

2018

HUMANITARIAN RESPONSE PLAN

JANUARY-DECEMBER 2018



**SYRIAN
ARAB REPUBLIC**

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THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE*

The 2018 Humanitarian Needs Overview (HNO) was developed by UN agencies and partners and underpins the 2018 HRP. While the HNO aims to provide consolidated humanitarian analysis and data that helps inform joint strategic planning, many of the figures provided throughout the document are estimates based on sometimes incomplete and partial methodologies. The Government of Syria has expressed its reservations over the HNO findings. This applies throughout the document.

STRATEGIC OBJECTIVE 1

 Provide life-saving humanitarian assistance to the most vulnerable people

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


STRATEGIC OBJECTIVE 3


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

PEOPLE IN NEED

 13.1M

PEOPLE TARGETED

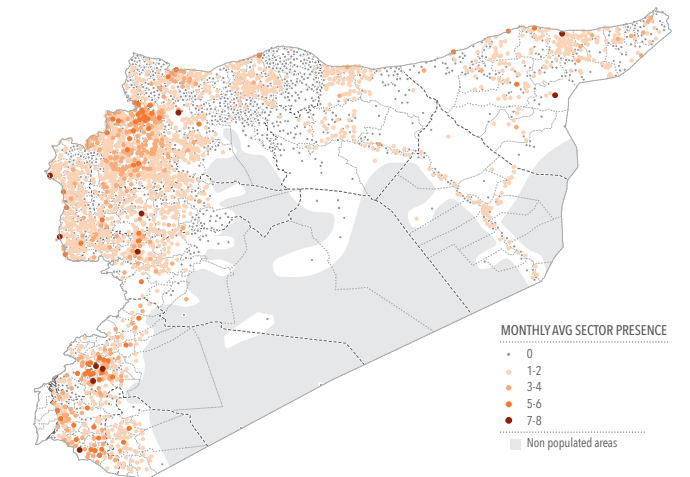
 10.5M
Direct assistance

 11.2M
Service delivery

REQUIREMENTS (US\$)

 \$3.5B

OPERATIONAL PRESENCE: AVERAGE NO. OF SECTORS



The Government of Syria does not recognize the boundaries of the maps included in the 2018 Humanitarian Response Plan (HRP). The boundaries and names shown and the designations used on maps in the HRP do not imply official endorsement or acceptance by the United Nations.

INTERNALLY DISPLACED PERSONS (IDPs)¹

6.1M

INTERNALLY DISPLACED PERSONS (IDPs) IN LAST RESORT SITES²

750k

SPONTANEOUS RETURNEES³

 721k

PALESTINE REFUGEES⁴

95% of Palestine refugees (430,000 individuals) remaining in Syria are in need of humanitarian assistance

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

 2.98M people in need in hard-to-reach areas including 419K people living in UN declared besieged areas**

** "The UN uses the term "besieged" as per a number of UNSC resolutions on the situation in the Syrian Arab Republic (see: UNSC Res. 2258 ,2393 ,2254 ,2191 ,2165 ,2139 ,1624). The use of the words siege/besieged is not endorsed by the Government of Syria."

FOOD INSECURITY

 1 out of 3 people in Syria are food insecure


HEALTH CARE FACILITIES

 Less than half of Syria's health facilities are fully operational


INADEQUATE SHELTERS

 5.3M people live in inadequate shelters

UNSAFE WATER SOURCES

 35% of the population in hard-to-reach and inaccessible areas relies on unsafe water sources to meet their water supply needs

LACK/LOSS OF CIVIL DOCUMENTATION

 Lack of civil status documentation remains a serious concern across Syria. In 31% of communities assessed, this concern was reported as common/ very common⁵

1 IDP Task Force, as of September 2017
2 CCCM Cluster, as of September 2017

3 NPM, January - September 2017
4 UNRWA, as of September 2017

5 Whole of Syria Protection Needs Overview, p.17

INTRODUCTION

The 2018 Humanitarian Response Plan (HRP) sets out the framework within which the humanitarian community will respond to the large-scale humanitarian and protection needs in Syria throughout 2018 on the basis of the prioritization undertaken across and within sectors. The HRP, based on humanitarian assessment data, also presents urgent funding requirements to address needs. It is anchored by three strategic objectives: saving lives and alleviating suffering, enhancing protection and building resilience. These objectives are interlinked, reflecting that needs are intertwined. Protection and early recovery are mainstreamed across the operation, adding coherence to the humanitarian response. Progress made towards attaining one objective is often dependent upon incremental steps towards achieving another. Achieving these objectives is contingent upon the availability of sufficient resources and the existence of an enabling operational environment. Humanitarian activities under the HRP are coordinated at hub level and benefit from the Whole of Syria (WoS) approach.⁶

The HRP was developed by the humanitarian community working in Syria, under the leadership of the Humanitarian Coordinator for Syria (HC) and the Regional Humanitarian Coordinator for the Syria Crisis (RHC) and with support from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

The HRP was consulted with the Government of the Syrian Arab Republic and collectively prepared by all partners. The final document was endorsed by the Emergency Relief Coordinator (ERC), in line with General Assembly resolution 46/182 (A/RES/46/182). Affected people were consulted during the needs identification and planning processes.

The Government of Syria and the UN acknowledge that this is a technical and operational humanitarian document and that it should not be interpreted as a political document. While the UN and the Government of Syria may have differences in interpretation of certain issues, the primary objective of the document and for both parties remains the timely and adequate delivery of humanitarian assistance to people in need in accordance with international law, including A/RES/46/182, and the UN Charter.

In accordance with international law, the United Nations renews its commitment to deliver humanitarian assistance to people affected by the crisis in Syria, and to implement the response plan with full respect of the sovereignty, territorial integrity and independence of the Syrian Arab Republic and in accordance with General Assembly Resolution 46/182. The United Nations is committed to the implementation of Security Council Resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015), 2332 (2016) and 2393 (2017). The UN and its partners will also continue to advocate for greater respect for international law, International Humanitarian Law (IHL) and International Human Rights Law (IHRL) with relevant stakeholders.

Humanitarian organizations working under this plan, namely United Nations (UN) agencies, funds and programmes, the Syrian Arab Red Crescent and humanitarian international and national Non-Government Organizations (NGOs),⁷ remain committed to providing needs-based humanitarian assistance, in accordance with the humanitarian principles of humanity, neutrality, impartiality and independence and to providing assistance without discrimination to people in need. In this capacity, they are protected under international law.

Organizations participating in the HRP acknowledge that it is first through the efforts of the Syrian people, through state institutions at both central and local level, and civil society that the basic needs of the affected population are met. Partners also recognize that, under IHL, the state has the primary role and responsibility for the provision of assistance, protection, and security of those affected by the crisis.

This HRP sets out the strategy for a principled, needs-based humanitarian response in Syria, in line with A/RES/46/182 and the principles of IHL. These activities will be carried out in consultation with Syrian state institutions in accordance with the Charter of the United Nations and A/RES/46/182 and governed by the framework of agreements between the Syrian state and UN agencies, funds and programs, as well as Security Council resolution 2393 (S/RES/2393).

⁶ The Government of Syria understands "Whole of Syria" as the territorial integrity of the country. The UN understands the Whole of Syria to refer to the effort to ensure a coordinated humanitarian response to all people in need in Syria, using all relevant response modalities in accordance with relevant UN Security Council Resolutions on Syria.

⁷ The Government of Syria only recognizes international and national humanitarian actors as NGOs it has registered, approved, and accordingly notified the United Nations. However, in line with relevant UN Security Council and General Assembly resolutions, the UN recognizes that Intergovernmental and non-governmental organizations working impartially and with strictly humanitarian motives should continue to make a significant contribution to the humanitarian response in Syria, complementing national and other international efforts (A/RES/46/182, op5 (1991), including within the framework of UNSCR 2139 (2014), 2165 (2014), 2258 (2015), 2332 (2016), 2393 (2017). This applies to all references to such organizations throughout the HRP.

HUMANITARIAN

NEEDS

Close to seven years into the crisis, the scale, severity, and complexity of needs across Syria remain deep and far-reaching. Over half of the country's population have fled their homes: 5.5 million people have sought refuge in the region and beyond, and 6.1 million people are internally displaced. 13.1 million people remain in need of humanitarian assistance. Of these, 5.6 million people face acute humanitarian needs. Millions of people have fallen into poverty with many forced to resort to harmful coping strategies and faced with increasing protection risks. If hostilities continue in some parts of the country,⁸ humanitarian needs are expected to deepen in these areas during 2018.⁹

Despite some reduction in the level of hostilities in certain parts of the country, notably through De-Escalation Agreements¹⁰ and some local agreements¹¹ related to a limited set of areas, sustained or increased violence in many other areas has negatively affected the lives of countless civilians. An estimated 1.7 million people were displaced in the first nine months of 2017 alone, many multiple times. An estimated 721,000 spontaneous/self-organized IDP and refugee returns also took place in 2017, including approximately 66,000 refugees. While the number of people in UN-declared besieged areas decreased

compared to last year, the humanitarian situation for those trapped in the remaining areas is dire. Amid the disruption caused by prolonged hostilities, including acts by entities designated as terrorists by the UN Security Council (UNSC), extensive displacement, family separation and disruption of community networks, access to basic services as well as livelihood opportunities remain scarce. Prices and availability of basic commodities, also affected by unilateral coercive measures, remain a factor affecting need. As a result, people's ability to cope is strained and many are unable to meet their basic needs.


 **6.1 million** internally displaced with **750,000** people living in last resort sites, and a daily average of **6,550** people displaced each day.

 **5.3 million** people are registered as refugees in neighbouring countries.¹²

 **2.98 million** people live in UN-declared besieged and hard-to-reach areas, including **419,920** people in 10 UN-declared besieged areas.¹³ Lack of civil status documentation remains a serious concern across Syria. In 31 per cent of communities assessed, the concern was reported as common/very common.

 **8.2 million** people are exposed to explosive hazards in contaminated areas with 33 per cent of hazards located on agricultural land.¹⁴

Some **6.5 million** people are food insecure and face large food consumption gaps or are at risk of extreme loss or depletion of livelihood assets that will lead to food consumption gaps. A further **4 million** people are at risk of becoming food insecure¹⁵ because of exhaustion of productive assets to maintain food consumption.¹⁶ 

 **Less than half** of Syria's health facilities are fully operational. The protracted nature of the crisis has negatively affected immunization coverage rates, reducing immunity and increasing the risk of outbreaks of vaccine preventable diseases such as polio (74 cases of cVDPV2 mainly in Deir-ez-Zor and Ar-Raqqa).¹⁷

⁸ In this document, the term "hostilities" is used by the UN to mean "conflict" as per a number of UNSC resolutions on the situation in the Syrian Arab Republic (UNSCRs 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015) and 2332 (2016)). The GoS does not agree to the use of the word conflict as reflecting accurately the situation on its soil.

⁹ Data in this section was provided by humanitarian sectors. The Government of Syria has expressed its reservations over these findings. This applies throughout the document.

¹⁰ De Escalation Agreements refer to a memorandum signed in Astana on 4 May by the governments of Russia, Turkey and Iran which foresaw the establishment of "de-escalation areas" (DEAs) in Syria. The United Nations is not a party to these agreements.

¹¹ Local agreements refer to agreements reached between the GoS and some NSAGs, sometimes facilitated by third parties and which concern specific localities. The United Nations is not a party to these agreements.

¹² UNHCR <http://www.unhcr.org/figures-at-a-glance.html>, September 2017

¹³ The UN uses the term "besieged" as per a number of UN Security Council (UNSC) resolutions on the situation in the Syrian Arab Republic (see: UNSC Res. 1624, 2139, 2165, 2191, 2254, 2258 and 2332). The use of the words siege/besieged is not endorsed by the Government of Syria.

¹⁴ Whole of Syria 2018 Protection Needs Overview, September 2017

¹⁵ By "People at risk", the food and Livelihoods sector refer to those people becoming food insecure because of assets depletion to maintain food consumption

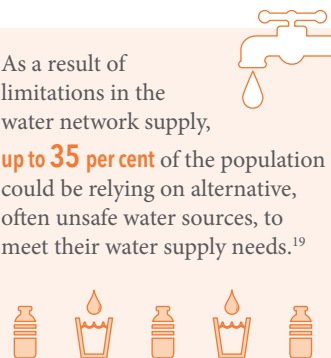
¹⁶ Food Security and Livelihoods Sector, September 2017

¹⁷ Health Sector, November 2017

More than one in three schools are either damaged or destroyed, while others are being used as collective shelters or for other purposes. An estimated **1.75 million** children, or almost one third of school-age children (aged 5-17 years) from the 2015/2016 school-year are out of school, and a further **1.35 million** are at risk of dropping out.¹⁸



As a result of limitations in the water network supply, up to **35 per cent** of the population could be relying on alternative, often unsafe water sources, to meet their water supply needs.¹⁹



5.3 million people live in inadequate shelters.²⁰



Urban areas host **76 per cent** of the overall population including **62 per cent** of IDPs.²¹



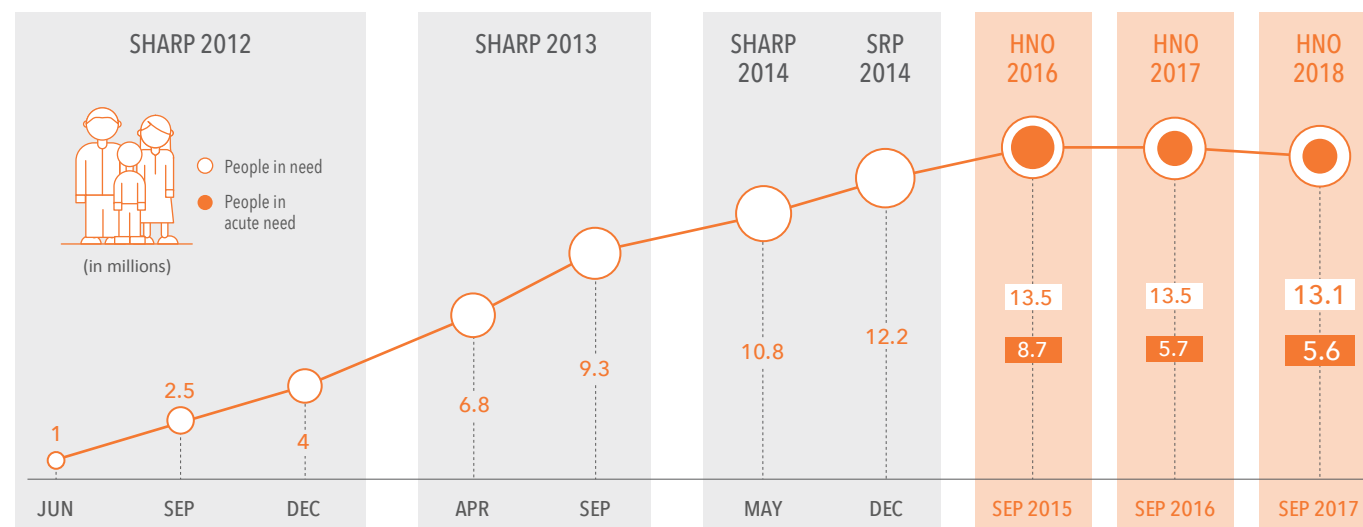
Over **50 per cent** of Syrians are currently unemployed, with the youth unemployment rate closer to **78 per cent**.²²



69 per cent of the population is living in extreme poverty (less than US\$2 per day)²³ with an estimated **90 per cent** of households spending more than **50 per cent** of their annual income on food.²⁴



PEOPLE IN NEED BY YEAR (2012-2018)



18 Education Sector, September 2017
 19 WASH sector, September 2017
 20 Shelter/NFI sector, September 2017
 21 OCHA, September 2017
 22 Syria at War: Five years on. ESCWA 2016. ESCWA estimates based on data from the Syrian Central Bureau of Statistics.
 23 Syria Center for Policy Research, Impact of the Syria Crisis Report, June 2016
 24 Food Security and Livelihoods Sector, September 2017

2017 HUMANITARIAN

ACHIEVEMENTS & GAPS

Syrians themselves, through state institutions at both central and local level, civil society, and humanitarian non-governmental organizations continue to be the main responders to the humanitarian crisis in Syria. Complementing their efforts, humanitarian organizations have mounted one of the largest humanitarian responses in the world. As the crisis endures, people's resourcefulness alone remains inadequate to counter deprivation that - for millions- is only mitigated by humanitarian assistance.

