'a and Quneitra have continued to hamper the prepositioning of items in warehouses, affecting the sector's preparedness.

Although the sector reached UN-declared besieged areas on 26 occasions, reaching each area at least once during the year with food assistance and livelihood/agricultural inputs,

access continues to be difficult, impeding the regular delivery of items and assessment of needs. Between January and May, a total of 17 inter-agency convoys, three to UN-declared besieged areas and 14 to hard-to-reach areas were approved.

In October 2017, access to the besieged East Ghouta enclave became extremely restricted, with severe implications on the availability of food. The tightening of the siege, with the full closure of the Al-Wafideen checkpoint on 3 October and high taxation imposed on traders, paired with heavy shelling and airstrikes, had extreme repercussion on access, leading to a significant increase in prices and reduced food availability and fuel in the markets, negatively affecting the food security status of already highly vulnerable populations. Partners have also reported challenges in mobilising timely resources from Humanitarian Pool Funds to respond to emergency needs on the ground. This was particularly the case for the East Ghouta Emergency Allocation launched at the end of 2017.

High intensity hostilities have affected markets, bakeries and agricultural land, while the burning of standing crops before harvest and in partners' warehouses was also reported. This has resulted in a significant loss of food items and assets as well as a decline in overall production, causing multiple fatalities, and putting civilians and humanitarian workers' lives at risk.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Improve the food security status of assessed food insecure people by emergency humanitarian life-saving and regular life sustaining food assistance. Relates to SO1 and 2

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Targeted crisis affected people meet their immediate food needs within 72 hours of population displacement.	1.1. Emergency response to crisis affected vulnerable people with short term food assistance through appropriate modalities. 1.2. Supplementary food assistance to Persons with Specific Needs (PSN) through appropriate modalities (complementary to 1.1 and inter linkage with nutrition sector).	% of newly affected people assisted in recommended response time by emergency response by modality.	2 million (projected caseload) for short term food assistance	1.2 million people in 2016	2 million people (projected caseload - 2017) 400,000 estimated PSN within the 2 million for supplementary food assistance	5,528,287 (HRP partners: 3,180,271, Non-HRP partners: 2,348,016)
Targeted people have improved food consumption, dietary diversity and coping strategy.	1.3. Monthly food assistance for the assessed(*) food insecure people through appropriate modalities. 1.4. Support to bakeries (wheat flour, yeast, etc.) through appropriate modalities. 1.5. Supplementary food assistance to Persons with Specific Needs (PSN) through appropriate modalities (complementary to 1.3 and inter linkage with nutrition sector).	% of targeted people receiving regular food assistance by modality (min 8 months covered)	9 million people (and 2 million projected new caseload for 2017)	6.3 million people in 2016	8 million people (**) 1.5 million people (within 8 million) 1.6 million PSN (within 8 million)	2,046,814 (HRP partners: 906,859, Non-HRP partners: 1,139,955)

(*) Refer to sector guidelines on selection criteria

(**) 7 million food insecure as per HNO 2017 and 50% of projected new caseload in need to graduate from short term to sustained food assistance

Sector Objective 2: Support the life-saving livelihoods of affected households by increasing agricultural production, protecting and building productive assets and restoring or creating income generating opportunities. Relates to SO1, 2 and 3

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR (SADD AND YOUTH DISAGGREGATED)	IN NEED	BASELINE	TARGET	RESULT
Objective outcome for all activities:	2.1 Distribution of agricultural inputs, such as seeds, fertilizer, pesticide and equipment	% of households targeted received agricultural inputs and trainings as % of planned by modality	9 million people	230,000 HH	350,000 HH	146,752 (HRP partners: 114,789, Non-HRP partners: 31,963)
Targeted households have improved livelihoods related coping strategy.	2.2. Support to small-scale food production (horticulture, poultry-egg laying hens, market gardens)	Quantity (Kgs) of seed distributed by crop (cereal, tuber, legume, vegetable)				
	2.2. Support to small-scale food production (horticulture, poultry-egg laying hens, market gardens)	% of households targeted received small scale food production kit by modality.		100,000 HH	200,000 HH	12,854 (HRP partners: 10,421, Non-HRP partners: 2,434)
	2.3. Support to asset building and asset protection (small livestock and animal feed distribution) including winterization activities	% of households targeted received livestock by modality.		90,000 HH	200,000 HH	30,180 (HRP partners: 22,287, Non-HRP partners: 7,893)
		% of animals targeted distributed by modality.			10 million sheep	N/A
	2.4 Emergency livestock treatment, and training for veterinary services (including community animal health worker)	% of targeted herders assisted and animals treated/vaccinated by modality.		200,000 HH	200,000 HH (complementary to other activities)	58,662 (HRP partners: 49,200, Non-HRP partners: 9,462)
	2.5 Support Income generating activities including vocational training;	% of targeted households supported with income generation activities and trainings as % of planned by appropriate modality.		100,000 HH	100,000 HH	66,990 (HRP partners: 54,695, Non-HRP partners: 12,296)

Sector Objective 3: Improve the capacity to deliver essential services for improved linkages with value chain through the rehabilitation/ building of productive infrastructure as well as supporting services, early warning and DRR systems. Relates to SO 2 and 3

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Targeted communities have strengthened and/or established capacity for early warning and/or provision of services.	3.1 Establish/strengthen the capacity for the provision of essential services for local communities including early warning and DRR systems	Number of technicians trained as % planned Number of essential services supported as % planned	9 million people		200.000 HH	32,796 (HRP partners: 30,801, Non-HRP partners: 1,995)
Targeted communities have re-established structures	3.2 Support rehabilitation of relevant economic/productive infrastructures through appropriate modalities. (Canals, irrigation systems, markets, storage facilities, bakeries, etc.)	% of targeted economic infrastructures rehabilitated.			200.000 HH	198,240 (HRP partners: 151,777, Non-HRP partners: 46,463)

Sector Objective 4: Strengthen the effectiveness and quality of the WoS response based on evidence, capacity building and strong coordination within the Food Security and Agriculture Sector and cross-sectors. Relates to SO1, 2 and 3

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Strengthened capacity in food security needs analysis including outcome indicators monitoring in coordination with nutrition and other sectors.	4.1. Sector partners have a harmonized approach towards assessments, analysis of data and monitoring.	Number of Technical Working group outcomes		N/A	6	6 N/A
	4.2. Sector provides appropriate tools and capacity building for harmonized analysis capacity.	Number of times sector needs analysis updated			5	10
	4.3. Sector partners share the tools and findings and update assessment registry	Percentage of partners using sector recommended Outcome Indicators Monitoring.			3	3
Improved targeting and coverage of food security and agricultural livelihoods needs	4.4. Sector partners geographical targeting and selection criteria are aligned with sector guidelines	Number of sector partners using sector guidelines		N/A	20	30 N/A
Harmonized assistance	4.5. Sector partners harmonize their assistance/response package as per sector technical guidelines	Number of sector partners have harmonized assistance		N/A	10	20 N/A
Strengthened capacity in food security programming	4.6. Partners trained in skills including food security concepts, analysis and programming.	Number of partners attend training		N/A	20	20 N/A
Cross learning initiatives	4.7. Platform for all cross learning initiatives and advocacy	Number of consultative position papers and guidance provided		N/A	3	6 N/A
Inter Sector Coordination	4.8 Coordination and collaboration with nutrition, S/NFI, WASH, CCCM and protection sectors for inter sector work.	Number of coordinated response with other sectors		N/A	N/A	10 N/A
		Number of partners improve their capacity from trainings/capacity buildings initiatives with nutrition and other sectors.				10



HEALTH

PROGRESS TOWARDS SECTOR OBJECTIVES

The 2017 Health response strategy aimed at (i) providing life-saving and life-sustaining humanitarian health assistance, (ii) strengthening health sector coordination and health information systems and (iii) improving access to basic services and livelihoods by supporting community resilience.

During the reporting period (data from January-December 2017), health sector partners delivered 26,916,000 medical procedures (sector target 15,906,292), among of which were 789,284 trauma cases, An estimated 40 per cent of reported medical procedures took place in the following four governorates: Aleppo (14 per cent), Idlib (6 per cent), Rural Damascus (9 per cent), Dar'a (11 per cent), This reflects a greater number of medical interventions being carried out in areas most affected by conflict and where access for health actors was possible, while other locations with restricted access (Der Ez-Zour and Raqqa) had far lower levels of medical procedures.

The health sector also distributed 12,062,830 treatment courses (91 per cent of the annual target of 13 million) during the reporting period. Treatment courses are fully prescribed treatments for patients that bring them back to health, and are delivered to health facilities, implementing agencies and health directorates/central pharmacies to ensure sufficient stocks of essential medicines are available.

In addition, the health sector made significant progress in expanding immunization coverage, with 360,324 children under five (116 per cent of the annual target of 309,265 children U5) receiving the doses required to be immunized for Diphtheria, Pertussis and Tetanus (DPT3). In 2017, measles outbreaks were reported in all 14 governorates of Syria, with 510 laboratory confirmed cases compared to only 85 cases in 2016. Two national measles vaccination campaigns that reached almost 2.8 million

children were conducted. An outbreak of circulating vaccine-derived poliovirus was detected in March 2017, but rapidly contained. This constitutes an improvement in the percentage of children being immunized, but still falls far short of the total number of children requiring immunizations.

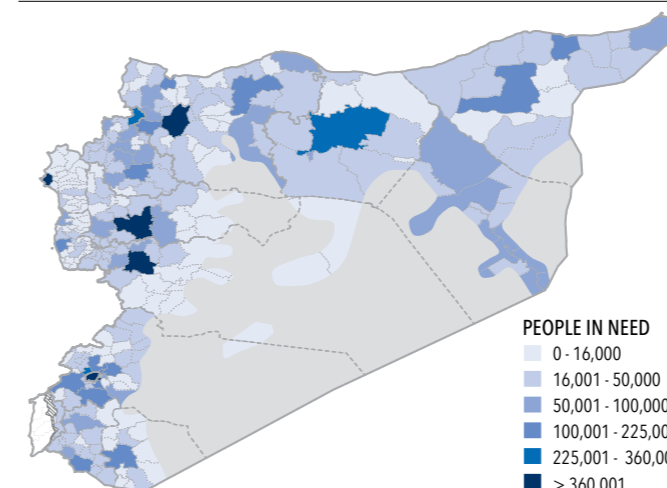
Progress was also made in the surveillance system with the percentage of sentinel sites submitting weekly surveillance report increasing to 93 per cent (89 percent from Syria hub and 97 per cent from Turkey hub) during the reporting period (annual target 70 per cent). This is essential to prevent, investigate and respond to disease outbreaks. 79 percent of reported disease outbreaks across Syria were investigated and responded to within 72 hours.

Strengthened supervision and monitoring of cross-line and cross-border assistance was seen during 2017 amongst the hubs. Inter-hub joint operational planning took place during development of response plans for Ar-Raqqa and Der-ez-Zor. This resulted in better coordination and communication between health assistance coming from Damascus and the cross-border hubs.