International support to Syria during 2017 remained insufficient with 51.5 per cent²⁵ of the 2017 HRP funded as the year ends. Despite limited resources, the humanitarian response in Syria remained significant with an average of 7.7 million people in need - over half of the overall number of people in need in country - reached with some form of humanitarian assistance on a monthly basis through the first eight months of the year. Of these, 3.9 million people reached were women and girls, and 3.7 million people live in communities where needs are particularly severe. This was only possible by leveraging the use of various response modalities. However, reaching those most in need with qualitative sustained assistance, particularly those in UN-declared besieged and hard-to-reach areas, remained challenging due to limited access.

Notwithstanding challenges to measure the collective impact of humanitarian interventions, recent data indicates that key humanitarian indicators related to morbidity, malnutrition and acute food insecurity remain constant. For instance, while food insecurity rates continue to be high - with 6.5 million food insecure people - they are only leading to increased levels of acute or severe malnutrition in localized (mostly UN-declared besieged) areas. The delivery of multi-antigen and immunization catch-up vaccination campaigns is also estimated to have contributed to reducing excess morbidity and mortality. The number of people at risk of food insecurity, however, has doubled in the last year, indicating a further depletion of livelihood assets and opportunities throughout the country, and the use of harmful coping strategies continues to increase.

This suggests that humanitarian efforts constitute a necessity for many and have so far contributed to mitigate the worst effects of the crisis. More would be required, however, to sustainably

reduce the number of people in need and prevent a further deterioration of the humanitarian situation in the country.

This suggests that humanitarian efforts constitute a necessity for many and have so far contributed to mitigate the worst effects of the crisis. More would be required, however, to sustainably reduce the number of people in need and reverse a further deterioration of the humanitarian situation in the country.

ACHIEVEMENTS 2017²⁶

- An average of **5.2 million** people were reached every month with food baskets and a total of **1.7 million** people were reached with agricultural and livelihoods assistance.
- WASH reached **8 million** people with direct humanitarian assistance and **13.9 million** people with wash system support.
- Health supported **14.4 million** medical procedures, and **8.6 million** treatment courses.
- Nutrition reached **2.3 million** children and pregnant and lactating women (PLWs) in need with curative and preventive nutrition services.
- 1.4 million** people had their core and essential NFI needs met, and **250,000** people received shelter assistance.
- Protection supported **5.1 million** protection interventions, of which **661,300** were for psychosocial support.
- 1.5 million** children and youth, teachers and education personnel benefited from quality education programmes.
- ERL reached **4.8 million** people through improved access to essential services and infrastructure, livelihoods support and social cohesion initiatives.
- 362,527 IDPs** living in **346 IDP sites**²⁷ received monthly multi-sectoral assistance.

25 OCHA Financial Tracking System, as of 9 January 2018
 26 These reflect cumulative sector reach for January to August/September 2017
 27 "Sites/camps" in CCCM is a generic IASC term used to describe several IDP settlements including formal camps as well as informal or spontaneously established settlements. CCCM IDP tracking shows that the majority of recently displaced arriving in camps spent time in other types of sites, e.g. rented accommodation, host family and collective centers, before moving into an IDP settlements or camps.

STRATEGIC

OBJECTIVES

In support of national and local efforts, the humanitarian community will strive to contribute to the achievement of three key objectives in the 2018 Humanitarian Response Plan: i) save lives and alleviate the suffering of the most vulnerable people; ii) enhance the prevention, mitigation and response to protection needs; and iii) increase resilience, livelihoods and access to basic services. These objectives are inter-linked, and all three are essential as efforts towards each positively impact on the others.



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.

In accordance with international law, the United Nations renews its commitment to deliver humanitarian aid and implement the response plan with full respect of the sovereignty, territorial integrity and independence of the Syrian Arab Republic and in accordance with General Assembly Resolution 46/182.

The United Nations is committed to the implementation of Security Council Resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015), 2332 (2016) and 2393 (2017). The UN and its partners will also continue to advocate for greater respect for international law, international humanitarian law and international human rights law with relevant stakeholders.

The 2018 Humanitarian Response Plan (HRP) is complementary to the humanitarian response provided by the Government of Syria (GoS). Other international organisations such as the International Committee of the Red Cross (ICRC) and the International Federation of the Red Cross (IFRC) are also contributing to meet the needs of affected people.

The HRP's strategic objectives for 2018 build upon the humanitarian community's efforts in 2017 and previous years, and reflect the complexity of the humanitarian situation in Syria today. Under the framework of the 2018 HRP, the humanitarian community aims to provide life-saving and life-sustaining humanitarian assistance to people in need across the country while also seeking to strengthen delivery models for greater resilience.

Inter-sectoral coordination will be key to ensuring that needs-based multi-sectoral humanitarian assistance reaches those most in need with a focus on the estimated 5.6 million people living in areas with a high severity of need across sectors. Additional sector-specific efforts will be deployed to address sector-specific needs identified amongst the 13.1 million people in need. Particular attention will continue to be placed on the most vulnerable and at-risk groups including children, women, youth, the elderly, people with specific needs, and those people chronically ill or injured.



Strategic Objective one: save lives

Efforts under this objective will focus on people living in areas with a high severity of need and where access to basic goods and services is limited. These areas are likely to include significant numbers of displaced people, including newly displaced IDPs; a high concentration of overburdened communities; and in some instances spontaneous returnees. Taking into account the different profiles and needs of these groups, people living in these areas are likely to share a need for life-saving health support and basic relief items that cuts across all sectors. People facing food insecurity and whose nutritional status and coping mechanisms are negatively affected will likewise be prioritized under this objective. The needs of Palestine refugees will also be prioritized.

Defining protection in Humanitarian Action²⁸

Recognizing that the Government of Syria bears the primary responsibility for the protection of its citizens, the UN will work with the Government in the course of implementing protection activities.

The Inter-Agency Standing Committee's (IASC) 2016 Policy on Protection in Humanitarian Action (2016) has been used as reference. The IASC defines protection as: "all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e., International Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL))."²⁹



Strategic Objective two: enhance protection

Efforts under this objective aim to enhance the prevention and mitigation of risks and to respond to protection needs related to the violent and protracted nature of the crisis, by promoting international law, IHL and IHRL, and through the provision of quality principled assistance. This objective recognizes that many families, having now exhausted most options, are increasingly resorting to harmful coping strategies that particularly impact women and children as well as the elderly and persons with disabilities. This objective will include efforts to strengthen inter-sectoral cooperation to improve protection monitoring. Engagement with Syrian state institutions shall be in accordance with the Charter of the United Nations and as per A/RES/46/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393. The objective will aim to mitigate a number of key concerns such as child labour and recruitment, early marriage and lack of civil status documentation. Growing risks and challenges relating to Housing Land and Property issues will also be addressed through technical support.



Strategic Objective three: increase resilience and access to services

Efforts under this objective aim to increase resilience through enhanced livelihood opportunities for the most vulnerable people and improved sustained and equitable access to basic social services in communities affected by the crisis, particularly

in areas with a high severity of needs. This objective reflects the need to scale-up actions aimed at preventing a further deterioration of living conditions and reduce aid dependency amongst the most vulnerable individuals and communities. This objective also looks to strengthen early prevention mechanisms and support social cohesion.

In relation to Syria's recovery, reconstruction and development goals, the bulk of efforts will need to be addressed by a significant build-up of development programmes and frameworks in complementarity to the HRP, including the Syria Strategic Framework.

The humanitarian community recognizes the need for resilience and development actors to increase investments in sustainable activities in relatively stable areas and will identify these areas to relevant partners when possible. The humanitarian community will also coordinate with development actors to ensure complementarity in potential areas of overlap.

Underpinning the response

The following key protection principles³⁰ are prioritized by the IASC in all humanitarian activities: 1) 'do no harm'³¹: preventing and minimizing any unintended negative effects of activities that can increase people's vulnerability to physical and psychosocial risks; 2) equality: ensuring affected civilians have meaningful access to impartial assistance and services in proportion to need and without any barriers or discrimination, paying special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services; 3) feedback and participation by affected populations in a manner consistent with IASC guidelines on "Accountability to Affected Populations",³² : ensuring there are appropriate mechanisms through which affected people can provide feedback on the adequacy of humanitarian initiatives and channel any concerns and complaints; 4) participation and empowerment: supporting the development of protection and resilience capacities and assisting affected civilians to access basic services and goods- including food, shelter, water and sanitation, education and healthcare in cooperation with the government; and; 5) more efforts will also be made to systematically mainstream Gender Based Violence (GBV) risk mitigation measures and the Prevention of Sexual Exploitation and Abuse (PSEA) and complaint mechanisms into all sectors of the humanitarian response.

²⁸ The Government of Syria does not consider these guidelines as binding or extending to their authority in any way.

²⁹ IASC IDP Protection Policy 1999.

³⁰ These are internal guiding principles for the humanitarian action of the UN and its humanitarian partners. The Government of Syria does not consider these guidelines as binding or extending to their authority in any way.

³¹ For the purposes of this document, and in the context of its work in Syria, humanitarian actors working under and guided by this plan understand Do No Harm as an internal operating guideline which aims at preventing or minimizing any negative impact of humanitarian activities in order to avert any unintended outcome increasing people's vulnerability to physical, psychosocial, and other direct livelihood and protection risks. This definition derives from the Humanitarian Charter (Sphere Standards). For humanitarian partners working under the HRP in Syria, Do No Harm is exclusively applied to the conduct of humanitarian work and the implementation of humanitarian activities, in accordance with the humanitarian principles of impartiality, neutrality, humanity and independence. The concept of Do No Harm as guiding the humanitarian actors working under the HRP in Syria excludes any other interpretation that is not humanitarian in nature, regardless of its possible use by other bodies or entities.

³² In this document, the above language refers to the concept of "Accountability to Affected Populations" as per IASC guidelines. The Government of Syria does not consider these guidelines as binding or extending to their authority in any way.

RESPONSE

STRATEGY

The 2018 response strategy has been developed based on analysis of the varying humanitarian needs that people currently experience in different parts of the country. It also takes into account the volatility of the context; the possible continuation of hostilities in some areas and reduction of hostilities in other areas of the country; the emergence of new needs as well as the access limitations that humanitarian actors face in reaching areas with the most acute needs. The strategy underlines the necessity for flexible operational approaches, enhanced coordination amongst humanitarian actors within and across all hubs,³³ and sustained advocacy to reach those most in need.

2018 Planning Assumptions

As per current trends, the humanitarian needs of people living in Syria are expected to remain high in 2018. Geographical variations of needs are likely to vary further depending on the evolution of the situation.

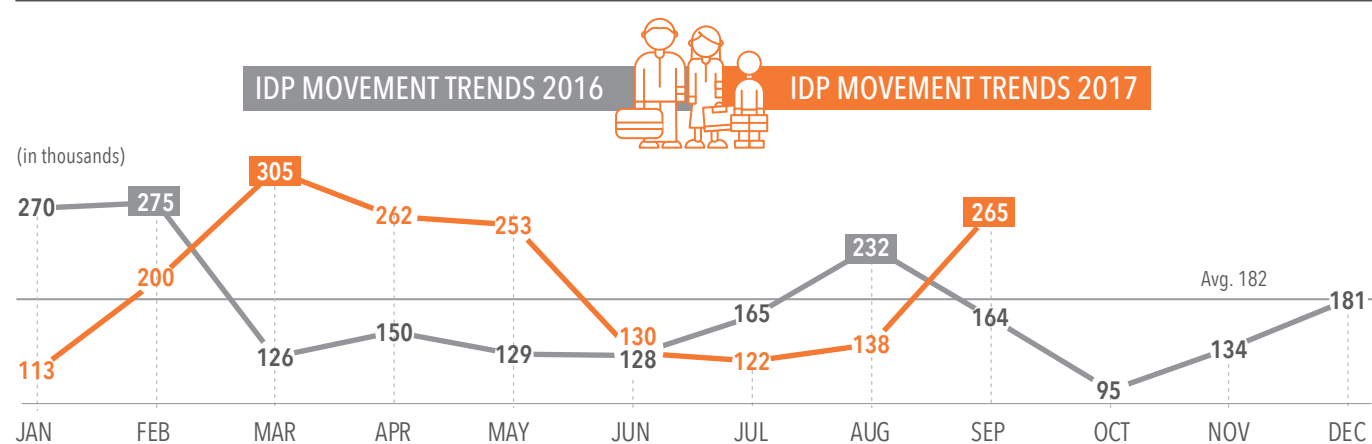
Hostilities are expected to continue to be concentrated in certain areas, notably those under the control of entities designated as terrorist groups by the United Nations Security Council (UNSC) and non-state armed groups (NSAGs) in other parts of Syria. The impact of unilateral coercive measures, economic hardship and poverty on civilian populations is also expected to persist.

As a result, displacement is anticipated to continue. Based on current trends in 2017, an estimated 1.5 million people may be displaced over the course of 2018, some multiple times, in addition to the 6.1 million IDPs in protracted displacement.

Approximately one million IDPs may spontaneously return³⁴ to their areas of origin. The main reasons cited by IDPs as motivating return include perceived improvements in the security situation, the need to protect assets and properties, as well as greater economic opportunities in areas of origin.³⁵ The scale of self-organized returns of refugees from neighbouring countries is expected to remain relatively low compared to IDP returns. In line with current trends, humanitarian actors estimate 200,000 refugee returns in 2018. The facilitation of refugee returns are not envisaged until conditions conducive to the safe and dignified return of refugees are in place. Humanitarian sectors and partners have incorporated these projections into their planning, where relevant.

Furthermore, in line with 2017 trends, it is expected that the number of people living in UN-declared besieged areas³⁶ may continue to decrease over the course of 2018. Nevertheless, humanitarian access challenges continue to limit humanitarian organizations from regularly reaching the most vulnerable

IDP MOVEMENTS PER MONTH (2016-2017)



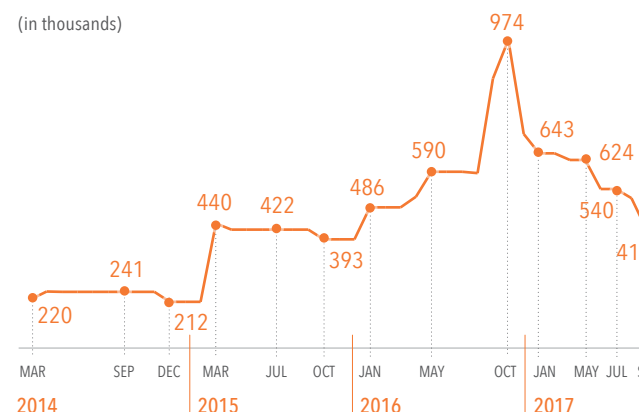
33 Reference to cross-border activities by humanitarian actors in the HRP does not imply a change in the official position of the Government of Syria on the issue of cross-border.

34 The use of the term 'spontaneous return' refers to those returns which are 'self-organized'.

35 IOM: the intentions of Syrian Internally Displaced, November 2017

36 The use of the words siege/besieged/besiegement is not endorsed by the Government of Syria

EVOLUTION OF PEOPLE IN NEED IN UN-DECLARED BESIEGED AREAS



people. Humanitarian assistance should be available to millions of people striving to meet their basic needs.

This context is likely to limit improvements in social infrastructure, market accessibility, and the availability of livelihood opportunities, in much of the country, implying the continued dependence of millions of people in Syria on humanitarian assistance.

Scope and priorities of the humanitarian response

Against this backdrop, the 2018 Syria HRP sets out a strategy to address humanitarian needs identified across the country at sector and inter-sectoral levels. As humanitarian needs in Syria remain – according to recent humanitarian analyses – similar in scale and severity to those of last year, the 2018 response strategy builds on the 2017 response and efforts deployed to date, and aims to enhance approaches to multi-sectoral delivery and response prioritization as well as improve the quality of various programming aspects, including outcome monitoring.

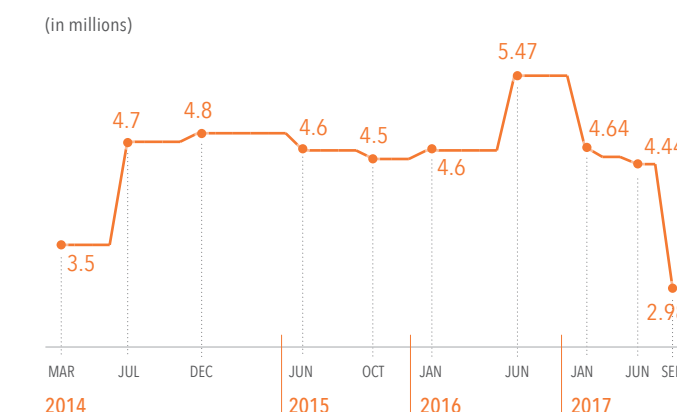
Response Targets

The 2018 HRP recognizes that the scale, scope and severity of all humanitarian needs in Syria continue to exceed the response capacity of the humanitarian community.

Taking into account assessed inter-sector and sector-specific needs identified across the country as well as operational capacities and constraints, humanitarian partners in 2018 aim to assist 10.5 million people in need with direct humanitarian assistance (target) and carry out 11.2 million service delivery interventions by leveraging all response modalities and assets. This is equivalent to approximately 80 per cent of those in need and represents a 16 per cent increase compared to last year.

However, in carrying out this response strategy, a fluid and changeable operating environment may challenge the ability

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



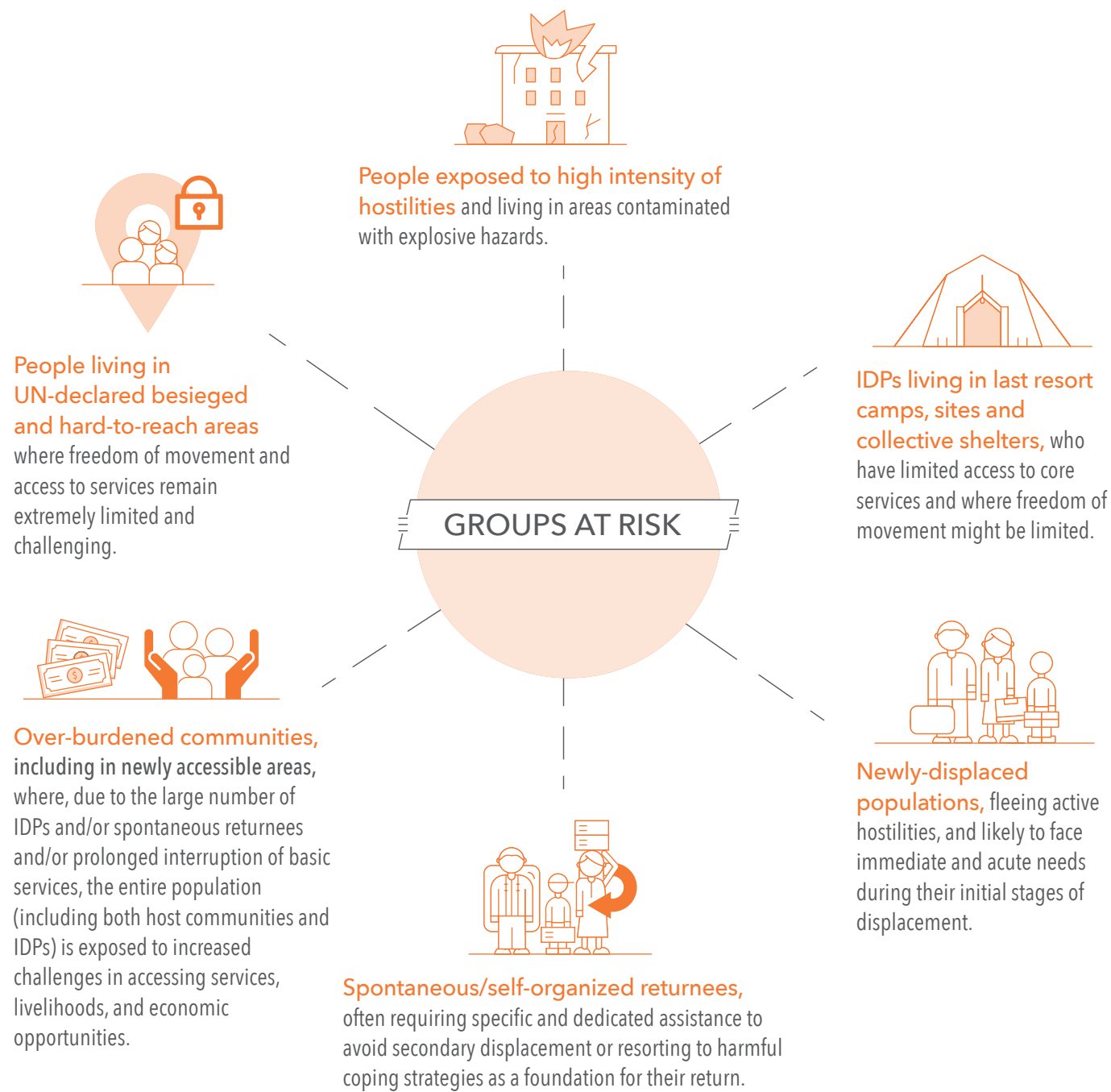
of humanitarian actors to fully meet these targets and to fulfil all quality programming objectives. Limiting factors may include: insecurity related to continued hostilities in parts of the country including acts by entities designated as terrorist by the UNSC; restricted humanitarian access; limited funding; constrained capacities; lack of partners on the ground and the impact of unilateral coercive measures on the import of goods - by humanitarian actors - needed for basic service delivery.

Prioritization approach

The 2018 HRP sets out a holistic response, reflecting the complexity of the humanitarian situation in Syria where people's needs are multiple and interrelated, typically spanning humanitarian life-saving, livelihood, protection and basic service domains. It therefore requires full funding to ensure that humanitarian actors can deliver the entirety of sectoral and multi-sectoral responses which they have planned for. At the same time, the 2018 HRP includes a strengthened approach to prioritization which aims to ensure that the most dire needs are addressed first, or at certain key stages during implementation. This prioritization approach is guided by two main considerations: 1) protection and vulnerability criteria of groups at risk and 2) geographical severity of needs, both inter-sectoral and sectoral.

Protection and vulnerability criteria of groups at risk

Across all areas and interventions, programmes will aim to reach the most vulnerable populations and communities. These include people in communities across Syria who are more vulnerable due to a combination of physical, social, environmental and other factors; people facing specific needs such as the elderly, chronically ill, persons with disabilities, lactating or pregnant women, and the displaced; as well as people facing economic hardship and other specific risks such as lack of documentation or exposure to hazards and populations facing changing frontlines (see protection and sector related vulnerability criteria guidance in annex one).



Acknowledging that there are people in dire need of humanitarian assistance across Syria – and taking into account sector-specific considerations – participating organizations have identified six criteria affecting vulnerability and indicating the most acute needs across sectors. These criteria are used to further prioritize assistance and protection:

The six priority groups outlined above are broad categories of people in need cutting across all sectors. This analysis reflects a needs-based approach as supposed to a status-based approach

to understanding and prioritizing needs. It also recognizes that, at a more granular level, individual/household vulnerability levels within these priority population groups are likely to vary, with children, youth, the elderly, women and girls; people with chronic illnesses, disabilities and injuries or people of different livelihoods groups, requiring specific consideration when planning and prioritizing the response (see protection and vulnerability guidance in annex one).

Severity of need

Geographical severity will be guided by the inter-sector severity categorization and sector-specific severity analysis.

The inter-sector categorization (see map below³⁷) identifies levels of severity which often indicate different forms of assistance may be needed, ranging from the most catastrophically affected areas where people generally face more immediate survival needs to areas where significant service delivery and livelihood needs exist. This categorization is based on several multi-sectoral indicators considered to have a direct impact on the population living in these areas, including the intensity of hostilities, the number of new IDPs, the ratio of IDPs and returnees to host communities, access to basic goods and services as well as the existence of coping mechanisms. Areas with the highest severity levels indicate situations where the scope and depth of needs are greater.

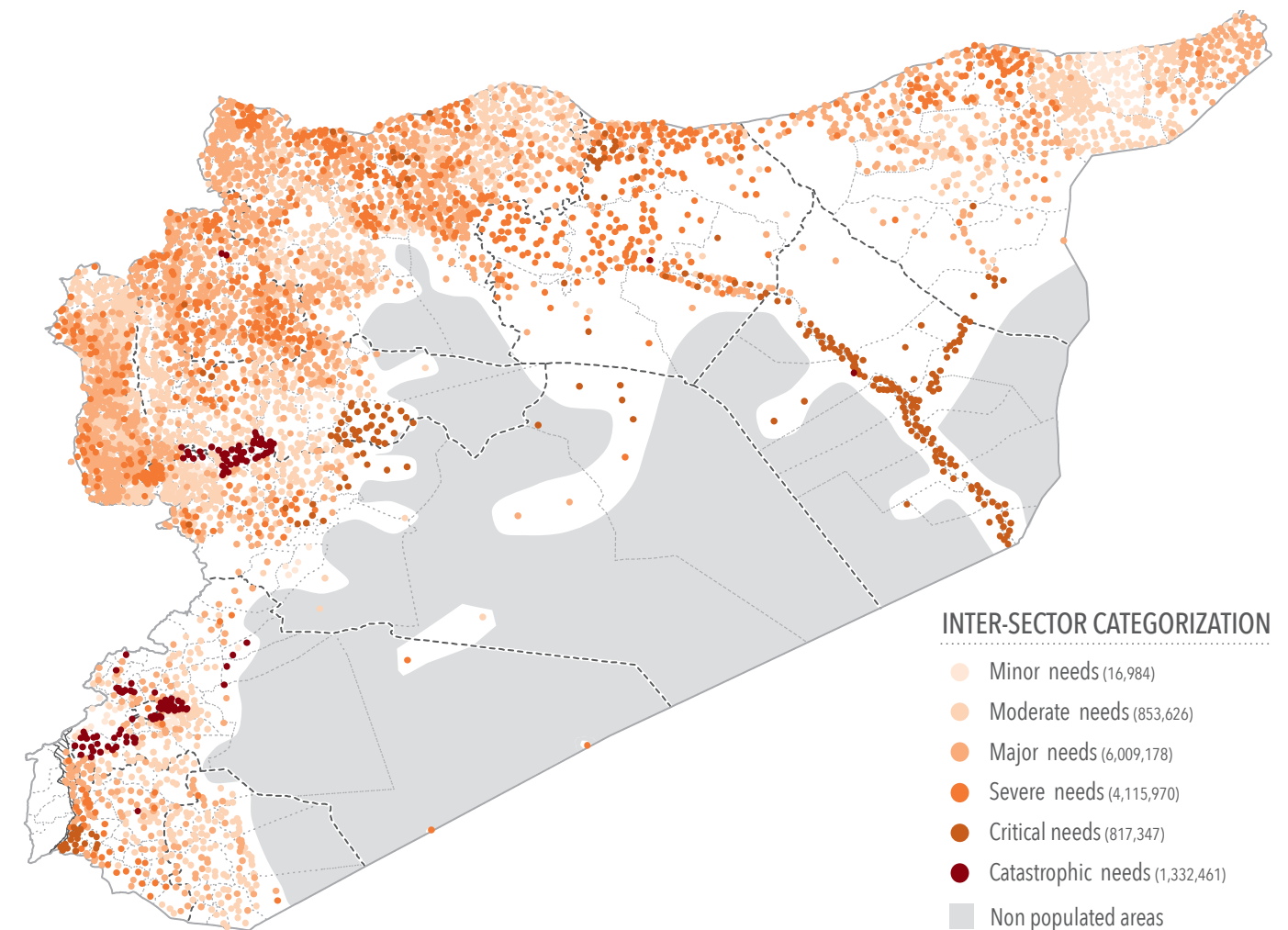
Sector severity analyses indicate the severity of needs across the country according to sector-specific indicators, such as malnutrition, food insecurity, access to health services, water, education and protection. These analyses highlight where sector-specific interventions are required. These locations are not always the same as those with the highest inter-sector severity, and still require a focused sector-specific response.³⁸

Response efforts under the 2018 HRP will be guided by the severity and types of needs, and will deploy the most appropriate response modalities, contingent on access opportunities.



Given the expected dynamic nature of, and constantly evolving, situation in Syria, partners will continue to require flexibility to respond to the changes in context, needs and access.

INTER-SECTORAL SEVERITY OF NEEDS AS OF AUGUST 2017



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 severity data

³⁷ The Government of Syria does not recognize the boundaries of the maps included in the HRP, nor does it recognize the designation of severity scales by the United Nations and its partners

³⁸ Details of sector severity analysis are provided in the sector chapters included in this document as well as in the 2018 HNO. The 2018 HNO is available through the following website: <https://hno-syria.org/>

Coordinated multi-sectoral response

In view of promoting a coordinated multi-sectoral response for people considered most in need/vulnerable and in high severity of needs areas, a series of “joint and multi-sector response” approaches have been elaborated (see annex two for details). This does not provide a complete picture of the anticipated response, but instead highlights areas where complementary sector responses

will converge to reduce excess mortality and morbidity. It facilitates the identification of entries for better integrated responses aimed at addressing the most immediate protection and life-saving and life-sustaining needs. Engagement with Syrian state institutions shall be in accordance with the Charter of the United Nations and as per A/RES/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393.



1. Humanitarian response to people living in UN-declared besieged and hard-to-reach areas

Access permitting, response efforts will focus on the provision of life-saving humanitarian supplies including food assistance, life-saving nutrition, and health supplies, as well as the provision of core relief items such as cooking items, blankets and clothing. Support to trauma and emergency health care; re-establishing the cold-chain and vaccination activities; system repairs to increase the availability of safe water and the distribution of education learning materials are also planned. These efforts will be complemented by the provision of protection services in line with

the protection sector strategy. These services include the provision of GBV emergency response, child protection interventions, explosive hazards mitigation interventions through risk education, support to people to obtain official civil status documentation, and to register vital events, and efforts made by state institutions in this regard in areas where some governmental services are available but not sufficient to cover the needs.³⁹ Livelihood activities and appropriate livestock inputs will be implemented, to enhance the self-sufficiency of affected populations.