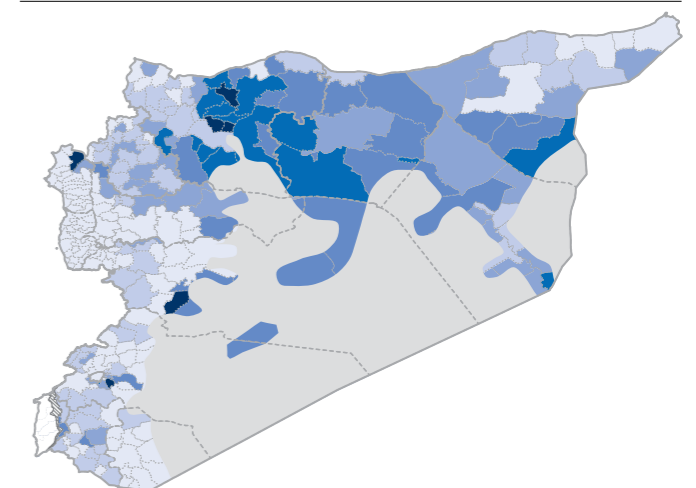
A total of 147,636 healthcare providers and community health workers (2017 annual target 31,425) were trained in a variety of health topics (PHC, Trauma, MPHSS, epidemiological reporting, and information management) to support their capacity to respond to people's needs and provide the required assistance.

The Syria hub Health sector enhanced health coordination with 25 health partners, national authorities, and ICRC/IFRC as observers. In addition to the national Health Working Group in Damascus, there are active sub-national health sector groups in Aleppo, Homs, Lattakia/Tartous, and Qamishli. Technical working sub groups at the Syria hub level (physical rehabilitation, Gender Based Violence, and Mental Health/Psychological service support group) continue to offer specialized technical support to partners with trainings through capacity building programmes. Reproductive Health is a standing agenda in all bi-weekly Health Sector Working Group meetings.

PIN MAP



SEVERITY MAP



In response to continuing challenges of aid delivery to UN-declared besieged and hard-to-reach areas, health partners continued their efforts to scale up deliveries of medicines and health supplies through inter-agency convoys from inside Syria. These efforts included sustained advocacy to increase access to these areas. Over the course of 2017, the Syria hub delivered over 50 per cent of planned assistance to UN-declared besieged and hard-to-reach areas across Syria through 53 cross-line inter-agency convoys. The Syria hub continues the effort to improve provision of health services in newly accessible areas, 9 health facilities were rehabilitated in Aleppo, 23 in Rural Damascus and 10 in Homs. Micro-plans were developed to address the needs in Hasakeh, Ar-Raqqa, and Deir-ez-Zor governorates with support to 144 mobile clinics in north-eastern Syria.

To ensure adequate health assistance, the Turkey Health cluster based in Gaziantep continued to strengthen the provision of a wide array of health services to the affected population in northern Syria, including primary and secondary health care, trauma care, EmONC services, and rehabilitation services, while ensuring the availability of medicines, medical supplies and equipment. The Health cluster in Gaziantep composed of 70 health partners played a major role in providing technical support, building the capacity of health actors, ensuring the engagement of all health providers and facilitating the timely sharing of information products such as minutes of meetings, Health Resources Availability Monitoring System (HeRARMS) reports, health indicators reports and Monitoring Violence against Health care (MVH) reports. The Gaziantep Health cluster focused on building the capacity of health workers conducting health trainings on surveillance, case reporting, health monitoring, and management. Community health workers (CHWs) in UN-declared besieged areas were trained on promotion and prevention. Despite the persistent access challenges, 236 CHWs and 396 healthcare providers were trained in the UN-declared besieged areas of Rural Damascus. The Turkey hub, piloted the non-communicable Diseases kit in 6 health facilities and continues to support another 31 health facilities through the provision of much needed psychotropic medications as well as some 31,204 mental health consultations. Throughout 2017 health partners based in Gaziantep supported treatment for 124,023 trauma cases and 79,102 people living with disabilities, who were assisted through rehabilitation programmes.

The Amman Health Working Group with 25 members, 6 UN, 7 NNGOs, 12 INGOs continued to provide health assistance to the most at risk and in need in southern Syria through support to a wide network of health facilities across Da'ra and Qunitera governorates. Dedicated health subgroups (Quality of Health Care and Tools for Remote Support Working Group QRST WG, Trauma Working Group, and MHPSS XB Technical Working Group) provided health actors with technical support and capacity strengthening for health staff through training and supervision. 316 health workers received training through cross-border programmes from Jordan and 60 trucks delivered health commodities through cross-border inter-agency programmes implemented by WHO, UNICEF and UNFPA in support of the health response in southern Syria. Health partners in Amman supported 19,299 deliveries by skilled attendants, the treatment of 93,757 trauma cases and assistance to 9,278 people with disabilities.

During 2017 and as per the 4Ws from reporting partners of the Northeast Health Working Group, health partners provided 342,246 outpatient consultations, of which 76,231 were provided in Ar-Raqqa Governorate, in addition to a further 1,413 persons with disabilities who were provided with specialized assistance. The Health Working Group in cooperation with the northeast Syria coordination platforms, coordinated the 19 INGOs and 4 UN agencies to deliver health assistance through a combination of cross-line and cross-border programmes. In total, these partners provided assistance to 90,000 people residing in 30 camps and remote settlements across 4 governorates (Hasakeh, Deir-ez-Zor, Ar-Raqqa, and Aleppo). By mid-October 2017, a total of 248,134 children were vaccinated against polio (Monovalent oral polio vaccine type 2 mOPV2 was administered to children 0-59 months of age, and inactivated polio vaccine IPV to children aged between 2-23 months) in Thawra and Raqqa districts.

A health recovery plan for Aleppo was developed, in addition to preparedness and response plans for northeastern Syria, East Ghouta. Cholera contingency plan for northern Syria and a medical evacuation plan informing the evacuation of critically ill patients from East Ghouta.

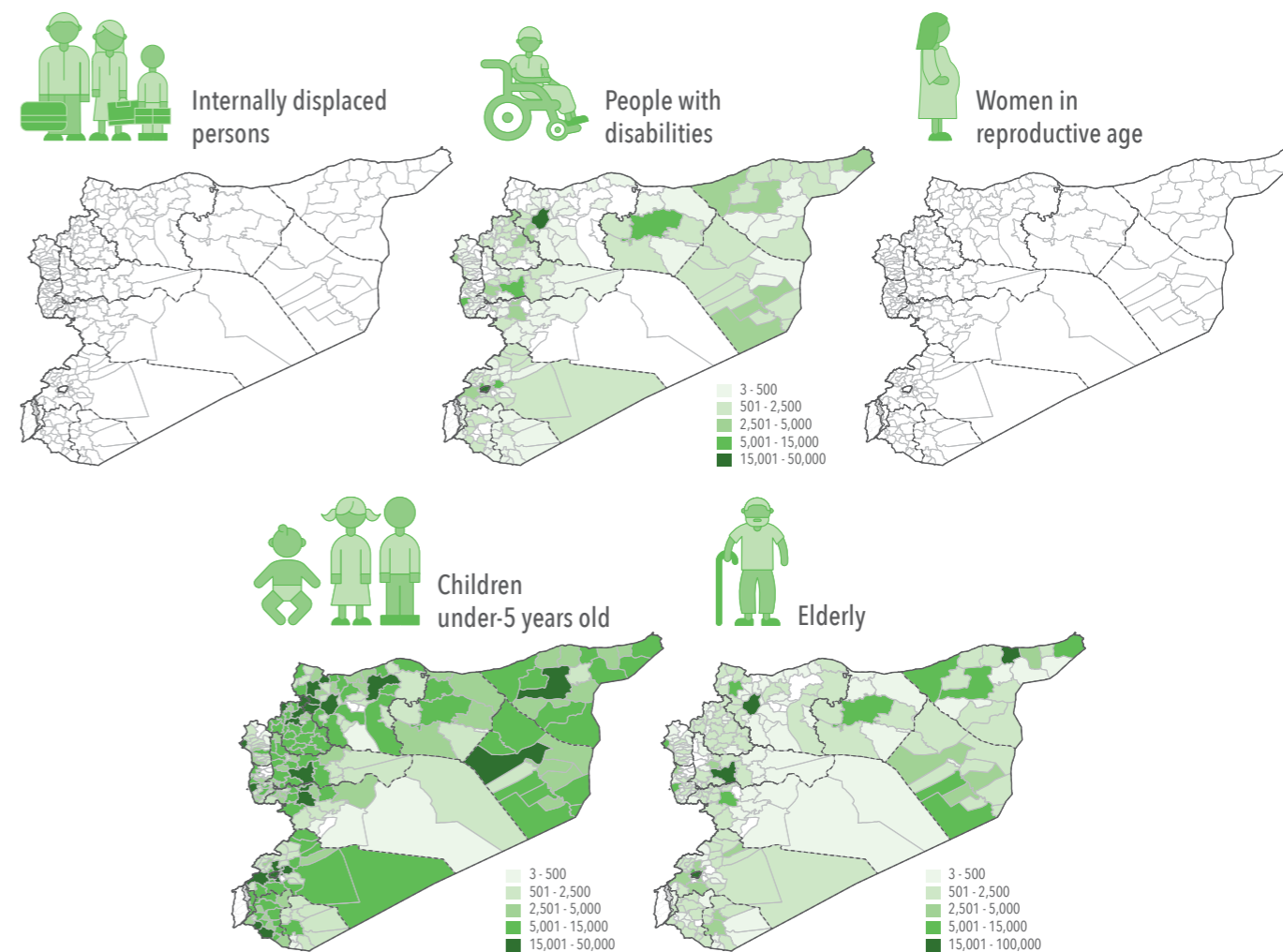
Key advocacy issues were identified and strengthened, as well as coordination mechanisms with other sectors such as WASH, Nutrition, and Protection. The Health sector provided regular updates on medical facilities, the delivery of medical assistance and the health situation as well as needs of IDPs upon shifts in control. Operational updates, specifically relating to access to UN-declared besieged and hard-to-reach areas, were shared with the International Syria Support Group (ISSG) and the Humanitarian Task Force (HTF). Advocacy continued around the evacuation of critically ill patients from UN-declared besieged areas. In addition, health partners in northeast Syria and Qamishli coordinated the response to displacements resulting from the campaign against ISIS in Ar-Raqqa and Deir-ez-Zor governorates.

CHANGES IN CONTEXT

New patterns of displacement and needs emerged during 2017. This resulted in increased pressure on health services to deliver assistance to displaced populations in newly accessible areas. Local agreements and the associated 'relocation' of the population from these areas, triggered mass movements of IDPs to Idleb and Aleppo governorates, in addition to the mass displacement which took place within the Governorate itself due to increased hostilities in Idleb. Attacks against health facilities and health services continued unabated, creating further pressure on health services given the consequent reduction in capacity to deliver services. The response to needs in Euphrates Shield areas is still challenging due to imposed regulations.

The campaign against ISIS in north-eastern Syria resulted in the displacement of thousands of people in Ar-Raqqa, Al-Hasakeh, and Der-ez-Zor governorates. This necessitated enhanced coordination among cross-border partners operating in the northeast particularly in terms of supporting the delivery of health provisions from Damascus through operational sub-hubs

GEOGRAPHICAL DISTRIBUTION OF PRIORITY VULNERABLE GROUPS



in the area. Although many areas became more accessible, the environment remained very challenging due to the complete decimation of health services, the high number of IDPs residing in camps and collective centres, complications associated with the delivery of cross-border operations from Iraq, and extensive explosive hazard contamination.

Southern Syria witnessed periodic escalations in hostilities resulting in civilian casualties. Contingency and preparedness plans for the south are updated regularly by the Amman Health Working Group. Aid delivery, including health services to the population of Rukban camp, remained an urgent issue throughout the year.