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2. Humanitarian response to IDPs in last resort camps, settlements, transit centres and collective centres⁴⁰

Depending on the location and the situation, response efforts to IDPs living in these last resort sites vary between those people transiting through sites and those that remain for prolonged periods of time. For those in transit, response efforts will remain limited focusing on life-saving humanitarian activities such as the distribution of basic goods at household level including ready to eat food, micro-nutrients and core relief items, including dignity kits. In addition, establishing basic service provision through emergency water-trucking, health surveillance and emergency health support through mobile clinics will also be priorities. Response efforts will also include the verification

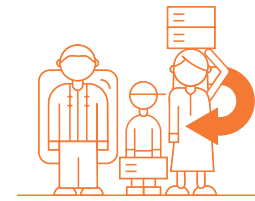
of, and reporting on, population movements as well as conditions in sites. Overall response efforts will be complemented by mobile or steadier protection presence and activities, with interventions tailored to the situation and the fluidity of movements and advocacy. In cases of prolonged stay, these efforts will be expanded to include the repeat distribution of food baskets and livelihood interventions for the most vulnerable, as well as more sustained service delivery including more comprehensive protection services, through static facilities for all displaced population remaining in the sites, psychosocial support and education.



3. Humanitarian response to newly displaced populations (other than in sites)

Newly displaced populations are considered particularly vulnerable within the first stages of displacement. Similar to IDPs staying in last resort sites, response efforts will focus on the immediate provision of life-saving humanitarian supplies, including ready to eat rations and food baskets, basic relief items for the most vulnerable households, including

dignity kits, and a series of initial emergency protection interventions. Delivery of basic services will be supported through the reinforcement of available service providers relating to sectors including health, WASH, protection and education in the areas hosting those newly displaced.



4. Humanitarian response to spontaneous/ self-organized returnees

Whilst the number of spontaneous returns may be on the increase, the overall conditions⁴¹ for safe, dignified and sustainable returns are not yet in place in many parts of Syria. Yet, evidence shows that self-organized returns of IDPs and refugees are occurring in several areas where the level of hostilities has declined or ceased, and areas have become more accessible. Those returns have been mainly self-organized, and self-assisted, but not subject to necessary detailed monitoring. These return movements generate a variety of needs (including shelter, basic services, civil documentation and housing, land and property) that often outstrip the response capacity of duty-bearers. As with other persons in need who remain displaced or otherwise affected by the crisis, humanitarian actors will continue to address the needs of those who choose to return spontaneously.

Humanitarian partners considering support to self-organized IDP and refugee returns will be guided by relevant international instruments.⁴²

Within these parameters, support to returnees (self-organized IDP and refugee returnees alike) will mostly focus on a community-based approach to facilitate the restoration of critical social and basic services, and address specific needs based on individual/household level vulnerability and profiles.⁴³

Support will be provided through activities aimed at restoring homes, providing water and basic services (particularly health and education), re-establishing livelihoods, providing specialized support (including in GBV), child protection, psychosocial support (to persons with specific protection needs), supporting the reactivation of critical social services (with particular reference to civil status documentation) in support of national authorities and providing legal advice on HLP issues in line with the national legal framework and international standards. Risk education, contamination surveys and explosive hazard tasks will also be provided where needed. Attention

to individuals with specific needs and vulnerabilities will inform household level assistance as necessary.

Support for returning refugees is also included within the HRP. Activities will aim to support national efforts to address the specific needs of self-organized returning refugees and begin preparing the response should conditions in Syria evolve such that voluntary repatriation can take place in safety and dignity, in line with international refugee and human rights law and standards as well as relevant agreed international instruments. Key activities specific to refugee returns include ensuring that returning refugees enjoy equal access to services, with support particularly to the most vulnerable returning refugees, and other activities required due to the specific situation of a returning refugee. These activities will complement ongoing support to returnees (IDP and refugee returnees alike) focusing on a community-based approach to facilitate the restoration of critical social and basic services as well as addressing other specific individual/household needs. For more details on the response, please see page 31 in part II.

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5. Overburdened communities

In areas hosting a large number of displaced people or returnees in relation to the host population, including in newly accessible areas, community-based support to facilitate access to basic services and livelihood opportunities that may be overstretched will be needed. Activities foreseen include the establishment and expansion of protection services as well as efforts to build the capacity of existing health, water and sanitation and education service providers. Some assistance for shelter repairs may also be provided to the most vulnerable. Community-level interventions will be complemented by household level assistance – for both displaced and host communities – based on individual specific needs.

NB: of those identified as most in need, people exposed to high intensity hostilities and living in areas contaminated with explosive hazards are likely to fall under one of the above categories and will, therefore, be taken into account as appropriate.

Sector response strategies reflect sector contributions to these joint response approaches and associated planning figures, in addition to the sector-specific needs identified in the sector analyses. Further details on response efforts are found in the sector strategies attached.

The operational details and coordination arrangements on these focus areas will be advanced by the various hubs for their areas of operation throughout the year.

³⁹ Unless otherwise noted, ‘protection’ includes GBV, CP and MA interventions.

⁴⁰ Last resort camps, informal settlements, transit centres and collective centres refer to those sites used only as a measure of last resort, after IDPs have exhausted all other financial and social assets

⁴¹ As per conditions defined in the IASC durable solutions framework safe conditions include: long-term safety, security and freedom of movement; adequate standard of living; access to employment and livelihoods; restoration of housing, land and property; access to documentation; family reunification; participation in public affairs; access to effective remedies and justice.

⁴² These include the UN Guiding Principles on Internal Displacement. For refugee returns, humanitarian partners will be guided by the 1951 Convention related to the Status of Refugees. The Government of Syria is not a party to the 1951 Convention. Multiple articles of the Convention notably related to the protection of refugees are considered customary law.

⁴³ With regard to refugee returnees, this includes sectoral assistance not specific to needs arising due to their time in asylum.

HUMANITARIAN RESPONSE TO AFFECTED PALESTINE REFUGEES

Palestine refugees also feature among the communities most affected by the crisis and are expected to continue to be severely impacted in 2018. Among the 438,000 Palestine refugees remaining in Syria (out of 556,000 registered in 2011), 418,000 continue to be in need of sustained humanitarian assistance and rely on UNRWA to meet their vital requirements and fulfil their basic rights.

UNRWA- in coordination with the Government of Syria- remains the main provider of assistance to Palestine refugees. Through its responsive operational network, which includes more than 200 facilities and 4,000 staff across the country, UNRWA will continue to implement humanitarian interventions through a multi-sector approach including a combination of core agency services and emergency assistance such as cash, food, non-food items, shelter, education, health, protection services, WASH and emergency repairs to UNRWA infrastructure. A particular focus will be placed on Palestine refugees with specific vulnerabilities such as the 254,000 internally displaced Palestine refugees, the 28,900 residing in UN-declared besieged and hard-to-reach areas and those with specific needs.

Source: UNRWA, September 2017



Preparedness

Given the volatile situation and the specificities of different geographical areas, the 2018 HRP will continue to be supplemented – as per current practice – with area-based preparedness and response plans, that focus on areas of high risk/substantial need which require a more specific, detailed and tailored planning approach. These area- based preparedness and response plans will continue to be framed by the overall strategic objectives of the HRP.

Continuing efforts to address access constraints

Protection Risk Analysis⁴⁴

Building on the practice established for the 2017 HRP and after a positive review of the practice, compliance, impact and monitoring opportunities across all sectors, a protection risk analysis (PRA) continues to be an integral and mandatory part of the development and vetting process of each sectors' strategy and projects in the 2018 HRP.⁴⁵ The

PRA remains part of a broader strategy to enhance protection standards across the humanitarian response and to promote mitigating the risks of exposing people to harm as a result of humanitarian response efforts in Syria.

Continuing efforts to address access constraints

Access challenges remain the main impediment to the sustained delivery of quality humanitarian assistance, especially across front-lines. To address access challenges, humanitarian partners will further engage in principled advocacy on regulatory frameworks and humanitarian principles; undertake granular cross-hub access analysis and security risk management; ensure the strategic use of humanitarian funding; and adopt measures to reinforce the response and monitoring capacities of national partners, who typically operate more flexibly in areas which are difficult to access. Efforts to preserve and expand humanitarian access will require increased acceptance of humanitarian action, in line with the relevant provisions of GA resolution 46/182, as well as effective cooperation and coordination with the Syrian authorities, and international and national NGOs.

⁴⁴ This section is completely related to internal processes of the UN and its humanitarian partners.

⁴⁵ A protection risk analysis was carried out by each sector and HRP partner through a close analysis of sectoral objectives and activities within the context of the Syria response with the technical support of the Protection Sector. Through this analysis, sectors and partners could identify the risk of potential unintended negative impacts of planned interventions, and make adjustments to mitigate and prevent these risks. This analysis is a key element of the humanitarian Do No Harm principle. The Protection Risk analysis was carried out based on the following guidance: 1) Sphere standards "Protection Principle 1: Avoid exposing people to further harm as a result of your actions (<http://www.spherehandbook.org/en/protection-principle-1-avoid-exposing-people-to-further-harm-as-a-result-of-your-actions/>); and 2. Handbook for the Protection of IDPs, Part IV "Protection Risks: Prevention, Mitigation, and Response".

THE NO LOST GENERATION INITIATIVE

Working across three pillars – Education, Child Protection, and Adolescents & Youth - the No Lost Generation (NLG) initiative comprises joint programming at country level and joint advocacy at regional and global levels by humanitarian partners to strengthen support to children and youth affected by the Syria and Iraq crises, recognizing that their safety, wellbeing, and education are essential to the future of Syria and the region.

In 2018 efforts under the education pillar will build on interventions in the previous year and continue to strengthen the delivery of formal and non-formal education through existing systems. There will be a dual focus on increasing access to learning opportunities for children currently out of school through accelerated learning, improvements in accreditation, scaled up provision of education services and self-learning; and enhancing the quality of education to improve learning outcomes. It is recognized that given the burden of injury among children as a result of hostilities, special consideration for accessibility will need to be given to educational programmes to ensure affected children can access learning.

In 2018, efforts under the child protection pillar will address the needs of 5.5 million children requiring protection across Syria. Building upon the investment of previous years, a key objective will be to expand the reach and improve the quality of specialized child protection services for children most at-risk and survivors of violence, exploitation and abuse. This will include unaccompanied children requiring family, tracing and reunification services as well as reintegration services for children who have been recruited and used by armed groups.

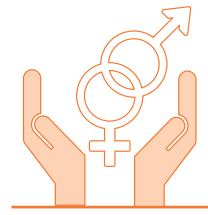
Under the Adolescents & Youth pillar, NLG partners will further strengthen interventions for boys and girls who are transitioning to adulthood and require opportunities to boost their employability skills, critical thinking, resilience, emotional and physical wellbeing and positive engagement with the world around them. Key programme approaches will include life skills training, community-based vocational training,⁴⁶ entrepreneurship training, supportive peer networks, Innovation Labs, Sport for Development, Social Arts Interventions,⁴⁷ mentoring and seed funding for social and business entrepreneurship interventions; and participatory research.

⁴⁶ These two approaches will be implemented through the Education framework and methodology.

⁴⁷ Space for youth and adolescents to become active partners in the identification of community challenges and in the design, development, and implementation of interventions to address those challenges.



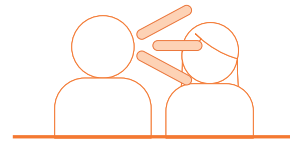
Photo: UNICEF



Gender

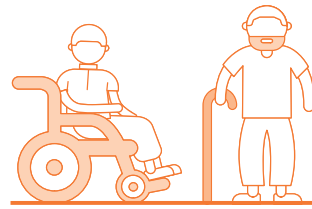
Conditions for women have deteriorated significantly in some areas of Syria since the start of the crisis, with factors including high exposure to violence, displacement, and poverty as well as growing unemployment related to the impact of unilateral coercive measures, leaving them increasingly vulnerable. Estimates indicate the female ratio of the population has increased from 49 per cent to 51 per cent, rising up to 57 per cent among IDPs. The crisis has forced many young men to flee the country to seek economic opportunities elsewhere. Women are shouldering much of the economic burden and striving to ensure livelihoods for themselves and their families. Ensuring that humanitarian assistance identifies the distinct needs and concerns of women, girls, boys, and men is vital in order to have a more meaningful impact on their lives. Programming should adapt to the particular vulnerabilities and access opportunities of individuals and communities to reduce exposure to violence and strengthen resilience.

As a matter of principle, humanitarian actors are committed to fully incorporating gender in assessments, strategic and operational planning as well as response and monitoring efforts. All projects included in the HRP were reviewed according to the Inter-Agency Standing Committee (IASC) Gender Marker and the IASC GBV guidelines.⁴⁸ Building on progress in 2015, 2016 and 2017 in breaking down data by sex and age, there will be increased efforts to collect, use and analyze such data and incorporate it into planning and implementation.



Prevention of Sexual Exploitation and Abuse by humanitarian actors (PSEA)⁴⁹

Further efforts will be made in 2018 by humanitarian partners to improve the way they prevent and respond to sexual exploitation and abuse particularly through training and awareness raising of humanitarian staff and affected communities as well as the establishment of identification and complaint mechanisms.⁵⁰



Age and Disability

Persons with disabilities are considered to be disproportionately affected by the crisis. They face particular barriers in accessing support and life-saving services and face multiple and intersecting forms of discrimination and marginalization. This leads to increased levels of long-term incapacity, psychosocial distress, and worsening health outcomes.

As a matter of principle, humanitarian actors are committed to fully incorporating age and disability considerations in assessment, strategic and operational planning as well as response and monitoring efforts. Efforts to ensure consultation with persons with specific age and disability related vulnerabilities, so that their needs and concerns are articulated and addressed in the response, will be pursued. Engagement with Syrian state institutions shall be in accordance with the Charter of the United Nations and as per A/RES/46/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393.



Feedback and participation by affected populations⁵¹

Affected people were consulted during the needs identification and planning processes through a series of individual consultations and focus group discussions carried out across the country and coordinated, when possible, with the Government of Syria. Feedback obtained through such consultations reveals varied perspectives on humanitarian outcomes for targeted populations living in different parts of the country, and offers an invaluable source of information to relief partners in developing more effective, efficient and accountable response modalities and programmes across the country. Mechanisms to generate regular feedback from affected people and communities and take corrective action as necessary, in cooperation with the Government of Syria when feasible, have been mainstreamed across the various projects and activities planned in the HRP.



Capacity development

National humanitarian organizations are essential service providers in Syria, and their capacities have developed significantly over the last six years. While today their efforts are focused on emergency response, in the future such organizations will have a role in the reconstruction of Syria led by the Government. The HRP thus underscores the humanitarian community's continuous commitment to develop national institutional and NGO capacity through training, mentoring, financial support through the country-based pooled funds, and other initiatives. International partners will also increasingly work to learn from the 'on-the-ground' expertise and contextual knowledge of national partners to apply international standards to the Syrian context.



Resilience in the HRP

Resilience oriented programming and early recovery are included in the 2018 HRP.⁵² They will inform a quality programming approach by all partners, seeking to reduce the degree and frequency with which communities depend on external humanitarian assistance to cover their most basic needs, wherever possible. To determine the extent to which interventions under the HRP contribute to resilience, a self-assessed "resilience tag" option was introduced in the 2018 HRP. It requests partners to identify the extent to which the intervention meets the needs of affected communities; supports self-reliance and/or early recovery efforts of households and communities, (e.g. by improving access to livelihoods, community infrastructure, basic social services); and contributes to enhancing the quality of humanitarian goods and services provided.