The end of the year witnessed a significant escalation of hostilities in the area, accompanied by attacks affecting numerous health facilities and referral systems, which resulted in a diminished capacity of healthcare providers to respond to increasing needs. As of December 2017, hundreds of patients with life threatening conditions were still awaiting evacuation from the enclave to receive treatment, in accordance with the evacuation plan developed by the Syria hub.

CHANGES IN PIN

As per the 2017 MSNA, the total number of people in need of Health assistance in Syria is 11.3 million. Prioritized target groups for health response are IDPs, people living with disabilities, women of reproductive age, children under five, and the elderly. The abovementioned groups comprise those people considered to be in acute need (severity levels 4-6) by the Health sector, amounting to almost 9.1 million people.

SEVERITY UPDATE

The severity of health needs was determined according to the Health sector severity scale, with UN-declared besieged and hard-to-reach areas categorized as facing either catastrophic (6) or critical problems (5). Providing health services to the approximately 3 million people residing in these areas was a priority for the Health sector.

KEY GAPS

Health sector partners faced difficulties in maintaining unhindered and sustained access to UN-declared besieged and hard-to-reach areas despite the announced de-escalation zones. Reports from Health partners active in these areas show a complete absence of life-saving and life sustaining medicines and medical supplies from the majority of health facilities.

Over half of Syria's 111 public hospitals and half of its 1,806 public care centres were either closed or only partially functioning as a result of deliberate targeting, or the lack of medical personnel, medicines and health supplies

The discontinuation of routine immunization services has resulted in the re-emergence of vaccine preventable diseases like diphtheria, measles and cVDPV2 among vulnerable and displaced people, especially in Northeastern Syria and UN-designated hard-to-reach and besieged areas.

A major gap in the response concerns the availability of Emergency Obstetric and Newborn Care (EmONC) services in health facilities. Only 46 facilities providing the services were supported, and despite possible under-reporting it does reflect a shortage in EmONC services across Syria.

due to a lack of logistical support and security challenges facing cross-border and cross-line operations.

The sustainability of human resources is an ongoing challenge for the Health sector in meeting sector objectives. Payroll sufficiency, capacity building, and recruitment of both medical and non-medical staff are issues hampered by border closures, restriction of movements, and reprisals.

Since February 2017 access to the UN-declared besieged enclave of East Ghouta became more challenging, with continued restrictions on approvals for inter-agency convoys and the removal of essential health items from convoys. During 2017 over 80 per cent of treatment courses designated for delivery to East Ghouta from Damascus were rejected by the Government of Syria and essential medical supplies have been removed or reduced in quantity in all 12 convoys designated to East Ghouta. Delays and lack of approvals to deliver health supplies including trauma, surgical supplies, and midwifery kits, through cross-line inter-agency convoys was a constant core challenge during 2017, often adversely affecting the most critical medical cases.

Communication, and effective coordination with health partners across Syria remains a challenge. Timely information sharing is key to ensure a timely and coordinated responses to critical needs, especially in emergency context where an escalation in hostilities or rapid onset displacement contribute to an increase in overall health needs, additionally Health information systems were affected by fragmentation, an inadequate number of trained personnel and the insufficient use of communication tools needed for data collection, processing and analysis.

Funding shortages remain a major issue affecting the provision of health services to affected populations across Syria. In 2017 only 34.8 per cent of requirements for the provision of essential health services in Syria were funded.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Provide life-saving and life-sustaining humanitarian health assistance with an emphasis on those most at risk and in need relates to SO1

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
health services available for PIN in severe access category locations	1.1 Strengthening provision of essential primary and secondary health care services	1) Number of medical procedures		11,320,585	15,906,292	26,916,000
	1.11 Piloting, validation and scale-up of an Essential Primary Health Care Package				13,188,733	
	1.12 Strengthening provision of essential medicines and medical supplies and equipment			9,790,137	309,265	
	1.13 Strengthening comprehensive care for trauma and injuries through provision of phased trauma management and care for associated disability					
	1.14 Scaling up provision of physical rehabilitation services at facility level					
	1.2 Strengthening provision of EMONC Services	2) Number of treatment courses distributed				12,062,830
	1.3 Strengthening of medical referral system	3) Number of trauma cases supported			70%	
	1.4 Strengthening and expanding the communicable disease surveillance	4) % of children covered by DPT3		231,949	90%	360,324
	1.5 Scaling up and supporting provision of mental health services at the community and health facility level	5) % of sentinel sites submitting weekly surveillance reports or Percentage of all outbreaks investigated in a timely manner		55%		
	1.6 Strengthening management and primary and secondary prevention of non-communicable diseases (the proxies currently reported on for this activity are indicators 1.1 & 1.3)	6) Number of health facilities providing EmONC		90%		447
	1.7 Implement the Expanded Program of Immunization routine for all children under five ¹					
	1.8 Implement Supplementary immunization activities (SIA) in hard to reach areas.					

KEY CHALLENGES

Attacks against health care was still a major hindrance to the sustainable delivery of health services. 122 verified attacks were reported against 73 hospitals and 69 ambulances, resulting in the death of 28 health workers, 10 patients, and wounding at least 149 people including 46 health workers, 4 patients and 99 Civilians.

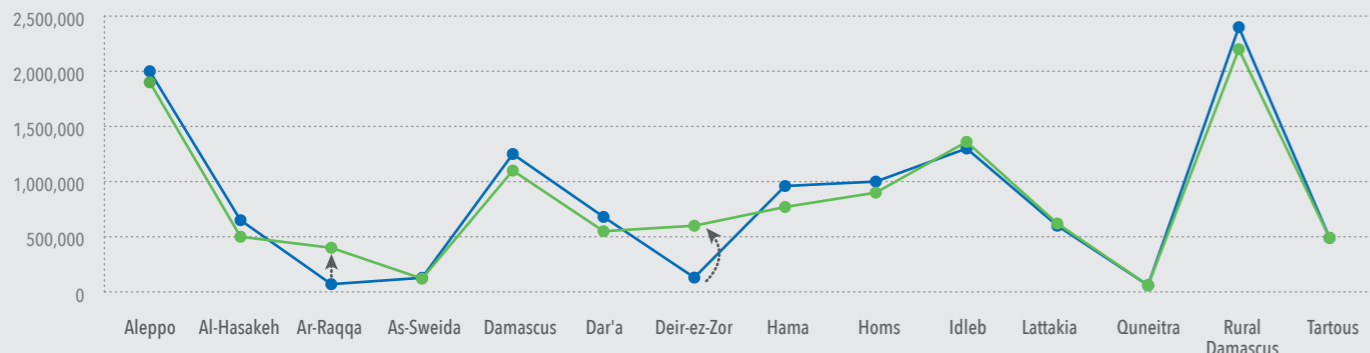
The provision of health supplies to northeast Syria has been affected by shortages across the whole spectrum of health services,

PIN COMPARISON 2017/2018



PIN HNO 2017 VS. HNO 2018

Total PiN 2017: 12,850,019
Total PiN 2018: 11,321,632



Sector Objective 2: Strengthen health sector coordination and health information systems to improve the effectiveness of life-saving health response for people in need, with an emphasis on enhancing protection and increasing access for health services. Relates to SO2

SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Develop Advocacy strategy for the Health Sector, including protection of health care staff and patients at health facilities	Coordination			0	4	N/A
	2.1 improve coordination through joint contingency and preparedness plans for disease outbreaks and in response to changing dynamics of hostilities inside Syria	Number of advocacy activities conducted by priority advocacy issue identified by hub				
	2.2 Regular coordination meetings at Hub and WoS level for de-confliction of areas of overlap, gap identification and collaborative efforts between partners and across hubs.	Number of inter-hub meetings conducted				24
	Information Sharing and Data Collection - HIS implementation					
	2.3 Continued roll out of health information systems (HIS) at the cluster/working group level					
	2.4 Support improved reporting of health partners into 4W database					
	Protection					
	2.5 Advocate for the protection of health care staff and patients at health facilities					
	2.6 Develop Advocacy strategy for the Health Sector					
	2.7 Mainstream protection efforts throughout health programming through coordination fora and training/workshops with health partners, with focus on increasing access to UN-declared besieged and hard to reach, areas					
2.8 Register, report and conduct advocacy on attacks on health care						
2.9 Support provision of proper care for survivors of GBV						

Sector Objective 3: Improve access to basic services and livelihoods by supporting community resilience, institutional and response capacity. Relates to SO3

INTER-SECTOR OUTCOME INDICATOR	SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Number of Joint Health & WASH Rapid Assessment and Response Plans developed	Health & WASH Joint outbreak preparedness plans at Hub level related to waterborne diseases	3.1 Training, retaining and increasing the capacity of health care providers and community health care workers in epidemiological surveillance and response, with focus on waterborne diseases	Number of health care workers trained		23,573	31,452	147,636
		3.2 Promote rapid assessment of emergency situations and design of rapid response planning and implementation					
		3.3 Promote mobile medical units for emergency response to outbreaks					
		3.4 Rehabilitating and reinforcing health facilities, including physical structure, equipment/supplies to provide safe and secure environments for health service delivery	Number of facilities rehabilitated and /or reinforced				48



NUTRITION

PROGRESS TOWARDS SECTOR OBJECTIVES

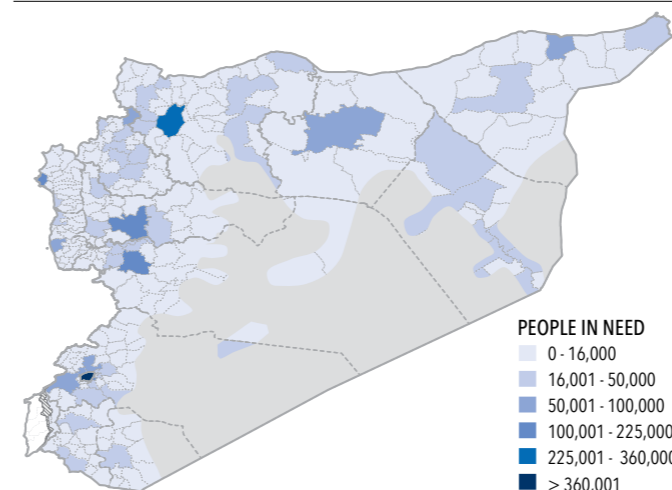
The 2017 Nutrition strategy was aimed at (i) strengthening humanitarian life-saving preventive nutrition services for vulnerable population groups, (ii) improving equitable access to quality humanitarian life-saving curative nutrition services, and (iii) strengthening a robust evidence-based system for Nutrition, and enhance coordination across and within the sector.

Considering the challenges, the Nutrition sector has made considerable progress in improving equitable access to quality humanitarian life-saving preventative and curative nutrition services. 1,025,960 children under five, approximately 88 per cent of the overall target, received lipid-based nutrient supplements (LNS) or high-energy biscuits, while 1,887,470 of children under five and pregnant and lactating women (PLWs), some 71 per cent of the target, received micronutrient supplementation. This included 436,104 children under five that received multiple micronutrient powders and 1,326,087 girls and boys under five that received vitamin A supplementation. In 2017, the sector increased its target figures for micronutrient supplementation by 153% and achieved a 13 percentage point increase as compared to 2016.

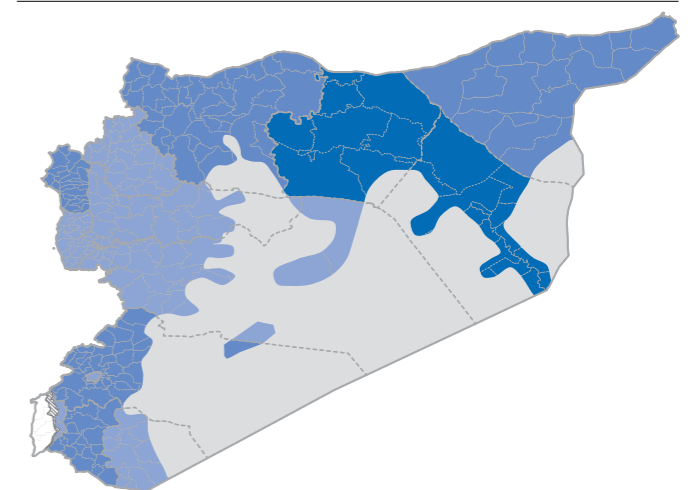
1,542,257 girls and boys under five, approximately 105 per cent of the overall target, as well as 296,237 PLWs, approximately 33 per cent of the overall target, were screened for early identification of acute malnutrition in community centres and health facilities¹⁸. 34,741 children and 8,512 PLW, 53 per cent of the target, presented with severe acute malnutrition (SAM) or moderate acute malnutrition

18. The underachievement of MUAC nutrition screening for PLW is in part due to under-reporting, but is also due to the low number of female health workers and the cultural sensitivity around male health workers measuring a female arm. Improvements in screening will be ensured by integrating the nutrition screening in the antenatal health clinics. The Nutrition sector will continue to advocate for the health sector to maximize the use of the health system/facilities as delivery platforms for Nutrition services. The sector will also focus on improving reporting in 2018.

PIN MAP



SEVERITY MAP



(MAM), and were subsequently referred to therapeutic or supplementary feeding programmes for treatment.

The Nutrition sector also improved the promotion of appropriate infant and young child feeding in emergencies (IYCF-E) with a focus on breastfeeding promotion and protection. Community-based counselling and raising awareness on breastfeeding and complementary feeding reached 799,698 care givers, 89 per cent of the target, including through efforts to promote infant and young child feeding practices and prevent undernutrition.

The sector also developed partners' capacity to deliver quality nutrition interventions. 5,362 health workers and community volunteers, approximately 97 per cent of the target, were trained on appropriate infant and young child feeding (IYCF) practices and community management of acute malnutrition (CMAM). In order to support coordinated and integrated nutrition programmes between and across sectors, the sector trained 74 coordinators and managers on cluster coordination skills together with the Global Nutrition Cluster. In addition, eight Syria hub staff attended an in-depth training on Infant and Young Child Feeding in Emergencies (IYCF-E). Collaboration between the WoS Nutrition and Food Security & Agriculture sectors improved, with the sectors developing joint information, education and communication tools and joint assessment tools, while standard operating procedures for common delivery platforms are under development. In addition, the Nutrition sector actively participated in the Integrated Food Security Phase Classification (IPC) exercise both at hub and WoS level launched during the year.

55 cross-line inter-agency convoys reached UN-declared besieged and hard-to-reach areas with nutrition assistance during 2017. In addition, 141 air drops to Deir-ez-Zor included nutrition supplies. The sector also participated in a road inter-

agency convoy to Deir-ez-Zor that delivered essential preventive and curative nutrition supplies for 12,000 girls and boys under five and 550 PLW. The decrease in delivery of cross-line humanitarian operation to UN-declared besieged and hard-to-reach areas contributed to a deterioration in the well-being of girls and boys under five and PLWs, particularly in East Ghouta. The delivery of nutrition supplies through inter-agency cross-border convoys for southern Syria was maintained with no interruption. 10 cross-border inter-agency convoys containing nutrition supplies were delivered to southern Syria from Jordan.

The sector continued to strengthen robust evidence based systems for Nutrition. The Syria hub supported nutrition surveillance system in 603 Ministry of Health (MoH) health facilities that screened 743,952 children under five for acute malnutrition using anthropometry measurements such as weight, height, middle upper arm circumference (MUAC) and bilateral, nutrition oedema. The Early Warning Alert and Response Network (EWARN) based in Turkey hub screened 140,453 girls and boys under five through 95 surveillance sites that are accessed by 695 communities across eight governorates. Five SMART nutrition surveys were completed during the reporting period in areas with nutrition information gaps. 12 health and nutrition managers were trained on SMART nutrition survey protocols. Two cross-border IYCF barrier analysis assessments were conducted to inform and strengthen IYCF programming. A IYCF knowledge, attitude and practice (KAP) assessment was also conducted in the Aleppo, Idleb and Hama governorates.

The Nutrition sector stepped up the response in East Ghouta by mobilizing 6 cross-border partners to provide life-saving curative and preventative nutrition services through 8 fixed health facilities and 11 mobile clinics. These cover 17 communities in Duma, Nashabiyeh, Erbin, Harasta and Kafr Batna. 9 Nutrition surveillance sites were activated covering 10 communities in East Ghouta to assess the nutrition status in the enclave. Although nutrition supplies, including micronutrients and therapeutic spread reached East Ghouta through multiple inter-agency convoys, the number of convoys approved and facilitated was significantly less than required. These inter-agency convoys reached Duma on the 2 May, 26 July, 16 August, and 11 November; Nashabiyeh on 30 July and 27 November; Misraba and Modira on 22 September; Harasta on 15 June; Kafr Batna and Saqba on 29 October. 38 health workers were from different partners trained on community management of acute malnutrition (CMAM) both inpatient and outpatient, while 128 health workers trained on IYCF counselling, and another 11 health workers were trained on screening of acute malnutrition and the concept of the nutrition surveillance system.

The Nutrition sector partners stepped up their response in northeast Syria, reaching 227,235 boys and girls under five and PLW with preventative and therapeutic nutrition interventions from January to December with daily CMAM clinics operating in the IDP camps of Hasekeh Governorate and/or blanket feeding distributions of high-energy biscuits or lipid-based nutrition supplements.

CHANGES IN CONTEXT

Although the level of Global Acute Malnutrition (GAM) among boys and girls under five in the majority of the assessed locations was found to be within acceptable levels, high intensity hostilities and/or restrictions on humanitarian and commercial access have led to an emergence of pockets of acute and chronic malnutrition, particularly in UN-declared besieged and hard-to-reach areas. For instance, a SMART survey conducted in November 2017 in the UN-declared besieged enclave of East Ghouta detected serious levels of acute and chronic malnutrition, while in the Lajat area of Dar'a Governorate where the recently conducted SMART surveys detected poor levels of acute and chronic malnutrition. Overall, IYCF practices in assessed locations remain suboptimal and are all below pre-crisis levels.

Due to local truces and agreements that took place during the reporting period between armed actors in some UN-declared besieged and hard-to-reach areas efforts have accelerated in these areas to re-establish regular programmes. During 2017 the Nutrition sector began to provide regular nutrition service programming from the Syria hub to the population in the Al Waer neighbourhood of Homs District, eastern Aleppo, Maodamiyeh, Madaya, Wadi Barada and Zabadani. On the other hand, escalations of hostilities in East Ghouta and the absence of regular inter-agency convoys at the end of 2017 have resulted in a deteriorated nutrition situation for women and children. A SMART nutrition assessment conducted in East Ghouta concluded that 11.9 per cent of children under five suffered from Global Acute Malnutrition – the highest level of malnutrition recorded in Syria since the beginning of the crisis.

Insecurity in Ar-Raqqa City and across Deir-ez-Zor Governorate continued to result in limited basic services and significant access challenges for the few partners operating in those areas. Nutrition supplies were delivered to Deir-ez-Zor in the last quarter of the year through an inter-agency convoy.

Escalations in hostilities in northwest Syria resulted in increased casualties and displacements among the civilian population. The displacements to and within Idleb Governorate increased dramatically during the last half of the year. As a result, four cross-border partners activated 11 rapid response mobile teams to provide emergency life-saving nutrition services to boys, girls and PLW displaced from South Idleb and North Hama. 3,707 boys, girls and PLW were screened for malnutrition using MUAC in December. All identified acute malnutrition cases were treated and 3,190 PLW received IYCF counselling.

CHANGES IN PIN

4.6 million girls and boys under five years of age and PLW are at risk of under-nutrition and in need of preventive and curative nutrition services. This compares to approximately 4.4 million identified in the 2017 HNO, representing a 5 per cent increase. 84,200 girls and boys aged 6-59 months are acutely undernourished, of which around 18,700 are in the severe category and are 11 times more likely to die than well-

nourished children. 865,295 girls and boys under five years of age suffer from micronutrient deficiencies. 3.05 million girls and boys under five require optimal feeding for adequate nutrition status, while 1.55 million pregnant and lactating women require preventive nutrition services.

SEVERITY UPDATE

Although the level of Global Acute Malnutrition (GAM) among under five boys and girls in the majority of the assessed locations was found to be within acceptable levels, SMART surveys in UN-declared besieged and hard-to-reach areas indicated poor to serious levels of chronic malnutrition. IYCF practices in assessed locations remained suboptimal and are all below pre-crisis levels.

Across Syria, 66 of 270 sub-districts are found to be facing critical problems and are in need of immediate humanitarian assistance. In addition, 121 of 270 sub-districts are categorized as facing severe problems and require urgent humanitarian assistance. The remaining 83 sub-districts were ranked with major problems and likewise require humanitarian assistance. In light of ongoing displacement, anticipated returns, problematic access to health services and food, high food prices, diminishing employment opportunities and low service coverage, nutrition partners are forecasting more under-nutrition cases in UN-declared besieged and hard-to-reach areas as well as areas facing high levels of hostilities. Consequently, the sector ranked all UN-declared besieged and hard-to-reach areas as 'critical'.

KEY GAPS

The treatment for moderate and severe acute malnutrition and provision of micronutrient supplements was hindered by limited access, security concerns and limited funding. These factors constrain the efforts of partners to deliver comprehensive nutrition services, particularly in UN-declared besieged and hard-to-reach areas where needs are highest and where therapeutic services are more expensive.

Despite the delivery of some nutrition supplies in UN-declared besieged areas through inter-agency convoys, effort to establish sustained nutrition services that will allow for the continued provision of nutrition support, the treatment of cases and supplementation of nutrient products in the health facilities and communities have been interrupted by the depletion of supplies and difficulties faced in replenishing these supplies due to access restrictions. Although the time required to treat malnourished children is two to four months, access to services in these areas is unpredictable due to the ongoing hostilities and interruption of services.

KEY CHALLENGES

Hostilities result in irregular access of malnourished children and PLW to nutrition services as well as the temporary suspension of some nutrition activities. The decline in the delivery of humanitarian supplies and the lack of monitoring of supplies delivered to UN-declared besieged and hard-to-reach areas has been a challenge throughout 2017. To address this, the sector continued to support coordination between hubs, developed key advocacy messages, generated evidence with SMART surveys and surveillance sites and coordinated across hubs to ensure that supplies are distributed to the correct partners in an efficient manner.

At the same time, in areas that are newly accessible from the Syria hub, a key challenge remains in generating evidence to guide needs-based programming.

The travel of Syrian staff to neighbouring countries for trainings also presented a significant challenge in 2017. Although remote trainings were held instead, quality assurance remains a particular challenge. In order to mitigate some of these challenges, the sector is in the process of bringing international trainers to Damascus to provide high level technical nutrition trainings.