Existing experience and good practice on resilience oriented programming in Syria have informed the 2018 response. All resilience activities will adhere to humanitarian principles and protection considerations. Development and reconstruction interventions remain complementary to the HRP.

48 IASC Gender-Based Violence Guidance (2015)

49 This section is completely related to internal processes of the UN and its humanitarian partners.

50 These efforts will be conducted in line with the Secretary-General's Bulletin "special measures for protection from sexual exploitation and sexual abuse" (ST/SGB/2003/13),

51 In this document, the above language refers to the concept of "Accountability to Affected Populations" as per IASC guidelines. The Government of Syria does not consider these guidelines as binding or extending to their authority in any way

52 Resilience oriented programming refers to programming aimed at addressing humanitarian needs whilst reducing dependence on external assistance and strengthening self-reliance of affected populations. Early recovery is an approach that addresses recovery needs that arise during the humanitarian phase of an emergency; using humanitarian mechanisms that align with development principles. It enables people to use the benefits of humanitarian action to seize growth and development opportunities, build resilience, and establish a sustainable process of recovery from crisis. Early Recovery is both an approach to humanitarian response which, through enhanced coordination, focuses on strengthening resilience, re-building or strengthening capacity, and contributing to solving rather than exacerbating long standing problems which have contributed to a crisis and also a set of specific programmatic actions to help people to move from dependence on humanitarian relief towards development. (Global Cluster for Early Recovery).

RESPONSE

MONITORING

The humanitarian community will continue to strengthen accountability for the aid delivered through monitoring and reporting of the impact and reach of the response.

Throughout 2017, the WoS approach has enabled a more in-depth understanding of the needs, response, and gaps across Syria. Information management, analysis, and monitoring have been substantially strengthened within and across sectors, despite the challenging operational environment. This system will continue to be developed in 2018. Sectors will also continue to fine tune their monitoring and information management activities to ensure that assistance goes to those who need it most when they need it. The Strategic Steering Group will retain accountability for monitoring the agreed principles underpinning the Response Plan.

Response monitoring framework

Progress against the objectives and outcomes of the HRP will be monitored using the HRP inter-sector results framework and the sector-specific results objectives, activities and indicators (see annex four). Regular monitoring of results achieved versus resources allocated is essential to improving transparency and accountability to all stakeholders. It will help provide an evidence base for decision making, filling gaps, and adjusting response plans.

Sector monitoring

Sector objectives, outputs, targets and indicators are based on the HRP strategic objectives and related inter-sector outcomes. The output indicators aggregate the contributions from sector members' projects to summarize core activities and highlight key achievements of the sector. This provides an indication of whether the sector is on track to meet its targets and reach to different geographical areas. Indicators from the sector plans will be used to monitor reach on a monthly basis (4Ws).

Reporting

Monitoring data will be made publicly available on the Humanitarian Response website on a monthly basis. A Periodic Monitoring Report (PMR) will be issued in August and an End of Year Report will be issued in March 2019 to highlight progress against the targets set. These reports will include revised data and analysis to adjust response planning and inform strategic decisions. The United Nations will discuss the findings of the PMRs with the Government of Syria and review progress on a quarterly basis.

Due Diligence and Monitoring

Due diligence and monitoring, both at a system-wide and individual organization level, remain essential in safeguarding humanitarian principles and ensuring accountability of humanitarian action to all stakeholders.

As such, humanitarian actors in the Syria humanitarian response have committed to follow a baseline of monitoring standards across all humanitarian programming, and response modalities, in line with or exceeding international standards. The basis for this due diligence stems from the humanitarian principles of humanity, neutrality, impartiality, independence and, and is implemented across all hubs throughout the humanitarian programme cycle.

A variety of monitoring mechanisms have been developed to this end:

1. Monitoring of humanitarian relief consignments into Syria - United Nations Monitoring Mechanism

Humanitarian assistance provided by the UN cross-border is subject to the additional checks and balances of the UN Monitoring Mechanism (UNMM). The UNMM was established under the authority of the UN Secretary General as per UN Security Council Resolution 2165. The resolution, recalling the

principles of the UN Charter – including the commitment to the sovereignty, independence, unity and territorial integrity of Syria- requires that “the mechanism monitors, with the consent of the relevant neighbouring countries of Syria, the loading of all humanitarian relief consignments of the UN humanitarian agencies and their implementing partners [...] for passage into Syria across the authorized border crossing and with notification by the United Nations to the Syrian authorities, in order to confirm the humanitarian nature of these relief consignments.” Relevant monitoring data is entered into the UNMM database in order to facilitate further reporting, such as the inputs for the Secretary General’s reports.

UNSCR 2393 (2017) requests the Secretary-General to conduct, within six months of the adoption of this resolution, an independent written review of the UN humanitarian cross-border operations, including recommendations on how to further strengthen the UN monitoring mechanism, taking into account the views of relevant parties including the Syrian authorities, the relevant neighbouring countries of Syria and the United Nations Humanitarian Agencies and their implementing partners.

2. Information on delivery of humanitarian assistance in Syria – 4Ws

Information about who is doing what where is collected by each sector at WoS level on a monthly basis and analyzed by OCHA to produce a monthly analysis of inter-sectoral reach. The 4W databases maintained by sectors and compiled by OCHA were designed to provide key information regarding which organizations (Who) are carrying out which activities (What) in which locations (Where) in Which period (When). This information is essential to sector coordinators and organizations to coordinate their activities effectively, with the aim of reaching their targets in a timely manner and minimizing gaps and duplication. The 4Ws include activities from UN agencies, international and Syrian NGOs. It is broken down by, inter alia, modality, location at the community level, type of assistance or service, number of beneficiaries. It includes assistance delivered in Syria through all response modalities. The sector and inter-sector analyses of this data are made publicly available on a monthly basis.

3. Due diligence measures

Code of Conduct

Humanitarian NGOs participating in the HRP are requested to demonstrate a commitment to, inter alia, humanitarian principles as prescribed in the Joint Operating Principles and the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in crisis response, as well as quality and accountability in humanitarian action, including the use of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response

53 The Government of Syria only recognizes international and national humanitarian actors as NGOs it has registered, approved, and accordingly notified the United Nations. However, in line with relevant UN Security Council and General Assembly resolutions, the UN recognizes that Intergovernmental and non-governmental organizations working impartially and with strictly humanitarian motives should continue to make a significant contribution to the humanitarian response in Syria, complementing national and other international efforts (A/RES/46/182, op5 (1991), including within the framework of UNSCR 2139 (2014), 2165 (2014), 2258 (2015), 2332 (2016), 2393 (2017). This applies to all references to such organizations throughout the HRP.

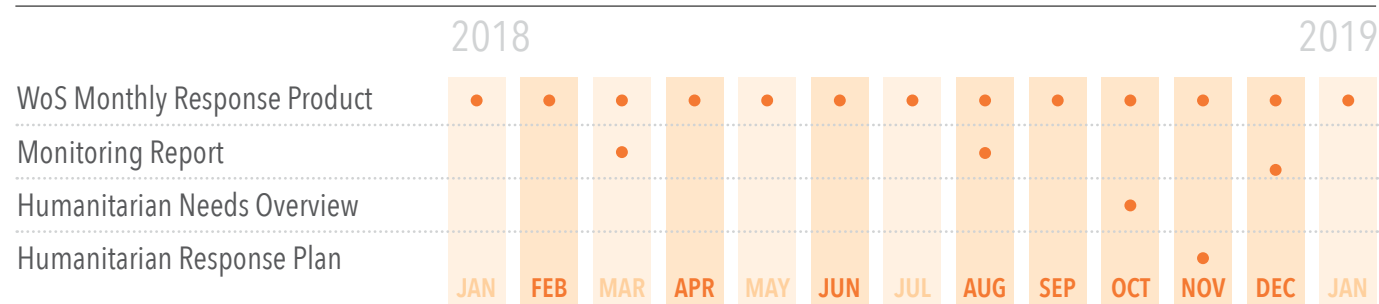
Monitoring of funds

Monitoring humanitarian programming in Syria across response modalities is contractually obliged through strict agreements between donors and partners and between partnering organisations, as with any humanitarian programming in the world. Such procedures help ensure accountability to all stakeholders.

The challenges of operating in the Syria context has required humanitarian actors to adopt reinforced standards of due diligence and monitoring procedures. The focus has been on three areas:

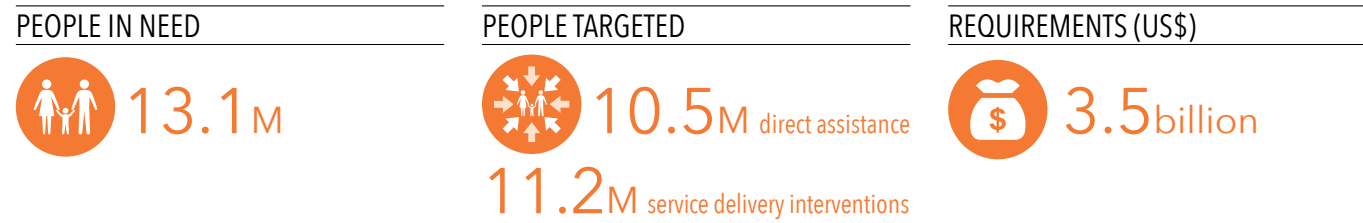
- (i) **Capacity assessment:** donors often conduct capacity assessments of prospective financial partners to determine whether the partner has a sufficient level of capacity in terms of institutional, managerial, financial and technical expertise. The assessment identifies the most suitable disbursement schedule, monitoring strategy, programmatic and financial reporting requirements, as well as auditing plan. Based on the capacity assessment, partners are given risk levels, which determine the minimum control mechanisms applied throughout the grant management cycle. Potential partners are also vetted through standard eligibility and compliance checks, as well as ensuring partners' principles and ways of working align with humanitarian principles. In addition, projects are regularly audited by independent auditors to ensure independence and anti-corruption.
- (ii) **Control mechanisms:** many humanitarian organizations have developed robust control mechanisms to ensure compliance as well as the protection of staff, partners and beneficiaries. Examples include the use of codes to anonymize beneficiaries and local partners feedback and the establishment of mechanisms for beneficiaries to anonymously report back regarding the distribution of humanitarian assistance. In addition monitoring conducted at various stages of the project implementation as well as procurement processes utilizing multiple sources have been adopted. Partners are also provided support to conduct post-distribution and post-service monitoring.
- (iii) **Strengthened partner capacity:** Syrian NGO partners⁵³ are critical to the humanitarian work inside Syria as much of the programming, monitoring or assessment of needs is through local organizations which are present in some of the least accessible areas of Syria. As such international organizations have prioritized support to partners, focusing on capacity building as an investment not only towards greater effectiveness in delivery of assistance and services but in recognition of the importance of the due diligence and monitoring undertaken by partners. Such support includes feedback loops to ensure corrective measures, institutionalizing context-adapted tools, supporting analysis of data, monitoring and evaluation training as well as coaching.

HUMANITARIAN PROGRAMME CYCLE TIMELINE















SUMMARY OF

NEEDS, TARGETS & REQUIREMENTS



FUNDING REQUIREMENTS 2018

| CLUSTER/SECTOR | REQUIREMENTS |
|---|----------------------|
|  Food Security and Agriculture | 1,344,664,037 |
|  Shelter/NFI | 475,539,492 |
|  Health | 459,248,121 |
|  Protection | 294,578,079 |
|  Education | 265,453,021 |
|  WASH | 219,944,009 |
|  Early Recovery and Livelihoods | 173,476,715 |
|  Nutrition | 70,089,676 |
|  Coordination | 56,810,661 |
|  Camp Coordination and Camp Management | 30,619,548 |
|  Logistics | 16,498,740 |
|  Emergency Telecommunications | 870,170 |
| Not specified | - |
| TOTAL | \$3.4 billion |

NB: Projects included under the 2018 HRP are limited to a one-year implementation timeframe or reflect the 12-month component of larger multi-year projects. Only the costs associated with implementation in 2018 are reflected in the above financial requirements. Donors are encouraged to continue supporting flexible and multi-year funding for humanitarian projects in Syria.

Cross-cutting issues

2018 HRP projects incorporated a number of features to facilitate an analysis of the extent to which projects reflect agreed cross-cutting priorities. According to this analysis:

100 per cent of projects include a protection risk analysis and mitigating measures.

Over 68 per cent of project contribute significantly to gender equality including almost 9 per cent which have advancing gender equality as the projects principal objective.

Almost 95 per cent of projects submitted are resilience oriented with 55 per cent strongly resilience oriented.

93 per cent of projects target youth with 46 per cent of projects targeting over 50 per cent of youth as beneficiaries.

20 per cent of projects submitted include cash based interventions. Within these projects, an average of 50 per cent of the requirements will be used for conditional and restricted cash.

CONSEQUENCES OF

UNDERFUNDING

Further reductions in funding in 2018 and subsequent prioritization of responses would likely interrupt life-saving humanitarian activities at current scale. They would also curtail the ability of humanitarian actors to invest in more dignified and sustainable solutions that reduce dependence on humanitarian assistance. Quality programming will also be affected, especially in those sectors requiring high levels of specialized human resources. This could increase vulnerabilities and potentially lead to a deterioration in the overall humanitarian situation as well as a deterioration in the quality of interventions. Such a scenario could have an impact on the long-term stability of the country and the wider region.

The lives and wellbeing of people in UN-declared besieged and hard-to-reach areas would be in immediate danger. The health of thousands of children affected by acute malnutrition will be at risk, whose lives may be in danger or who may suffer from long-term cognitive impairments. Insufficient food supplies will also affect the broader population in these areas, such as pregnant women, the elderly, and people already living in abject poverty. Urgent health care may not be provided, including the treatment or evacuation of the most severe cases.

Newly displaced people would suffer from the lack of basic services and few opportunities to support themselves. More than 1.3 million children under five may not receive vaccinations, particularly concerning given the high movement of people and potential for the spread of disease. The risk of water borne diseases in IDP camps and settlements would also increase. Life-saving NFI and shelter assistance would decrease.

Opportunities for people to find a sustainable solution to long term displacement would decline. Thousands of IDPs with no other option may reduce food consumption or consume food with poor nutritional benefits. Millions of IDPs may not have access to essential life-saving health services. More expensive and more complex interventions would be reduced, such as shelter support. Some 200,000 people living with injuries or disability and 650,000 elderly people in Syria may not receive essential life-sustaining care.

Over-burdened communities would become more dependent on aid and engage in harmful ways to survive. The proportion of families who would survive by selling productive assets or undertaking exploitative work would increase. Families at risk of food insecurity may slip into dependency on aid, and purchasing commodities through the private sector would become prohibitively expensive for many people living in Syria. Some 3 million women may not receive essential sexual and reproductive health care. A lack of long term funding for education would diminish the future opportunities for children and for Syrian society as a whole to recover from the crisis.

People returning to their homes would be more vulnerable. Basic services such as water systems would not be present, making it harder for returnees to subsist. The self-reliance of returnees would diminish, without livelihoods or economic opportunities. People who might otherwise be able to return home may not be able to due to damaged shelter and infrastructure.

People exposed to intense hostilities or living in areas contaminated with explosive hazards would have their physical and psychological wellbeing compromised. Awareness of how to identify and deal with explosive hazards would reduce, putting thousands of people at risk, especially children and returnees. Psychological support to people exposed to intense violence would be unavailable, reducing people's ability to cope and recover.