In addition to security concerns, the distance between operations bases of northeast Syria partners and some IDP camps and host communities has presented logistical challenges. People inside Ar-Raqqa city and Deir-ez-Zor governorate remained very difficult to reach.

Violations of the international code of marketing of breastmilk substitutes continued to be of major concern in Syria. Unsolicited breastmilk substitutes (BMS) are reportedly distributed without following proper mechanisms and procedures. These violations hinder IYCF efforts at the community and health care levels.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition. (related to SO 1, 2 and 3).

INTER-SECTOR OUTCOME INDICATOR	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET 2017 ONLY	RESULT
Life-saving preventive nutrition services such as infant and young child feeding practices in emergency, micronutrient interventions and blanket supplementary feeding is accessible for the vulnerable population groups.	1.1.1 Facility and community based counselling and awareness raising on IYCF-E and optimal maternal nutrition.	Number of Pregnant and lactating women counseled on appropriate IYCF-E	1,489,597	419,093	900,000	N/A
	1.1.2 Implement the Standard Operating Procedures for targeted Breast milk Substitutes to prevent inappropriate distribution	Proportion of partners oriented and adhering to the standard operating procedures.	All partners	0	60%	N/A
	1.1.3 Micronutrient supplementation to women and children for treatment and prevention for micronutrient deficiencies.	Number of boys and girls (6-36 months) who received micronutrient supplements (FF, MNP, LNSSQ. etc) for four months.	1,948,804	318,462	1,169,283	1,887,470 (total # of boys, girls and PLW receiving micronutrients)
		Number of pregnant and lactating women who received micronutrients including iron folate and MN tablets for 6 months.	1,489,597	94,600	900,000	
	1.1.4 Vitamin A supplementation for children 6-59 and lactating women through health facilities (routine) and during campaign	Number lactating women reached with Vitamin A supplementation.	744,798	2,289	446,879	N/A
Number of boys and girls aged 6-59 months having received Vitamin A supplementation twice a year.		2,923,207	854,971	1,753,924		
1.1.5 Prevention of acute malnutrition through the provision of specialized nutritious food to children 6-36 months through health facilities, communities and alongside general food assistance.	Number of boys and girls aged 6-36 months reached with LNS or HEB.	1,948,804	1,032,582	1,169,283	1,025,960	

Sector Objective 2: Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and PLWs. (Lifesaving and basic services/Resilience).

INTER-SECTOR OUTCOME INDICATOR	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Quality Lifesaving CMAM services is accessible for boys and girls under five and PLWs	2.1 Facility- and community-based screening for acute malnutrition	Number of boys and girls 6-59 months and PLW women screened for malnutrition	4,412,804	911,404	2,361,603	1,838,494
	2.2 Treatment of acutely malnourished children and pregnant women lactating mothers	Number of boys and girls 6-59 months with acute malnutrition treated	74,976	16,173	44,986	34,699
		Number of PLW with moderate malnutrition treated	117,678	2,383	35,303	N/A

Sector Objective 3: Strengthening robust evidence based system for Nutrition with capacity in decision making to inform need based programming. (All objectives, lifesaving, protection and basic services).

INTER-SECTOR OUTCOME INDICATOR	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Nutrition situation is updated on regular basis	3.1 Conduct governorate/ sub-district level rapid/SMART nutrition assessments.	Number of governorate/ sub-district level rapid SMART nutrition assessments conducted	NA	11	14	N/A
	3.2 Capacity strengthening of public health staff on rapid nutrition assessment/SMART surveys	Number of staff (male/female) trained in rapid nutrition assessment/SMART surveys.	NA	130	150	N/A
	3.3 Strengthen/Establish Nutrition surveillance system	Number of sites reporting on monthly basis	NA	380	500	N/A
	3.4 Hub level 4W matrix analysis to inform service coverage /gaps on response.	Hub level Monthly snap shot of the coverage / gaps.	NA	0	24	N/A

Sector Objective 4: Establish coordinated and integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming. (All objectives, lifesaving, protection and basic services).

INTER-SECTOR OUTCOME INDICATOR	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Multi-sectoral collaboration and joint programming is ensured via stronger nutrition coordination platforms	4.1 Ensure multisector geographic convergence in service delivery	proportion of communities covered with multi-sectoral response (food security, WASH and health)	NA	0	60%	N/A
	4.2 Regular consolidation of the 4W matrix on nutrition response across the hubs for coverage and gap analysis and response monitoring.	Monthly Whole of Syria 4W matrix on nutrition response consolidated.	NA	12	8	N/A
	4.3 Joint Capacity development for nutrition and food security partners on nutrition sensitive agriculture.	Number of staff trained (male and female).	NA	10	120	N/A
	4.4 Using the general food assistance channels for nutrition programs targeting and coverage	Number of nutrition beneficiaries targeted and covered through general food assistance channels.	NA		240,000	N/A



PROGRESS TOWARDS SECTOR OBJECTIVES

The 2017 Shelter and NFI strategy aimed at (i) providing life-saving and life-sustaining shelter and NFI support and (ii) contributing towards the resilience and cohesion of communities and households by improving housing and related community/public services, infrastructures and facilities.

In accordance with the first objective to provide life-saving and life-sustaining shelter and NFI support, over 2.3 million vulnerable people had their core NFI needs met, approximately 48 per cent of the target of 4.9 million beneficiaries. Alongside this number, 2.6 million people, approximately 300 per cent of the sector target, also received seasonal or supplementary Shelter and NFI assistance, including winterization. These outputs reflect a rebalancing of the overall NFI strategy from kit-based response towards targeted core and seasonal assistance.

The sector provided Emergency Shelter support to over 690,000 individuals as well as rental assistance to 5,133 individuals. The shelter support included the distribution and installation of emergency shelter kits, and emergency rehabilitation or upgrades to collective centres (which include public buildings) and private shelters. It also included emergency settlement assistance to over 309,000 individuals in transit camps and spontaneous settlements in northeast Syria, including both direct shelter and associated infrastructure support such as communal kitchens, roads, fences and lighting. This activity was not anticipated in the 2017 targets, and contributed to the sector exceeding targets for emergency shelter activities by 38 per cent.

In terms of the second sector objective to contribute towards the resilience and cohesion of communities and households by improving housing and related community/public services, infrastructures and facilities, the sector assisted 191,000 people of a target of 175,000 people through the rehabilitation of damaged housing and associated infrastructure, as well as

the provision of transitional shelter. The majority of these beneficiaries were reached by Syria hub partners, where there was a successful focus on increasing these activities in 2017, particularly in locations such as Aleppo and Homs governorates. In addition to the direct beneficiaries, the Syria hub coordinated to provide capacity building trainings to technical, engineering and information management staff across the membership.

In addition, 232,000 people were assisted with shelter support in UN-declared hard-to-reach areas, and 1.2 million were reached with some form of NFI support.

Key response achievements include the coordination and planning around winter assistance that enabled around 100,000 more people to be assisted in 2017 than in 2016, with improved targeting and prioritization. Other achievements include the production of additional technical guidance and support, such as guidance on Housing Land and Property (HLP) and due diligence guiding different types of shelter interventions, and strong development of IM products, analysis and trainings at hub level to assist partners with their planning and implementation.

need continued to increase. The Sector also saw a decrease in the number of INGOs in the Turkey hub.

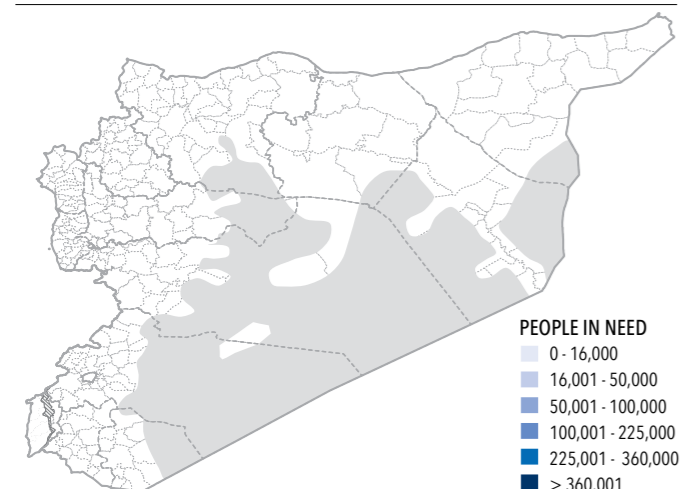
The escalation of hostilities in northeast Syria resulted in large scale displacements in Ar Raqqa, Al Hasekeh and Deir-ez-Zor governorates, resulting in the establishment of transit camps for IDPs, and requiring additional coordination resources and structures between Syria hub and northeast cross-border INGOs in order to ensure maximum coverage for those IDPs both inside the camps and widely dispersed in host communities or spontaneous settlements.

The geographical reach of Syria-based partners increased as GoS control expanded in 2017. The rate of return movements also increased, with approximately 840,000 people spontaneously returning in 2017 compared with 560,000 in 2016 according to NPM figures. Combined with the establishment of emergency settlements in northeast Syria and a 50 per cent reduction in the number of public shelters available for IDPs, these developments challenged the resources and capacity of Syria-based partners.

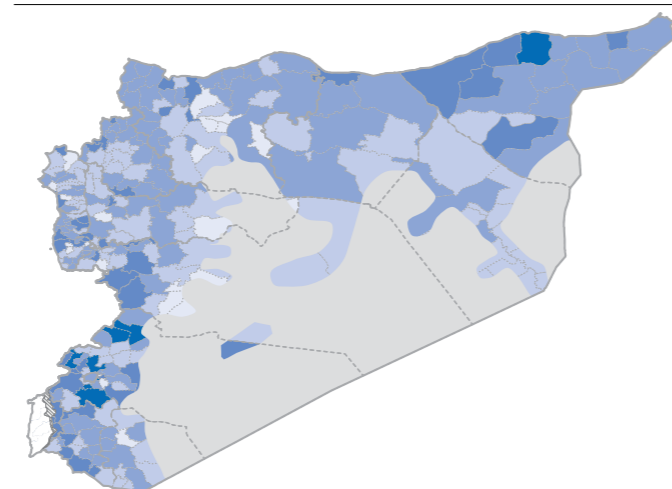
In the South, an escalation in hostilities at the beginning of 2017 resulted in increased shelter and NFI needs in Dar'a and Quneitra governorates. However, since the ceasefire in July new displacements remained low and the reduction in hostility levels enabled improved access to people in need.

In northwest Syria, contested areas of Aleppo, Idleb, Hama and Homs witnessed some 949,171 inward displacements during 2017. This has led to a significant increase in the demand for shelter, depleting shelter capacity and resulting in overcrowded shelter conditions that exerts additional pressure on already overcrowded IDP sites.

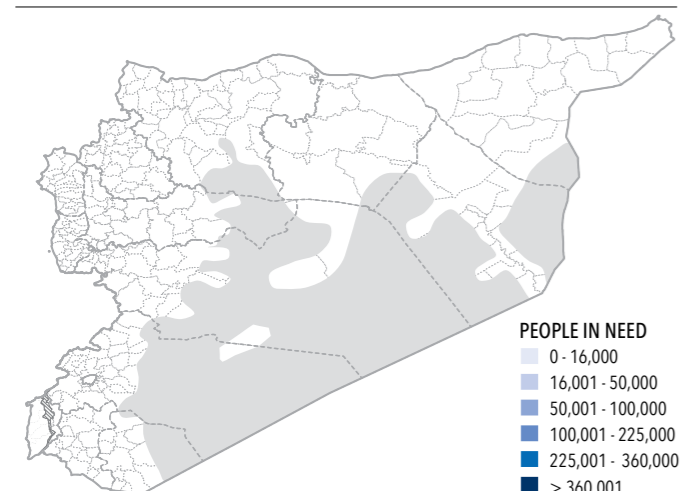
SHELTER PIN MAP



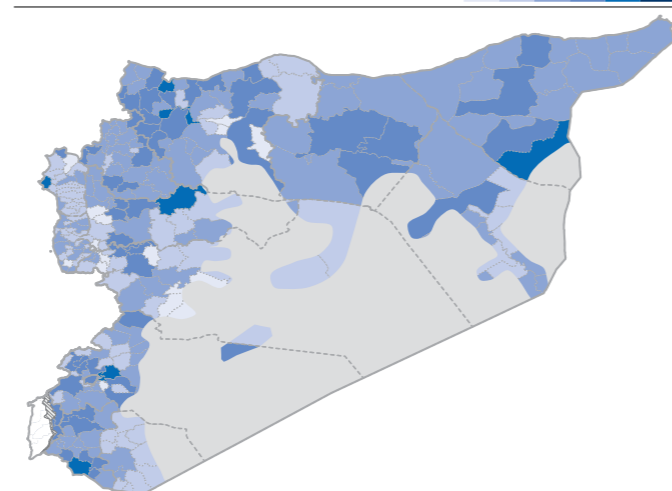
SHELTER SEVERITY MAP



NFI PIN MAP



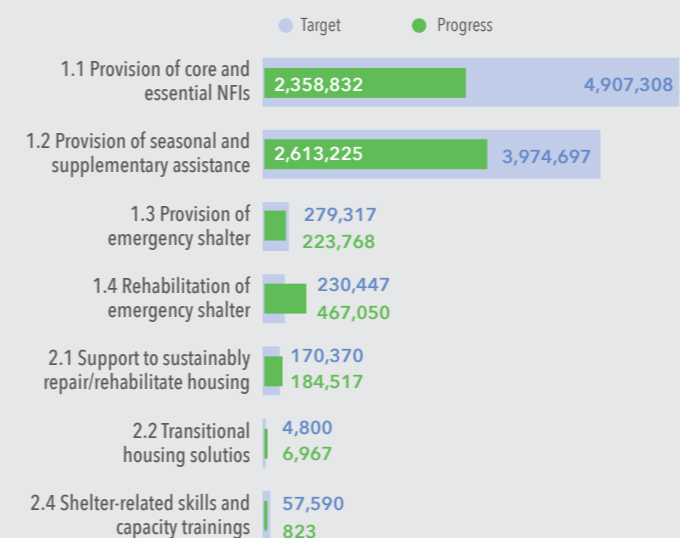
NFI SEVERITY MAP



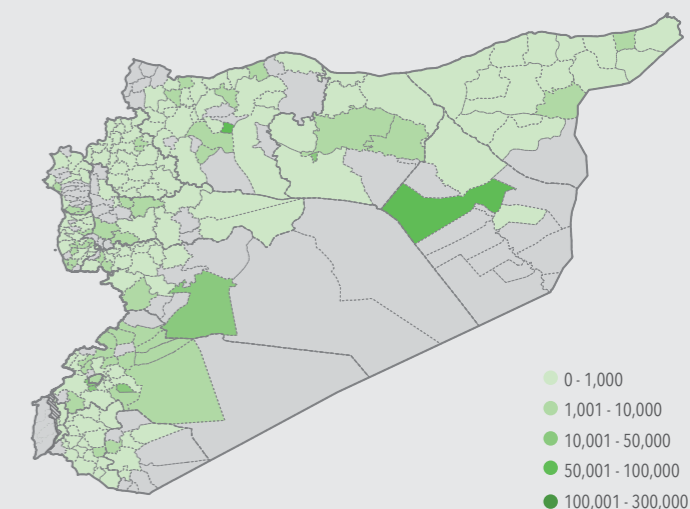
CHANGES IN CONTEXT

The rapidly changing context and continuous shift in frontlines, particularly in northern Syria, complicated coordination arrangements. In the first half of the year there was intensification of fighting in dense urban environments, and an increased frequency and scale of both displacements in the northwest. In November, hostilities erupted in northern rural Hama, southern Idleb and southern Aleppo leading to a further 95,000 displacements. Over the same period the operational environment became increasingly challenging, resulting in reduced geographical reach for Turkey cross-border actors, while the number of people in

WHOLE OF SYRIA ACTIVITY



BENEFICIARIES REACHED BY LOCATION



CHANGES IN PIN

The overall PiN figures for both Shelter and NFI have changed only marginally during the Mid-Year Review, with Shelter PiN increasing by 1.25 per cent and the NFI PiN increasing by 2.5 per cent. The biggest changes occurred in densely populated areas that changed severity, such as Menbij in Aleppo Governorate or Jaramana in Rural Damascus Governorate; or Homs where overall severity decreased. In Raqqa city, although severity increased the PiN has decreased due to large scale displacements.

SEVERITY UPDATE

Based on updated data on population and IDPs, hostilities and access at the Mid-Year Review, the overall severity map did not change significantly, with aggregated severity scores changing by less than 1 per cent. However, there were localized changes. Ar Raqqa Governorate witnessed an overall increase in the severity of NFI needs from an average of severity 2 to an average of severity 4, designating an acute and immediate need for humanitarian assistance. This was attributable to increased IDP numbers as a result of the hostilities in the area. Shelter needs also increased in five sub-districts across Idleb, and in areas in the South, due to increased IDP populations and hostilities respectively. Since the mid-year review, the needs in East Ghouta and Idleb in particular are likely to have become more severe. The Shelter absorption capacity in Idleb has been exhausted and the continuous arrivals of new IDPs are exerting a further strain on already overburdened host communities.

KEY GAPS

While the scope and reach of shelter assistance increased in 2017 over the previous year, exceeding targets, those targets still fall short of the total number of people in need. Due to the low funding and key challenges, the Sector was unable to meet the needs of some 2.5 million beneficiaries with the provision of core and essential NFIs, 52 per cent of the sector's target.

In transit camps (especially in Ein Issa, Mabrouka and Areesha), the number of IDPs was higher than the capacity of the camps leading to overcrowding in shelters. Therefore, the lack of land remained a gap for expansion, leading to insufficient shelters and in general, spaces within the transit camps. In 2017 there also remained gaps in terms of SOPs and guidance available to partners, which are currently under development in 2018.

KEY CHALLENGES

Access and safety remain the key challenges in many of the higher severity areas, including those no longer facing active hostilities. Explosive hazard surveying, marking and removal will be a priority in many urban areas such as Ar-Raqqa city which are highly contaminated. Access constraints include permissions and authorizations from central and local authorities which can be a barrier to implementation in the areas where needs are highest. In particular, given the complex and costly nature of such interventions, the capacity of the sector to implement more durable shelter solutions was constrained. Increased levels of funding will be required to meet the needs of vulnerable households in Syria, for whom a lack of a secure and basic shelter undermines all efforts to address other dimensions of need.

Northern Syria saw reduced access and shrinking humanitarian space, while at the same time the displaced population and needs increased. Access was reduced in several ways, with cross-border restrictions on access from Turkey to northeast Syria and to the areas under Turkish control. In addition, partners faced an increase in administrative demands and interference in some areas of the country. The difficult regulatory environment in Turkey led to a reduction in the number of active INGOs following registration issues, which may have a corresponding negative impact on the funding and capacity of Syrian NGOs who act as downstream partners. At the same time, new local NGO partners joined the cluster, presenting additional training and capacity challenges.

Syria hub partners continue to work within significant authorization constraints, with requests to access affected areas and populations, and approvals for assessments and implementation subject to lengthy delays of up to several months. The requirement for authorizations, logistical issues and security constraints limited distributions, including through inter-agency convoy deliveries to UN-declared besieged and hard-to-reach areas. Issues related to the loss of occupancy documents and other HLP issues has also deprived some populations from accessing shelter support.

Opportunities for systematic field-based data collection remained very limited due to access or authorization restrictions, resulting in incomplete needs analysis and monitoring and evaluation mechanisms in some areas.

Constraints on cross-border transportation of specific items necessary for shelter construction have further impacted on the already limited shelter response in both northern and southern Syria.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Provide humanitarian life-saving and life-sustaining shelter and NFI support. Relates to Strategic objective 1

INTER-SECTOR OUTCOME INDICATOR	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Targeted crisis-affected households, including those in HTR, and UN-declared Besieged locations, have their core and essential non-food item needs met	1.1 Provision of core and essential NFIs (e.g. mattress/mat, plastic sheet, blankets, jerry can, kitchen set, solar lamps, fuel; including cash/voucher for these items).	No. of people whose needs in relation to core and essential NFIs are met, including but not limited to those in HTR, ME and Besieged communities.	All PIN (5.8M)	4,869,000	4,907,000	2,358,832
Targeted people are protected from seasonally harsh conditions	1.2 Provision of seasonal and supplementary NFIs and shelter assistance (e.g. winter clothing, fuel, winter-specific shelter upgrades; including cash/voucher for these items)	No. of people whose needs are met for seasonal assistance		2,420,000	825,000	2,613,225
Targeted crisis-affected households are provided with timely emergency shelter solutions	1.3 Provision of emergency shelter (e.g. tents, emergency shelter material and kits; including cash/voucher for these items).	No. of people whose emergency shelter needs are met through shelter provision		263,000	279,000	223,768
	1.4 Rehabilitation of emergency shelter spaces in collective centres, unfinished buildings, transitional outdoor spaces, spontaneous settlements, and other emergency spaces (in-kind, cash, voucher, physical repair, etc.)	No. of people whose emergency shelter needs are met through rehabilitation activities	All PIN (4.3M)	37,000	230,000	467,050

Sector Objective 2: Contribute towards the resilience and cohesion of communities and households by improving housing, and related community/public services, infrastructures, and facilities. Relates to Strategic Objective 2 and 3

INTER-SECTOR OUTCOME INDICATOR	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Increase in adequate housing stock available to targeted households and communities	2.1 Support to sustainably repair/rehabilitate housing and related community/public infrastructure and facilities, including "do-it-yourself" support to owners/tenants/host families (materials, cash, voucher, cash-for-work, local hire, etc.)	No. of people assisted with durable shelter solutions.	All PIN (4.3M)	64,000	170,000	184,517
Increased access of IDPs and returnees to adequate transitional housing solutions	2.2 Support and provision of transitional housing solutions to mid-long term IDPs or returnees, which could include rental assistance, rehabilitation of buildings and ensuring minimum standard of conditions in unfinished urbanization projects.	No. of people assisted with transitional shelter solutions		56,000	4,800	6,967
Improved understanding of Housing Land and Property	2.3 Provision of the requisite HLP-related activities and/or analysis in shelter interventions.	% of shelter interventions that incorporate requisite HLP components, analysis and/or activities.		100%	100%	N/A
Increase in adequate housing stock available to targeted households	2.4 Improving the shelter-related skills and capacity of stakeholders through trainings	Number of people whose shelter-related capacity/skills have improved through trainings		186	58,000	823



WATER, SANITATION AND HYGIENE

PROGRESS TOWARDS SECTOR OBJECTIVES

The 2017 WASH response strategy aimed at (i) maintaining or restoring sustainable water and sanitation systems and (ii) providing humanitarian life-saving assistance and livelihood support to the most vulnerable groups.