PART II: OPERATIONAL RESPONSE PLANS

-  Protection
-  Camp Coordination & Camp Management
-  Shelter and NFI
-  Food Security & Agriculture
-  Nutrition
-  Water, Sanitation and Hygiene
-  Early Recovery & Livelihoods
-  Education
-  Health
-  Logistics
-  Emergency Telecommunications
-  Coordination

PEOPLE IN NEED



13.3M

PEOPLE TARGETED



9.7M¹

REQUIREMENTS (US\$)



287M

OF PARTNERS



66

PROTECTION

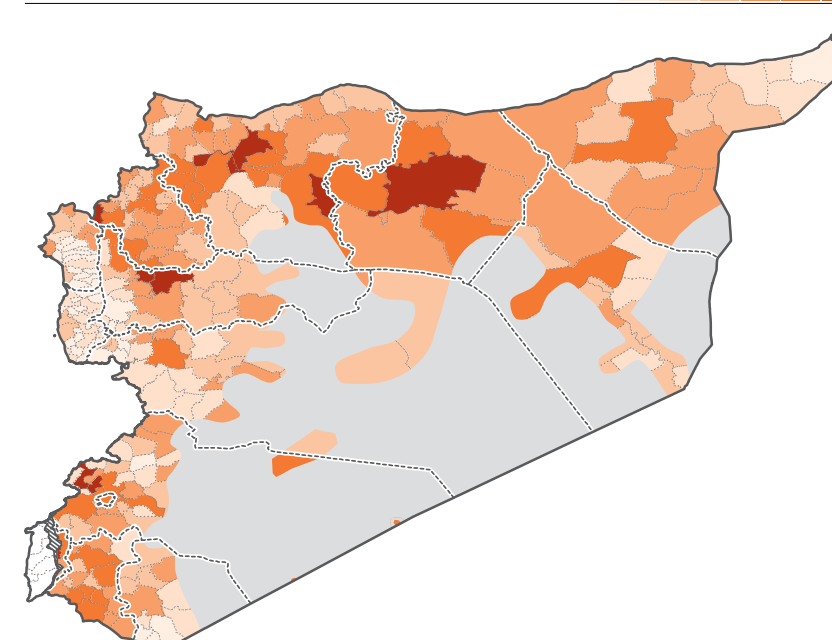
Analysis²

People in Syria face diverse, widespread and in some areas, acute protection needs that continue to outstrip response capacities despite the steady increase and diversification of protection presence, interventions and services during 2017.³ Civilians remain exposed to protection risks in connection with the impact of hostilities and the long-term consequences of the crisis. In 97 per cent of assessed communities the occurrence⁴ of at least one protection concern was reported.⁵ Years of hostilities have resulted in increased explosive hazards contamination that will continue to threaten the lives of civilians and the safe return of IDPs and refugees. Protracted hostilities have led to the disruption of services, normal community life safety nets and in some locations, the disruption of rule of law institutions. The social and economic effects of the crisis continue to lead to some situations where families and individuals are compelled to resort to harmful coping strategies.⁶ Trauma and psychological distress still have a major impact on the population. Multiple and specialized protection services continue to be needed and requested.⁷ In this context, reliance on humanitarian assistance remains a major recourse for all affected population. However, assistance delivery

still faces challenges such as the lack of civil documentation, which impact the ability to access assistance; assistance not adequately meeting the needs; and to a lesser extent, instances of discrimination, exclusion, sexual exploitation and harassment. Returns, largely of internally displaced persons, are increasingly prevalent although conditions are not always considered conducive according to relevant international standards.

Lack and loss of civil documentation pose immediate and long-term concerns. This includes restricted access to humanitarian assistance and basic services, such as education and health, movement, registration of vital events and the ability to register land transactions and prove ownership. HLP issues, including those related to property restitution and compensation, are expected to continue to be a challenge in connection to displacement and return movement.

SEVERITY MAP



¹ The 2018 Humanitarian Needs Overview (HNO) was developed by UN agencies and humanitarian partners and underpins the 2018 HRP. While the HNO aims to provide consolidated humanitarian analysis and data that helps inform joint strategic planning, many of the figures provided throughout the document are estimates based on sometimes incomplete and partial methodologies. The Government of Syria has expressed its reservations over the HNO findings. This applies throughout the document.

² Data in this section was provided by humanitarian sectors. The Government of Syria has expressed its reservations over these findings. This applies throughout the document.

³ Recognising that the Government of Syria bears the primary responsibility for protection of civilians. The Inter-Agency Standing Committee defines Protection as "all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law (i.e. HR law, IHL, Refugee Law)" (IASC IDP Protection Policy 1999).

⁴ Protection Sector data is based on the concept of occurrence and frequency of occurrence. Key respondents in assessed communities were asked about 13 protection issues and whether they occur never, sometimes, commonly, or very commonly for seven different population groups. Occurrence refers to issues that were described as happening sometimes, commonly or very commonly for one or more population groups.

⁵ Whole of Syria 2018 Protection Needs Overview (PNO), Chapter 2, 1. Summary of top line information, b. Overview of protection issues, pp. 8-9.

⁶ Whole of Syria 2018 Protection Needs Overview (PNO), Chapter 2, 2. Detailed analysis of indicators, 2.2 Coping Mechanisms, P. 35.

⁷ The need for a variety of protection services has been identified in communities reporting that services were either absent or insufficient. Protection services for children, community centres, services for persons with disabilities and for older persons, and explosive hazards risk education were seen as amongst the most needed interventions (Whole of Syria 2018 PNO, Chapter 2, 2.4. Protection services, P. 41).

PROTECTION OBJECTIVE 1

1 Support the protection of population affected by the crisis is improved through community-based and individually targeted⁸ protection interventions based on individual needs and through advocacy with duty bearers

PROTECTION OBJECTIVE 2

2 Strengthen the capacity of humanitarian actors and duty bearers⁹ as well as community networks¹⁰ to assess, analyse, prevent and address protection risks and needs

PROTECTION OBJECTIVE 3

3 Provide Survivors with access to quality specialized GBV services and measures are in place to prevent and reduce risks of GBV

PROTECTION OBJECTIVE 4

4 Reduce the impact of explosive hazards¹¹

PROTECTION OBJECTIVE 5

5 Ensure 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

Children continue to endure multiple protection risks and serious rights violations as an impact of the crisis. Continuous displacement, exposure to violence, increasing poverty and the persistent lack of access to services and even the most basic necessities, notably in UN-declared besieged areas, are heavily affecting the wellbeing of children. Grave child rights violations¹² remain a critical concern. This environment leaves the psychosocial needs of many girls and boys unmet, leading to experiences of profound distress. Recruitment and use of children increased sharply in some areas; where children, particularly adolescent boys, are used in both combat roles as well as in support roles. Child labour is a major protection risk¹³ particularly in its worst forms such as recruitment, begging and scavenging for scrap metal.¹⁴ Separation from caregivers reflects patterns of both voluntary and involuntary separation,¹⁵ leaving some children without safe care arrangements and underscoring the need to strengthen family, tracing and reunification mechanisms. In some situations, girls and boys, including adolescents and children with disabilities, given their particular vulnerabilities, are also at risk of other forms of violence, abuse, neglect and exploitation in their homes, schools, workplaces and in communities.

Gender-based violence remains a major protection risk, particularly verbal harassment, domestic and family violence, child marriage and the fear of sexual violence and harassment. The lack of awareness of the need for GBV health services in some communities remains high, indicating a need to strengthen GBV awareness, outreach and prevention activities. Disruption of traditional safety nets and livelihood opportunities in addition to sudden displacement, put many women and girls at risk of various types of GBV that affect their

lives in different ways, contributing to many protection concerns (such as psychosocial stress, limitation of movement in some situations and potential for increased recourse to negative coping mechanisms) signifies the need for specialised GBV quality services.

The threat of explosive hazards in contaminated areas puts the lives of millions of people at risk. Explosive hazards in those areas cause injuries and death, limit safe access to services and impede the delivery of humanitarian aid. While all population in contaminated areas are at risk, children, especially boys, agricultural workers and people on the move are at particular risk. In those areas, key infrastructure, such as roads, housing, schools, health centres, water/sanitation systems, productive land for housing and settlement remain unsafe for use because of contamination which deepens the social and economic impacts of the crisis and heavily effects opportunities for recovery.

Sector Response Strategy

Regular and meaningful access to affected persons, combined with an increasingly skilled, supported and supervised humanitarian workforce, is required to provide effective and quality protection interventions. In 2017, the sector continued to expand community-based interventions and increased its emergency and mobile response¹⁶ capacity. However, some areas of the country where the severity of needs is high, including in UN-declared besieged and hard-to-reach areas, remain only sporadically accessible - limiting possibilities for meaningful interaction with the communities for an effective protection response. In other areas where more sustained access is possible, the degree and complexity of the protection needs require increased quality protection interventions for the response to be at scale.

In 2018, the sector will continue to foster a community-based approach and build on the efforts of preceding years, to consolidate and expand services in terms of coverage and quality. This will include: 1) expansion of the existing network of community-based facilities such as community centers,¹⁷ which deliver a wide-array of protection services, self-reliance support and aim at reducing vulnerabilities and protection risks, promoting inclusion, participatory activities and providing a safe space for service-delivery and community interaction. In line with needs identified,¹⁸ responses for adolescent girls, children, persons with disabilities and the elderly should be reinforced, including in cooperation with state institutions. Expansion in newly-accessible areas and locations of high displacement/increased returns are part of this strategy; 2) increased mobile response through mobile units and outreach volunteers, to swiftly identify protection needs, accompanied by the establishment/strengthening of referral mechanisms, through joint efforts by all protection actors, Engagement with Syrian state institutions shall be in accordance with the Charter of the United Nations and as per A/RES/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393; 3) expansion of legal awareness and counselling on civil documentation and HLP including continuous technical support to state institutions¹⁹ and; 4) expansion and improvement of psychosocial support and case-management.

Engagement with other sectors will be key to addressing challenges related to accessing humanitarian assistance (e.g. in relation to lack/loss of civil documentation and consideration of the specific needs of vulnerable groups).

Prevention and risk mitigation

Prevention of protection risks will remain a critical part of the sector response, through: 1) expansion of protection monitoring and of protection assessments, to identify needs and inform programming; 2) continuation of capacity-building initiatives for stakeholders including duty-bearers, national humanitarian actors and community members to identify/mitigate risks and improve service quality; 3) reinforcement of community-based approaches and services, through awareness-raising and community based initiatives; 4) provision of basic socio-economic support to individuals at specific risk of otherwise resorting to harmful coping strategies; 5) support to other sectors/humanitarian actors through operational guidance and analysis; 6) advocacy initiatives with duty-bearers and stakeholders to inform and enhance the response to identified protection risks. Engagement with Syrian state institutions shall be in accordance with the Charter of the United Nations and as per A/RES/182 and governed by the framework of agreements

between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393.

Protection services and response

Protection interventions will continue to be based on a quality and integrated approach. Community Centres and outreach mechanisms remain a fundamental tool to reach out through a participatory and inclusive approach. Types of services include: 1) targeted assistance for persons presenting specific needs; 2) psychosocial support, including basic interventions (e.g. recreational activities and community based initiatives) psychological first aid in emergency situations and structured and specialized responses (e.g. case management); 3) activities addressing growing civil documentation and HLP challenges, such as: legal awareness, counseling and assistance in registering civil events; assistance in obtaining civil and HLP documentation and offering legal counseling through a network of licensed lawyers and in accordance with the national procedures. Technical support will continue to be provided to restore the capacity of the Directorate of Civil Affairs, civil affairs courts and other relevant state institutions.

Child Protection response

In 2018, the Child Protection response, in line with the No Lost Generation framework,²⁰ will build on the investment of previous years to improve equitable access to quality child protection services through two main intervention priorities 1) improving the quality of community-based child protection²¹ through support to community structures and psychosocial support interventions (prevention and risk mitigation) and 2) expanding the reach and improving the quality of child protection specialized services for children most at-risk and survivors of violence, exploitation and abuse (this includes children recruited, child labourers, child GBV survivors, unaccompanied and separated children, among other vulnerable groups). Optimizing child protection outcomes through multi-sector responses, strengthening the child protection workforce, generating evidence on child protection issues to inform programming and advocacy, and promoting the use of minimum standards of child protection in humanitarian action across the response are some of the key approaches that will be used by the Child Protection Areas of Responsibility (AoR)²² to support these two intervention priorities.

Integrated response to survivors of GBV

In 2018, the GBV response will aim to ensure that survivors of GBV can access specialized services and risks of GBV are prevented and mitigated. The reach of GBV interventions has expanded, increasing the provision of quality specialized GBV services – with psychosocial support, case management,

8 This indicates the type of protection intervention that are directed to meet the specific protection needs of individuals⁸

9 Guiding Principles on Internal Displacement, UN doc E/CN.4/1998/53/ Add.2, 11 Feb 1998, Principles 3(1) (“National authorities have the primary duty and responsibility to provide protection and humanitarian assistance to internally displaced persons within their jurisdiction”); and 25(1) (“The primary duty and responsibility for providing humanitarian assistance to internally displaced persons lies with national authorities”)

10 This is defined as the level of services and interventions provided through community based activities.

11 An explosive hazard is any hazard containing explosives, or explosive components. These can be broken down into unexploded ordnance (UXO), abandoned ammunition (AXO), landmines and their accessories, and improvised explosive devices (IEDs).

12 Grave Child Rights violations include: Killing or maiming of children; Recruiting or use of children in armed forces and groups; Attacks against schools or hospitals; Rape and other forms of sexual violence against children; Abduction of children; Denial of humanitarian access to children. S/RES/1612 (2005), further strengthened by S/RES/1882 (2009), S/RES/1998 (2011); S/RES/2068 (2012).

13 Whole of Syria 2018 PNO, Chapter 2, 1. Summary of topline information, b. overview of protection issues.

14 Protection Sector Focus Group Discussions.

15 Minimum Standards for Child Protection in Humanitarian Action (Standard 13)

Children can be involuntarily (accidentally) separated during, for example, flight to safety, during an attack, during a population movement, abducted or orphaned. Children may be voluntarily (deliberately) separated as a result of being entrusted by a parent to someone else such as being sent to a safer location.

16 Mobile / Outreach interventions or services: Interventions conducted through outreach volunteers or mobile teams integrating staff with diverse protection expertise to expand coverage to the most vulnerable populations, who do not have easy access to protection services, to react flexibly to new displacement or return movements, and to increase the identification of needs, the referral and the delivery of protection services.

17 Community centers are safe public places where women, men, boys and girls of diverse backgrounds can meet for social and recreational activities and obtain integrated protection services ranging from legal aid, education and livelihood support to psycho-social support, SGBV prevention and response and child protection interventions, in accordance with their humanitarian needs. In addition, the community centres reach out to populations of concern and carry out awareness-raising activities.

18 See Whole of Syria 2018 PNO National Overview, chapter 2 (coping mechanisms) and chapter 4 (protection services).

19 See Whole of Syria 2018 PNO National Overview, Chapter 6 (6a, 6b, 6c), page 66.

20 See page 17 of the HRP

21 Community-based child programming aims to reduce vulnerabilities and risks to children by building a protective environment at family and community levels. It involves active engagement with and by communities on child protection concerns to reinforce protective practices and to encourage social and behavioral changes to address negative or harmful practices.