In 2017 WASH sector services covered 93 per cent of the planned catchment population – 14.9 million people. The humanitarian component of the WASH response had a more limited reach, notably in terms of distribution of essential WASH NFIs and hygiene promotion.

Despite a shift in front lines and related decrease in the catchment population, the population assisted from Turkey hub partners remained significant due to the continuous movement of IDPs towards northern Syria.

Although support to sewage and solid waste systems covered around double the number of beneficiaries from 2016, only 52 per cent of target beneficiaries were reached during 2017. Water quality assurance, especially in areas served by the informal private sector, remains below the target, as was the case at the mid-year point. Efforts in this regard were generally focused on areas within reach of the Jordan hub.

Cash assistance has been reported as a modality for the first time, with a substantial number of beneficiaries. At the same time, the number of beneficiaries who received access to essential WASH NFIs and hygiene promotion in 2017 decreased by 30 per cent compared to 2016, with only 59 per cent of target beneficiaries reached by the sector.

The sector scaled up the provision of humanitarian life-saving WASH services to people displaced in Ar-Raqqa, Deir-ez-Zor and Al-Hasakeh governorates. The provision of WASH life-

saving assistance in several camps and host communities in Hasakeh, Raqqa and Deir-ez-Zor governorates was relatively successful. The WASH response for the rehabilitation of basic infrastructure in these areas focused on smaller water systems due to explosive hazard contamination and the lack of electricity.

CHANGES IN CONTEXT

Crisis dynamics continued to shape access opportunities and delivery modalities for WASH services. In northern Syria, partners saw an increase in access to Euphrates Shield areas during the year as approvals from the Government of Turkey became easier to obtain. Due to restrictions on cross-border humanitarian assistance from Turkey into contested areas, many international NGOs moved their offices out of Turkey. This has resulted in a decrease in WASH projects implemented in northwest Syria and presented difficulties for local Syrian NGOs in accessing grants from international NGOs. However, the number of INGOs supporting local NGOs increased during the year, with many international NGOs implementing projects remotely.

In southern Syria, the scale, speed and patterns of displacement have evolved over the course of 2017, with a higher number of IDPs passing through transit centers or staying in informal or established camps. This development has significantly affected the provision of WASH services, which are more costly and complex to deliver in camp settings than in host communities. In Damascus, the WASH sector has come under immense pressure to provide basic humanitarian WASH services in several UN-declared besieged and hard-to-reach areas.

CHANGES IN PIN

There was no change in the WASH PiN during 2017 from that presented in the HNO, as updates to WASH PiN are conducted on an annual basis.

SEVERITY UPDATE

There was no change in the WASH severity scale and rating during 2017 from that presented in the HNO, with WASH assessments used to establish the scale and rating conducted on an annual basis.

KEY GAPS

Despite the coordinated and collaborative response efforts of all hubs under a WoS approach, significant gaps in the response existed during 2017- particularly in terms of the basic humanitarian WASH response- due to a combination of factors.

Insufficient funds have prevented the implementation of important rehabilitation projects which could have benefitted millions, as well as support to deteriorating water, sanitation and solid waste management systems. As a result of that and due to shifts in frontline in 2017 increasingly impoverished families needed to purchase potentially unsafe water from the unregulated private sector. Similarly, the lack of investment in water safety and distribution of raw untreated water to large part of population negatively affected public health (as shown by high percentage of water borne diseases in some communities).

Because of significant changes on the line of control between the parties in the conflict in 2017 many IDPs, returnees and host population living in Aleppo, Raqqa, Deir-ez-Zor, Homs, Hama, Dara, Al Sweida, Quintra, Rural Damascus and even in Lattakia have continuously witnessed limited access to safe drinking water and sewerage services.

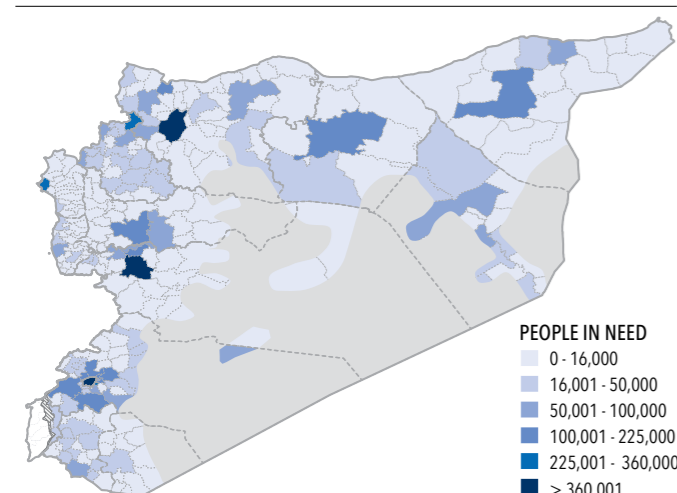
The WASH sector was unable to adequately address WASH needs in several besieged and hard-to-reach areas (including Madaya, Wadi Barada and East Ghouta) due to insecurity, limited funding, restrictive donor conditions. Also, access to some locations is difficult, due to the proximity to the front line, or need for de-mining of recently accessible water infrastructures. UN Inter-Agency Convoys were planned for several UN-declared besieged and hard-to-reach areas, but approvals could not be obtained from the Government of Syria to deliver lifesaving WASH supplies like chlorine tablets and hygiene kits to East Ghouta and several other locations in Homs, Hama and Aleppo.

Lack of effective coordination at camp level also represents a challenge for the sector, as effective infrastructure planning cannot be done remotely. Although markets were functional across much of Syria in 2017, the sector was not able to scale up cash programming due to access difficulties, restrictions imposed by the Government of Syria and neighboring countries, and donor skepticism with regards this modality.

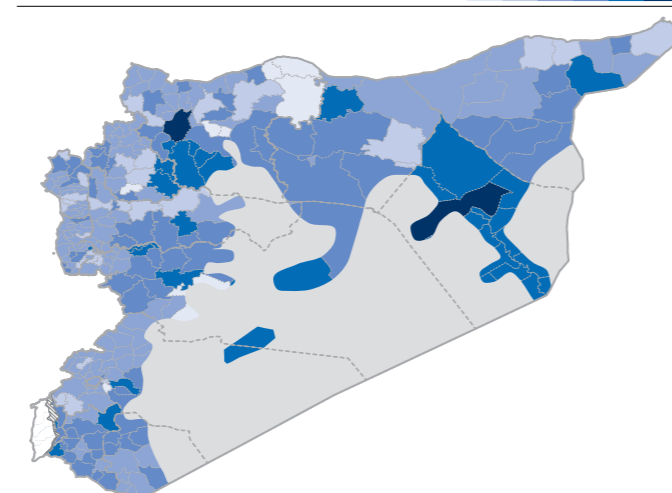
In northeast Syria, the main challenges faced by the sector beside the power supply is the contamination of water stations with explosive hazards. The time spent clearing explosive hazards delays the response and puts WASH partners at additional risk. A further challenge for partners in designing interventions was the scale and speed of displacements to collective centers and IDP camps.

Jordan is increasingly scrutinizing humanitarian assistance in Southern Syria, especially regarding rehabilitations of water pumping systems due to the potential impact on shared water resources.

PIN MAP



SEVERITY MAP



KEY CHALLENGES

Only 39.4 per cent of the \$219 million funding requirements for the sector were met, which limited the scope and scale of the response.

The lack of power supply continues to constitute the primary bottleneck for the WASH sector across Syria, it explains the sub-standard performance of the water distribution systems in most of the country. The situation is especially dire in Idleb, North Aleppo, Dar'a, Quneitra, Ar-Raqqa and Deir-ez-Zor where most of the water supply is currently provided by the informal private sector. This represents the highest per capita expenditure for purchasing water for already impoverished families and impacts water quality resulting in an increase in diarrhea cases.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: Water and Sanitation services available for all the population. Relates to SO3

INTER-SECTOR OUTCOME INDICATOR	SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Increased morbidity is prevented in highest-need communities	Sustainable Water and sanitation systems are maintained and/or restored	Repair, rehabilitation, augmentation of water systems	Estimated number of people served	14,896,742	0	8,937,582	10,107,078 (HRP partners: 8,021,522, Non-HRP partners: 2,085,556)
Decline of vital socio-economic infrastructure in most affected areas mitigated		Support to operation and maintenance of water facilities	Estimated number of people served	14,896,742	14,754,693	14,896,742	13,898,175
		Support to sewage and solid waste management systems	Estimated number of people served	7,000,000	4,432,151	5,500,000	2,844,399 (HRP partners: 2,272,349, Non-HRP partners: 572,050)
		Establishment of water safety plans	Estimated number of people served	8,937,582	470,257	3,500,000	365,233

Sector Objective 2: Life-saving humanitarian WASH services provided to most vulnerable groups. Relates to SO1,SO3

INTER-SECTOR OUTCOME INDICATOR	SECTOR OUTCOME	SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Increased morbidity is prevented in highest-need communities	Most vulnerable groups receive life-saving humanitarian assistance	Distribution of essential WASH NFIs	People reached	8,226,224	0	8,226,224	4,838,302 (HRP partners: 4,496,567, Non-HRP partners: 341,735)
Rapid response mechanisms in place to respond to needs of rapid on-set IDPs		Hygiene promotion					
Mitigate increased morbidity rates in UN-declared besieged and HTR areas due to unmet humanitarian needs.		Improved access to lifesaving/emergency WASH facilities and services	People reached	6,317,978	0	5,000,000	6,157,261 (HRP partners: 5,014,513, Non-HRP partners: 1,142,748)
Vulnerable IDPs receive sustained multi-sectoral humanitarian assistance		Cash assistance	People reached	8,226,224	0	1,000,000	136,740 (HRP partners: 110,443, Non-HRP partners: 26,297)
Livelihood-based coping mechanisms improved							



LOGISTICS

PROGRESS TOWARDS SECTOR OBJECTIVES

The 2017 Logistics response strategy was focused on (i) providing logistics services to humanitarian organisations, (ii) maintaining regional WoS interagency logistics coordination and information management, and (iii) enhancing capacity of humanitarian actors. The Logistics sector met its main 2017 targets, supporting 17 humanitarian organisations through timely and reliable logistical services and information.

Storage capacity was maintained and increased inside Syria, and on average five convoys to UN-declared besieged and hard-to-reach areas were conducted every month. From January to June, 285 airlifts carrying 23,770 m³ were conducted carrying Food, WASH, Health, Nutrition, Shelter/NFI and Education supplies from Damascus to Qamishly on behalf of nine humanitarian organizations. From January to September, 3 metric tonnes of inter-agency cargo were transported through WFP airdrops to Deir-ez-Zor.

The Logistics sector provided a total storage capacity of over 16,429 m² in six storage hubs. These hubs were strategically located in Rural Damascus and Homs, in the coastal areas of Tartous and Lattakia and in Qamishly in north-eastern Syria, as well as a new warehouse in Aleppo. Multiple partners used these warehouses throughout the year to store approximately 16,920 m³ of relief items. In close collaboration with SARC, OCHA and UN agencies, the Logistics sector organised the transport of approximately 38,380 m³ of relief items through 55 Inter-Agency Humanitarian Convoys to UN-declared besieged and hard-to-reach areas in the governorates of Damascus, Idleb, Homs, Hama, and Rural Damascus. The transportation of an additional 6,922 m³ of relief supplies was facilitated through common transport (on a cost-recovery basis) to accessible areas across Syria. Through WFP, the Logistics sector continued to maintain a strategic diesel reserve in its fuel depot in Damascus and Homs, providing fuel to partners on a cost-recovery basis in case of supply shortages.