22 With reference to the Protection Sector, the term AOR refers to specific thematic areas of expertise and coordination within the overall activities of the sector.

strengthening referral pathways, establishing women and girl safe spaces and continuing to provide GBV services through community centers remains a priority. The GBV AoR will work to enable access for survivors to GBV health services. The capacity of service providers will continue to be enhanced, to strengthen the ability of partners to provide supervision and quality control. Prevention strategies will be further developed to contribute to the prevention of GBV with a focus on community engagement. Mobile responses need to be strengthened to help overcome movement restrictions imposed on women and girls where they occur, provide services in hard-to-reach areas, and extend support through immediate emergency response during displacements and emergencies or when areas become newly accessible. Services must be inclusive and take into consideration the specific needs and vulnerabilities of people living with disabilities and the elderly, women and girls, female-headed households and women who have experienced divorce or widowhood.

Mine Action response²³

The 2018 Mine Action response includes activities such as risk education, and victim assistance in cooperation with the Government of Syria. Expanded age and gender tailored risk education is essential to provide civilians at risk from explosive hazards the knowledge to avoid dangerous items and reduce the risk of an incident occurring.²⁴ The 2018 Mine Action Response will also include physical, psychosocial and socio-economic support for persons with disabilities, including individuals affected by explosive hazard incidents. The expansion of survey activities is a priority to enable the Mine Action sub-sector to better define the scale of the explosive hazard threat and better prioritize mine action activities. Information from surveys will also be used to tailor risk education messages to localized threats. Explosive hazard removal is the only way to remove the threat from explosive hazards. The removal of ERW is a life-saving humanitarian priority, in that it contributes to the protection of civilians, improves access to basic services, enables the resumption of livelihood activities and reconstruction efforts, provides safe access for other humanitarian actors and reduces the risk of these explosives being harvested and used for IEDs.

Protection risk analysis and mitigating measures^{25,26,27}

Building on experience gained in 2017, the Protection sector and its areas of responsibility (AOR) analyzed protection risks related to its 2018 response strategy. A selection of key risks and mitigation measures are listed here:

- Community-based protection services and targeted

²³ Humanitarian actors are encouraged to exploring avenues of cooperation with the Syrian Government on all components of humanitarian mine action, in line with GA resolution 46/182.

²⁴ In the context of humanitarian mine action, an incident refers to an event that gives rise to an accident or has the potential to lead to an accident. An accident refers to an undesired event which results in harm. See International Mine Action Standards 4.10, Glossary of mine action terms, definitions and abbreviations: http://www.mineactionstandards.org/fileadmin/MAS/documents/imas-international-standards/english/series-04/IMAS_04.10_Glossary_of_mine_action_terms_definitions_and_abbreviations.pdf

²⁵ Building on the practice established for the HRP 2017 and after a positive review on the practice, compliance, impact and monitoring opportunities across all sectors, a protection risk analysis (PRA) has been again an integral and mandatory part of the development and vetting process of each sectors' strategy and projects in the HRP2018. The PRA remains part of a broader strategy to enhance protection standards across the humanitarian response and to promote mitigating the risks of exposing people to harm as a result of humanitarian response efforts in Syria

²⁶ "Mitigating measures" in the context of the Protection Risk Analysis are actions that can be taken to reduce the likelihood of a negative impact occurring and/or reducing the severity of the negative impact if it does occur.

²⁷ This section is completely related to internal processes of the UN and its humanitarian partners.

assistance might be perceived as delivered in a discriminatory manner - a way that favors one group of beneficiaries over another. This is likely to lead to disagreements amongst potential beneficiaries.

- A comprehensive service mapping, regular information on assistance and proactive communication with communities, including on what services are available and for whom, are necessary to mitigate those risks. Assessments of locations where fixed and mobile services are planned, looking at potential implications and ensuring balanced coverage of needs, are also needed to prevent misperceptions.
- An informed and integrated protection response is also critical to prevent unintended negative impacts of a protection. Resistance of communities to engaging on sensitive topics, such as GBV, might make it difficult for services to be deployed for women and girls, with limited mobility in certain areas, to access needed assistance. Outreach and mobile services will continue to be implemented to mitigate access difficulties and ensure the participation of those in need.
- The limited availability or absence of redress mechanisms was identified as a risk in connection with protection monitoring and assessment activities. Grievances might arise between beneficiaries and humanitarian actors if there is no protection response provided once needs have been identified. To prevent this and mitigate expectations, clear communications with communities is recommended, along with appropriate training of staff carrying out these activities and operational coordination to avoid assessment fatigue. Strengthening of referral pathways by organizations is a key measure to be taken. Engagement with Syrian state institutions shall be in accordance with the Charter of the United Nations and as per A/RES/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393.
- Finally, the impact of capacity-building activities might be limited by high-turnover and limited options to provide quality supervision. This has an impact on the quality of services provided, in particular specialized interventions and case management. This entails serious consequences for beneficiaries should key principles, in particular those of safety and confidentiality, not be respected. Reinforcing training initiatives, ensuring that the impact of those initiatives will be assessed, with appropriate methodology and baselines and harmonization of content were identified as desirable measures.

Response Priorities

The Protection sector prioritizes interventions taking into account needs assessments, severity of needs as articulated in the sector severity scale,²⁸ and populations that are considered to be the most in need due to their characteristics such as age, gender, disability, displacement and vulnerability. By definition, protection interventions aim to reach the most vulnerable population and understand how protection risks and needs affect population groups differently. However, given the broad range of vulnerable groups who may be exposed to multiple protection risks, thus requiring a range of interventions, and considering the integrated, community-based and human-resource intensive approach, clear-cut processes of prioritization between the identified groups at risk will not always be possible, and flexibility in prioritization will be required. In addition, prioritization will have to be balanced against operational realities related to access challenges and limited response capacity. The response therefore integrates the following priority components: 1) emergency/life-saving response and services to newly-displaced populations and newly-accessible areas (e.g. areas exposed to intense hostilities with limited protection presence); 2) expansion of protection services (coverage and quality), focused on increasing specialized responses on PSS and legal assistance/counselling - in accordance with the national framework - areas, living in last resort sites, newly accessible areas and overburdened communities where services are under strain; 3) coordination and capacity-building with humanitarian actors to support protection mainstreaming and a do-no-harm approach²⁹ as well as principled response, in particular in the context of returns and; 4) evidence-based advocacy with duty-bearers³⁰ and relevant stakeholders on risk prevention and mitigation.

The Child Protection AoR will integrate the following priority activities based on needs to respond to the multiple protection risks children face: 1) provide a minimum package of child protection services to newly displaced populations and newly accessible areas through centre-based and outreach/mobile approaches to bring services closer and faster to those in need. This package includes awareness information on the prevention of family separation and psychosocial distress; psychosocial support interventions for children and caregivers; and detection and timely support to children at risk and survivors of violence, exploitation and abuse; 2) improve the quality of community-based child protection interventions and specialized child protection services, such as case management, including for, but

not limited to, children living in UN-declared besieged and hard-to-reach communities, IDP sites (informal settlements, collective centres, planned camps and transit centres), newly displaced populations; 3) optimize child protection outcomes through engagement with other sectors; 4) systematize efforts to build a sustainable child protection workforce including ensuring a minimum cadre of professional social workers across Syria and; 5) generate evidence on core child protection issues to inform humanitarian responses and advocacy with duty bearers.

The GBV AoR response will integrate the following priority GBV activities: 1) provide specialized GBV services (including psychosocial support and case management), through community centers and the establishment of women and girl safe spaces; 2) improve the ability of partners to respond via mobile services to reach those most at risk of GBV; 3) enhance the quality of service provision and impact monitoring through capacity building of providers, emphasizing a Do No Harm approach, and ensuring safe referral systems, mapping of available services and promoting standard operating procedures; 4) develop and expand appropriate inter-sector collaboration to increase availability of clinical management of rape services and the response to the needs of adolescent girls and child survivors of GBV; 5) improve strategies to prevent gender based violence especially by working with communities and; 6) provide training on GBV risk mitigation and advocate for improved prioritization of GBV and strategies that reduce the risks of GBV in the response.

Due to the extensive presence of explosive hazards, the Mine Action response will in parallel continue to prioritize the delivery of life-saving risk education messaging to provide civilians and humanitarian actors with the information they need to reduce their risk of death and injury until the hazards can be removed. Messaging should be age and gender appropriate and where possible account for the localized threat and activity patterns of different at-risk groups. The Mine Action sub-sector will also continue to provide support to persons with disabilities, including those affected by explosive hazard incidents (survivors and families of victims).

²⁸ The Government of Syria does not recognize the designation of severity scales by the United Nations and its partners

²⁹ For the purposes of this document, and in the context of its work in Syria, humanitarian actors working under and guided by this plan understand Do No Harm as an internal operating guideline which aims at preventing or minimizing any negative impact of humanitarian activities in order to avert any unintended outcome increasing people's vulnerability to physical, psychosocial, and other direct livelihood and protection risks. This definition derives from the Humanitarian Charter (Sphere Standards). For humanitarian partners working under the HRP in Syria, Do No Harm is exclusively applied to the conduct of humanitarian work and the implementation of humanitarian activities, in accordance with the humanitarian principles of impartiality, neutrality, humanity and independence. The concept of Do No Harm as guiding the humanitarian actors working under the HRP in Syria excludes any other interpretation that is not humanitarian in nature, regardless of its possible use by other bodies or entities

³⁰ Guiding Principles on Internal Displacement, UN doc E/CN.4/1998/53/Add.2, 11 Feb 1998, Principles 3(1) ("National authorities have the primary duty and responsibility to provide protection and humanitarian assistance to internally displaced persons within their jurisdiction"); and 25(1) ("The primary duty and responsibility for providing humanitarian assistance to internally displaced persons lies with national authorities")

Prioritization/vetting

In line with the above, the protection response prioritization is based on a geographic understanding of needs severity (i.e. severity scale),³¹ and due consideration of the key factors, risks and groups highlighted in the guiding document “*Syria Response: Protection, Vulnerability, And Prioritising The Most In Need*”³². Projects are vetted for inclusion in the HRP based on an established set of criteria, including the targeting of identified vulnerable groups and coverage of locations against the sector severity scale. Projects must demonstrate alignment with the overall sector strategy, objectives and the activities that have been selected by the sector as most critical. Realistic budgets and timelines must be proposed for the implementation of activities, also in view of partners’ capacities. This process is carried out by sector coordinators at both hub and WoS level in consultation with partners, with the result that projects included in the HRP have already been prioritized.

Consequences of underfunding

Quality protection interventions rely on regular access to and contact with affected communities. The major consequence of underfunding will be to limit the coverage of protection services, in terms of both the geographic areas and beneficiaries reached. The ability to expand services to newly accessible areas will be curtailed, as priority will be given to consolidating services where they are already implemented. The establishment of new protection services, especially those which require a higher degree of expertise and demand additional resources, may also be negatively affected.

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|------------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<18) | %Adults [18+ years] | % elderly |
| 419,920 | 1,882,999 | 7,607,280 | - | - | - | - | 51% | 41% | 54% | 5% |

SUPPORT FOR REFUGEE RETURN IN 2018

The Syria crisis has resulted in the displacement of more than 5.3 million Syrian refugees to neighbouring countries. Based on UNHCR’s monitoring, an estimated 70,000 Syrian refugees and more than 720,000 IDPs returned to their places of origin in 2017. The current reported trends suggest that some 200,000 refugees may return in the self-organized return phase in 2018. The current significant number of returning internally displaced people is likely to continue along with an increasing number of self-organized returns of refugees compared to previous years. This makes it imperative to respond to the needs to those returning, while preparing and initiating planning towards potential facilitation of voluntary repatriation.

It is vital that the Government of Syria, which has the primary responsibility for the protection and well-being of all Syrians, and humanitarian partners continue to work together to address the needs of returnees. Together they will also need to prepare for possible larger scale refugee returns, should conditions evolve allowing facilitated voluntary repatriation in safety and dignity, in line with international refugee and human rights law and standards and relevant agreed international instruments.

Meanwhile, within the framework of the HRP, and in cooperation with the Government, in the self-organized phase, the response pursues the objective of addressing the returnees’ immediate protection and humanitarian needs and promoting their self-reliance, ensuring that their return is sustainable,

while at the same time preparing for an eventual larger scale voluntary repatriation. To this end, the response will include a range of key activities encompassing measures to address the immediate needs of returnees, and to reinforce their coping mechanisms. This includes ensuring that the returnees enjoy equal access to services as well as humanitarian assistance; enhancing returnees’ self-reliance, livelihoods activities and community-based protection services; expanding humanitarian programmes in return areas and supporting the Government’s efforts to enhance the absorption capacity in areas of actual and potential return; addressing housing, land and property issues and providing technical support to returnees to obtain official civil status documentation, and efforts by the state institutions in this regards.

Finally, capacity building will be strengthened, along with partnerships and coordination to support refugee return. To this end, appropriate coordination structures will be put in place, in which UNHCR will play the role implied in its mandate.

Finally, capacity building will be strengthened, along with partnerships and coordination to support refugee return. To this end, appropriate coordination structures will be put in place, in which UNHCR will play the role implied in its mandate.

31 The Protection Sector severity analysis indicates sector-specific levels of needs severity across the country according to sector-specific indicators. The Government of Syria does not recognize the designation of severity scales by the United Nations and its partners

32 See annex one of the HRP

Source: UNHCR / A. McConnell





CCCM

Analysis

The needs of the 6.1 million internally displaced persons (IDPs) in Syria³³ cut across all sectors of humanitarian assistance. IDP sites represent a last resort for the most vulnerable displaced populations, who have exhausted financial and social assets to meet their basic needs. As such, the 750,000 IDPs³⁴ (12 per cent of the total IDPs) currently residing in informal sites, collective centres, planned camps and reception centres tend to be among the most vulnerable.

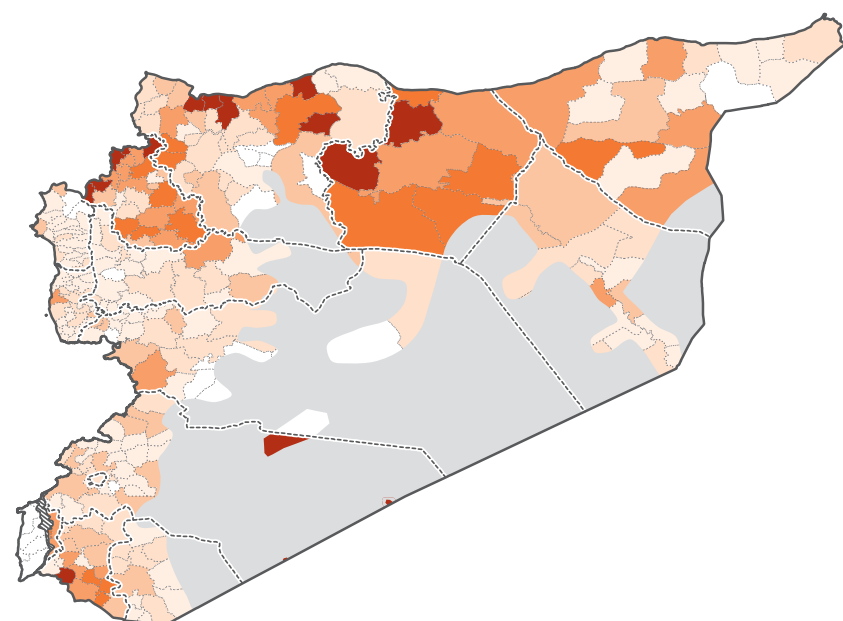
Multi-sectoral assistance in IDP sites cannot be guaranteed and families often face challenges in the delivery of basic services. Of the more than 6,100 sites in Syria, some 2,900 are informal sites without accountable management through humanitarian organizations. Collective centres, numbering more than 2,600, often play an important role in receiving new arrivals within a community, compensating for limited resources within the local community itself. The 285 reception centres in Syria are critical, hosting large numbers of IDPs during massive influxes. Planned camps headed by accountable humanitarian organizations total only 315.³⁵ Challenges faced by IDPs living in camps vary depending on the particular context, though most challenges relate to the delivery

of services, particularly water, sanitation and electricity. Shelter conditions, including lack of heating, situations of poor hygiene and lack of privacy in sleeping and bathing areas have been reported as major issues as well.³⁶

In CCCM areas of operation,³⁷ the cluster coordinates the response for 346 sites, including 245 informal sites, 81 collective centres, 16 planned camps and four reception centres. These sites host 362,527 IDPs (21 per cent men, 24 per cent women, 28 per cent boys and 27 per cent girls), who rely heavily on humanitarian assistance to meet their basic needs.³⁸ The number of IDPs in these sites has increased considerably in the past year. Since September 2016, the CCCM cluster has tracked more than one million displacements across northern Syria.³⁹ Due to the massive numbers and the geographical spread of population in need, multi-sectoral assistance cannot be guaranteed in all IDP sites coordinated by the cluster. The delivery of shelter, NFIs, and food in particular faces major challenges and cannot at present cover one-third of the IDP population. As the capacity of local communities to host new IDPs continues to diminish, more IDPs are expected to require shelter in IDP sites in the coming year.