Under Security Council Resolutions 2165/2191/2258, the Logistics sector continued to support cross-border activities through the crossing points of Ar-Ramtha, Bab al Hawa and Bab al Salam. A total of 6,059 trucks were trans-shipped: 1,403 trucks at Ar-Ramtha, 3,743 trucks at Bab al Hawa and 913 trucks at Bab Al Salam. Coordination meetings were held in Damascus, Amman, Antakya and Gaziantep and information products were regularly disseminated. In addition, to strengthen the capacity of humanitarian partners, the Logistics sector organised trainings on shipping and port operations, procurement and warehouse management. 188 logisticians from 53 different organisations attended to trainings held in Syria, Turkey, Jordan and Lebanon.

CHANGES IN CONTEXT

As a result of the resumption of land access to Qamishli, the air-bridge was phased out at the end of June 2017. The air-bridge had been the only reliable mode of transport for the provision of much needed humanitarian assistance to Al-Hassakeh Governorate for almost a year. Following the lifting of the siege on Deir-ez-Zor city in September 2017, several agencies were able to reach Deir-ez-Zor successfully through land transport. The WFP high-altitude airdrop operation was discontinued as a result.

Prior to the opening of the route linking Aleppo to the eastern part of Syria, the airlift and airdrop operations were the only reliable mode of transport for the provision of humanitarian assistance to these areas. The opening of land routes was an important development in securing critical humanitarian assistance to the northeast of the country, where humanitarian conditions are dire. Consequently, these changes have affected the operation in Syria positively as the new delivery modality enabled the introduction of new commodities in the area, while the air operations required some prioritization due to the high costs and a limited aircraft loading capacity in comparison to trucks.

KEY GAPS

The Logistics sector identified several gaps in its response. The Inter-Agency Humanitarian Convoys and common transport services are insufficient to reach the most inaccessible locations in the country. Coordination of cross-border trans-shipment services from Jordan and Turkey to Syria is also required. In addition, the fuel supply chain is too unreliable. The overall coordination and circulation of logistics information needs to be enhanced, and dedicated logistics trainings is insufficient.

KEY CHALLENGES

The Logistics sector identified two key challenges. Access and security constraints remain the greatest impediments to reaching vulnerable communities with humanitarian life-saving relief supplies. In addition, difficulties in obtaining approvals from the Government of Syria have often resulted in the delay or cancellation of Inter-Agency Humanitarian Convoys.

SECTOR OBJECTIVES, INDICATORS AND TARGETS

Sector Objective 1: To provide logistics services (inclusive of surface transportation, trans-shipment, contingency fuel stock, emergency air transport and warehousing) to humanitarian organisations responding to the Syria crisis. Relates to SO1

SECTOR ACTIVITIES	ACTIVITY INDICATOR	IN NEED	BASELINE	TARGET	RESULT
Maintain common UN logistics services (including common transport, humanitarian convoys, storage, emergency airlifts, coordination/trans-shipment support)	Number of m2 of storage capacity maintained inside Syria		14,000m2	14,000m2	16,429
	Number of Inter-Agency Humanitarian convoys per month		10	10	5
	Number of emergency airlifts conducted		114	50	285
	Number of hubs for cross-border coordination/trans-shipment operational		3	3	3

PART III: ANNEX

Inter-Sector Indicators 78

INDICATORS	IN NEED	TARGETS	SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)	RESULT AS OF DECEMBER 2018	SOURCE
% of PIN reached with multi-sector humanitarian assistance in severe access category locations (disaggregated)	4.8 million	100% UN-declared Besieged 50 % other HTR areas	Number of people receiving food assistance by modality	5,528,287 (HRP partners: 3,180,271, Non-HRP partners: 2,348,016)	Food security
% of severe access category locations reached by more than two sectors			Number of people receiving WASH assistance by modality	5,014,513	WASH
			Number of people whose essential NFI needs are met		NFI/Shelter
			Number of medical procedures provided in Bsg/HTR Areas[*]	4,425,337.26	Health
			Number of inter-agency convoys to Bsg/HTR locations	55	OCHA
% of sentinel sites submitting weekly surveillance reports or % of all outbreaks investigated in a timely manner [within 72 hrs]	12.8 m		Number of trauma cases supported		Health
			Number of medical interventions	26,916,000	
			Number of treatment courses distributed	12,062,830	
			% of children under 5 immunized	360,324.00	
% nutrition service coverage	4.4 m	100%	Number of boys, girls and PLW[2] screened for malnutrition	.	Nutrition
% of food insecure people with improved food consumption, dietary diversity and coping strategies	9 million	150,000	Number of boys and girls 6-59 months with SAM[3] and MAM[4] treated	34,699	
			Number of Number of boys and girls aged 6-36 months reached with LNS or HEB	1,025,960	
Number of rapid on-set IDPs assisted with basic survival goods (food, water, NFI/ shelter)	1 million (projection)		Number of IDPs identified during sudden displacements	1,567,388	CCCM/OCHA
			% of newly affected people receiving food assistance in recommended response time (72h)	75 per cent	Food security
% of IDPs in camps, informal settlements, collective shelters and stranded at borders receiving multi-sectoral assistance	1 million	100%	Number of IDPs living in sites and collective centers provided with life-saving assistance	413,944	CCCM
			Number of IDPs with improved access to lifesaving/ emergency WASH facilities and services		WASH/CCCM
% of sub-districts hosting large concentration of IDPs receiving multi-sectoral assistance	3.1 million	50%	Number of people whose emergency shelter assistance needs are met.	956,139	NFI/Shelter
			Number of people whose needs for seasonal and supplementary NFIs and shelter assistance are met	2,358,832	NFI/Shelter
% of food insecure people with improved food consumption, dietary diversity and coping strategies	9 million	9 million	% of targeted food insecure people receiving regular food assistance by modality (min 8 months covered)	2,046,814 (HRP partners: 906,859, Non-HRP partners: 1,139,955)	Food security and agriculture (WFP/FAO)
			% of targeted households receiving livelihood support		
		150,000	Number of Number of boys and girls aged 6-36 months reached with LNS or HEB		Nutrition

[1] includes consultations (OPD consultations at PHC and hospital, referral cases, mental health consultations), trauma cases, persons with disabilities supported and deliveries by Skilled Birth Attendants

[2] Pregnant and lactating women

[3] Severe acute malnutrition

[4] Moderate acute malnutrition

INDICATORS	IN NEED	TARGETS	SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)	RESULT AS OF DECEMBER 2018	SOURCE
% of national actors reporting activities to 4Ws (proxy)			Number of humanitarian actors capacity built to implement protection interventions		Protection (HCR)
% of country-based pooled funds disbursements allocated to national humanitarian actors (OCHA)			Number of NGOs personnel trained		Coordination (OCHA)
% of locations that provide community based protection services	13.5 m	9.7 m	Number of communities reached with protection monitoring initiatives	371	
% of locations that provide specialized protection services			Number of community based services supported	N/A	
% of SSG / RCG meetings which use AAP outcomes to inform decision making			Number interventions supporting community-based initiatives.	1,555	
			Number of people reached through community based protection services	895,800	Protection (HCR, UNICEF, FPA, UNMAS)
			Number of locations that provide at least one specialized gender-based violence (GBV) service	152	
			Number of girls and boys receiving specialized child protection services through case management	19,200	
			Number of girls and boys engaging in structured sustained child protection programmes	678,500	
			Number of people receiving legal counseling or assistance including civil documentation and HLP issues	128,700	
			Number of people reached with explosive hazard risk education activities	247000000	
% of affected communities, free from explosive hazards		2.9 m	Number of communities, where contamination survey has been conducted.		Protection (UNMAS)
			Number of explosive hazard tasks completed		
			Number of people reached with victim assistance services		
% of incidents against health care infrastructure reported		x	Advocacy strategy developed		Protection
			Number of advocacy initiatives conducted		
% of water supply provided by municipal services	14.9 m	50%	Number of joint outbreak preparedness plans at Hub level related to waterborne diseases prepared		WASH (UNICEF)
Or			Number of systems repaired or rehabilitated		
Number people benefitting from repairs of water systems			Number of support to operation and maintenance of water facilities		
% of functional health centers			Number of joint outbreak preparedness plans at Hub level related to waterborne diseases prepared		
Number of EmONC facilities available per 500,000 people			Number of EmONC facilities supported	447	Health (WHO)
Number of facilities providing rehabilitation services			Number of facilities providing rehabilitation services supported		
			Number of health care workers trained	147,636	

INDICATORS	IN NEED	TARGETS	SECTOR ACTIVITY INDICATORS (SELECTIVE - NOT COMPREHENSIVE)	RESULT AS OF DECEMBER 2018	SOURCE
% of children (5-17 years, g/b) enrolled in formal and non-formal education	5.8 M	75%	# of children (3-17 years, g/b) receiving school supplies	1,354,170	Education
			# of children (5-17 years, g/b) benefitting from school feeding programmes	351,783	(UNICEF)
			# of classrooms established, expanded or rehabilitated	12,809	
			# of children (5-17 years, g/b) supported by cash-transfers	12,631	
			# of teachers and education personnel trained (f/m)	24,664	
% of youth (15-17 years, g/b) benefitting from formal and non-formal TVET and informal vocational education	789,000	13%	# of youth (15-17 years, g/b) benefitting from informal vocational education	57,314	Education (UNICEF)
			# of youth supported with income generation activities.		
			# of youth benefitting from livelihoods support (business, self-employment and see funding for social and business entrepreneurship initiatives).	57	ERL (UNDP)
% of specific vulnerable people benefitting from livelihood support			# of special group HHS benefitting from food security, agriculture and livestock services		FSA (WFP/FAO)
			# of vulnerable people assisted with durable shelter solutions.	184,517	Shelter NFIs (HCR)
% of targeted economic infrastructures rehabilitated.			# of people with disabilities benefitting from rehabilitation programmes		
			# of women singled header households receiving livelihoods support (loans, grants, assets, vocational training...)	3,113	ERL (UNDP)
% of targeted households/communities served by the rehabilitated infrastructure			# of adolescents and youth (10-17 yrs; 18 - 24 yrs) involved in or leading civic engagement or social cohesion initiatives	100,583	ERL (UNDP)
			# of communities served by community structures related to food security, agriculture and livestock		ERL (UNDP)
% of host communities receiving support waste management systems			# of communities served by community structures related to canals, irrigation systems, markets, storage facilities, bakeries, etc.		ERL (UNDP)
			# of people benefitting from the improvement of community/public services, infrastructure, and facilities	69,427	ERL (UNDP)
			# of people employed in the restoration of local businesses, shops, markets and workshops	603	ERL (UNDP)
			# of people employed in debris and solid waste management and rehabilitation of affected neighbourhoods and host communities.	39,240	ERL (UNDP)
% of communities with early warning and DDR systems			% of IDP settlements with self-run emergency response capabilities (first aid, fire response...)	38,162	CCCM (HCR)
			# of communities served by early warning and DDR services as % planned		FSA (WFP/FAO)

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