SEVERITY MAP



33 IDP Task Force, 2017

34 IDP Task Force, 2017

35 IDP Task Force, 2017. In collective centres, schools (33 per cent), residential buildings (15 per cent) and warehouses (8 per cent) are the most common building types.

36 HNO 2018. While the delivery of water is reportedly a higher challenge in IDP sites other than collective centres, the latter tend to face more issues relating to overcrowding and lack of heating.

37 CCCM members support IDP sites in the following sub-districts of Aleppo, Idleb, Hama, Ar-Raqqa and Der-ez-Zor: Afrin, Atareb; A'zaz; Badama; Dana; Darkosh; Harim; Janudieh; Jarablus; Mansura; Rabe'e'a; Salqin; Sanjar; Tall Refaat

38 CCCM IDP Sites Integrated Monitoring Matrix (ISIMM).

39 CCCM IDP Tracker and IDP Situation Monitoring Initiative (ISMI)

CCCM OBJECTIVE 1

1 Providing streamlined life-saving humanitarian multi-sectoral assistance and strengthening the basic infrastructure support in IDP sites

CCCM OBJECTIVE 2

2 Improving IDP site management and accountability

CCCM OBJECTIVE 3

3 Strengthening household and communal coping mechanisms in IDP sites and developing exit strategies

CCCM OBJECTIVE 4

4 Disseminating operational information on movements of IDPs and returns on a timely basis

Response strategy

In 2018, the CCCM cluster will focus on four critical and inter-related areas: i) Providing life-saving multi-sectoral humanitarian assistance and improving basic-infrastructure in IDP sites; ii) improving the quality of accountable management in IDP sites and enhancing local actors' capacity to adequately manage these sites; iii) strengthening the resilience of households and communal coping mechanisms in IDP sites and developing/furthering camp closure and camp exit strategies and approaches and; iv) disseminating timely operational information on movements of IDPs and returnees.

1) Providing streamlined life-saving humanitarian multi-sectoral assistance and strengthening the basic infrastructure support in IDP sites

As camps and collective centres are utilized only when IDPs have exhausted all other options, it is vital that these sites remain a central focus of the humanitarian response across all sectors, with special attention given to WASH, NFI/Shelter, and Food Security as a minimum package of dignified assistance. CCCM members (UN, NGOS) will continue providing multi-sectoral life-saving humanitarian assistance focusing on their respective geographic or sector-specific areas of engagement.

Improving basic infrastructures (e.g. drainage and sewage system, gravelling, raising the level of tents and tents insulation) in IDP sites has increased resilience against weather conditions and, as a result, avoided physical damage and health problems for the residing population. Thus, these basic preventive activities have shown great value and cost-efficiency.

2) Improving the accountable management and quality of IDP sites

Developing the capacity of actors operating in IDP sites and expanding IDP committees and other participatory management structures will remain a major focus for the cluster.

Over the past year, there has been a five-fold increase in the number of camps and informal tented sites with accountable management. IDP committees in camps and camp-like settings have contributed to improving the overall protection situation and humanitarian conditions in these sites by raising the awareness of collective accountability and ownership among the residents. IDP

committees are also taking an active role in communicating with humanitarian actors on the needs and response, discussing and addressing the protection risks and exit strategies/durable solutions.

The improvements IDP committees have so far delivered aim to engender a greater acceptance of this management style in other IDP sites. CCCM plans to double the number of residents with access to accountable management by 2018 by focusing on capacity development, including training of NGOs on camp management. IDP committees and management structures will be supported in their efforts to reach out to all residents, register newly displaced people, refer residents with special needs to appropriate services and identify projects in an inclusive manner based on the IDPs' priorities.

3) Strengthening household and communal coping mechanisms in IDP sites and developing exit strategies

According to the monthly IDP sites trend analyses that CCCM has been conducting since 2013 and other intention surveys, IDPs are willing and ready to depart the sites based on security improvements in their areas of origin and/or access to better livelihoods. With the ultimate aim of enabling IDPs to safely depart from sites of last resort, the cluster will encourage its members to provide vocational training, small business grants and other initiatives such as "go-and-see" visits for vulnerable IDPs to enable them to take informed decisions on relocation from IDP sites to other locations or return to their areas of origin. In addition to contributing to improved conditions, activities within this objective will decrease aid dependency and increase resilience at household and communal level. IDP committees will be equipped to respond to fires, provide first aid, report disease outbreaks, and refer special cases to the appropriate services. This will make IDP sites as a whole more resilient to shocks and more responsive to emergencies.

CCCM cluster guidance on providing assistance in newly established settlements, safety assessments, and ensuring that any new settlement is needs-based and safe, to the extent possible, drives the classification and approach to the establishment of new IDP sites. The majority of planned camps and informal tented sites are in areas accessible to humanitarian actors. If the security situation

deteriorates near these sites, CCCM will encourage relocation to safer locations. CCCM will maintain a dual advocacy approach to ensure an efficient response and to stress the temporary nature of assistance to camps as a last-resort option.

4) Displacement and return monitoring

Obtaining unified operational data on movements through a joint and coordinated approach has been critical in informing the humanitarian response and advocacy efforts in Syria. When a large-scale displacement occurs, cluster members report new arrivals to their areas of operation. This is collated, triangulated, and published with details of locations for humanitarian actors to trigger a life-saving humanitarian rapid response across sectors. CCCM shall continue to coordinate the joint efforts of the operational actors in the field to track and report on displacement and spontaneous return movements, including sudden mass displacements, and analyse trends and intentions.

Protection risk analysis and mitigating measures

Do No Harm will remain an integral principle of the CCCM cluster in Syria. The CCCM cluster strives to strike the right balance between ensuring that dignified life-saving humanitarian assistance is provided to IDPs in all sites while also making sure that these sites, remaining a last resort option, do not contribute to any push/pull factor or create aid dependency.

Camps and camp-like sites/settings will continue to receive life-saving humanitarian support and management but the activities themselves will be conducted in a manner that gives IDPs the scope and chance to leave the camps once they are able to identify better solutions. Camp establishment and support must take safety, security and freedom of movement of IDPs into consideration before initiating any response. The CCCM cluster has developed several guidelines to promote this in the establishment and support of any camps, and these guidelines will remain applicable and will be updated as needed in 2018. The principle of “Do No Harm” is mainstreamed in sector tools and initiatives, and will be promoted on a regular basis in awareness-raising and workshops with cluster members.

These critical issues have been part of CCCM cluster’s daily coordination activities and are an essential component in all cluster trainings and policies. The cluster will ensure that protection concerns are considered and addressed at the early stages of HRP proposal development. Members will be thoroughly briefed about the issues and mitigation measures, and tools will be developed to capture protection risks in the review process in a coherent and consistent manner.

Response Priorities

Those living in camps, informal tented sites, and collective centres are amongst the most vulnerable in Syria; at least 85 per cent of residents are entirely reliant on humanitarian aid to maintain their most basic life-sustaining needs (access to potable water and minimum food needs). It will remain the priority of the CCCM cluster to ensure that life-sustaining activities, as well as interventions to improve the physical infrastructure of IDP sites, will continue in a coordinated manner, serving as many residents as possible. The Do No Harm principle will be applied in all steps of response coordination including assessing the safety of the locations where sites are established and supported. Activities will prioritize need-based camps and sites, and collective centers.

The second priority of the sector is to promote more accountable management structures within IDP sites and to equally involve different segments of the community in decision making processes, thus encouraging a more effective use of scarce resources and improving conditions in these refugees of last resort. A third priority focuses on helping IDPs rebuild their physical and financial assets through livelihoods and resilience support, enabling them to find other, better solutions. CCCM heavily builds on local capacities to engage with the camp population and strengthen their capacity to be more involved in the decision making process, supporting joint and participatory approaches in both management and response.

Prioritization/vetting

The CCCM cluster response prioritization is guided by an understanding of the severity of needs in accordance with the sector severity analysis/categorization. This will ensure that assistance is primarily targeted at those geographic areas where people face the most severe needs. At the same time, the cluster will pay due consideration to key factors and at risk groups within these areas, with a focus on the especially vulnerable IDPs living in last resort sites in areas accessible to the CCCM cluster.

Projects are vetted for inclusion in the HRP based on an established set of criteria, including the targeting of these at-risk groups and coverage of locations against the sector severity scale. In addition, projects must be in general alignment with the cluster’s overall strategy, with its particular emphasis on providing streamlined life-saving, humanitarian multi-sector assistance and strengthening the basic infrastructure support in IDP sites. Lastly, projects must outline a credible budget that reflects both the capacity of the submitting partner as well as realistic funding expectations based on financial projections for 2018. This process has been carried out by sector coordinators in consultation with partners, with the result that projects in the HRP have been prioritized.

Consequences of underfunding

The impact of underfunding on the cluster’s activities will disproportionately impact the most vulnerable IDPs in Syria. Insufficient funding will inevitably lead to a reduction in life-saving humanitarian assistance to the most vulnerable IDPs living in last resort sites such as camps and collective centres. The failure to provide critical humanitarian assistance could expose people living in these sites to disease outbreaks, malnutrition and may lead some to further displacements as people seek better living conditions. In addition, reductions in the scale and quality of assistance cluster partners can provide is likely to leave more people resorting to harmful coping mechanisms in an effort to address their basic needs. With many IDP sites reaching saturation point, particularly in governorates such as Idleb, underfunding is a grave concern that will likely negatively impact the prospects of more durable solutions for IDPs living in these sites.

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|-------------------|----------|----------------|------------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host_ Communities | Refugees | % female | % children (<18) | %Adults [18+ years] | % elderly |
| - | 118,847 | 553,576 | 672,423 | - | - | - | 54% | 55% | 45% | 9% |

PEOPLE IN NEED



4.2M (shelter)

4.6M (NFI)

PEOPLE TARGETED



1.4M (shelter)

2.7M (NFI)

REQUIREMENTS (US\$)



484.6M

OF PARTNERS



60

SHELTER/NFI OBJECTIVE 1

1 Provide life-saving and life-sustaining shelter and NFI support

SHELTER/NFI OBJECTIVE 2

2 Contribute towards the resilience and social cohesion of communities and households by improving housing and related community/public infrastructure

SHELTER/NFI

Analysis

The need for support to access basic and essential Shelter and Non-Food Items (NFIs) remains widespread despite the efforts of humanitarian actors over the past years.

Shelter

4.2 million people remain in need of shelter support in Syria.⁴⁰ Shelter and infrastructure damage has taken place on a massive scale. The shelter response required is of such scale that it goes beyond humanitarian response and the sector will not be able to meet all the shelter needs due to lack of capacity and funding. Continued emergency needs exist for new displacements, especially in terms of populations displaced in/from areas such as northeast Syria and areas where control has shifted. On the other hand, a significant number of IDPs were able or would like to return to their communities of origin, increasing the need to repair and rehabilitate damaged shelters and infrastructure to move toward solutions for those able to return. At the same time, a variety of Housing, Land and Property (HLP) issues have presented further challenges to the shelter and housing situation in Syria. Repair and light rehabilitation of housing is only pursued following confirmation of HLP components, including security of tenure in instances where the repair and rehabilitation of partially damaged houses and upgrading of private unfinished buildings is required. However, availability of documentation is a pervasive issue, and the processes and infrastructure to formalize or recuperate documents are not uniformly functional, accessible or recognized.

The sector and its partners are also mindful that a possible increase in returns will require the scale-up and potential further development of return-oriented shelter interventions to address the unique needs of former IDPs and refugees returning home after protracted displacement.



Non-Food items

4.7 million people require NFI assistance, a 20 per cent decline from 2017. The People in Need (PiN) figure likely reflects, despite a number of new displacements over the last year, improvements in market functionality in some areas where the level of hostilities has reduced and stability increased. The accessibility of NFIs is more stable than the previous year, with 24 per cent of communities reporting a deteriorating situation, compared with 72 per cent in 2016. However, needs remain substantial, both in terms of life-saving needs, particularly those among the high numbers of newly displaced IDPs requiring core, supplementary and seasonal assistance; as well as longer-term needs, particularly among high severity of need communities requiring resilience-oriented support to help reduce dependence on harmful coping strategies. Relatedly, findings show a decreased need for standard /core NFI items and a significant increase in requests for tailored “supplementary” (i.e. non-core/basic) items specific to the situation faced by certain communities or population groups. In 2018 this will put increased pressure on sector partners to design NFI interventions which are flexible and customized to the particular contexts.

Response strategy

In 2018, the Shelter and NFI sector will continue both with emergency response as well as more durable and tailored support depending on the specific needs of the population targeted – considering displacement status, potential vulnerabilities, opportunities to provide the best value for money, regular access and the local context.

The first key objective (and highest priority) for the Shelter and NFI response will be to save and sustain lives through the provision of timely, targeted and appropriate shelter assistance and relief items. This will include the provision, distribution or installation of tents and emergency shelter kits or materials to displaced people in temporary

and last-resort sites such as formal and informal camps, transit centres and spontaneous settlements (including the installation of basic infrastructure for these locations where appropriate and needed). It will also include the rehabilitation, repair or upgrade of existing shelters that are below minimum standards in collective shelters, unfinished buildings or any other type of emergency shelter space. This will ensure such shelters meet a minimum standard and provide a higher quality of living conditions and better protection for those who are expected to remain in situ in a temporary or emergency shelter for an extended period of time.

Kit-based core relief items will continue to be distributed to those who have experienced sudden onset displacement, or who have been cut off from access to markets, with more flexible item-based approaches and modalities where this is feasible and cost-effective in order to address specific and contextual needs. Seasonal items will also be distributed to sustain lives and reduce the impact of exposure to extreme conditions. Mechanisms for the stockpiling and prepositioning of emergency response stock will continue to be supported in order to increase the timeliness and impact of assistance.

The sector will also contribute to strengthening the resilience and social cohesion of vulnerable communities and households (as per criteria below) by improving housing and related community or public infrastructure. This objective addresses the needs of the Syrian population through a focus on durable shelter support. Activities will include housing repair and light rehabilitation, including associated small-scale infrastructure and facilities such as water, sanitation, roads and electricity. Assistance will be provided to owners, tenants and host communities. Also contributing to this objective will be complementary technical capacity-building activities aimed at partners, communities and households.

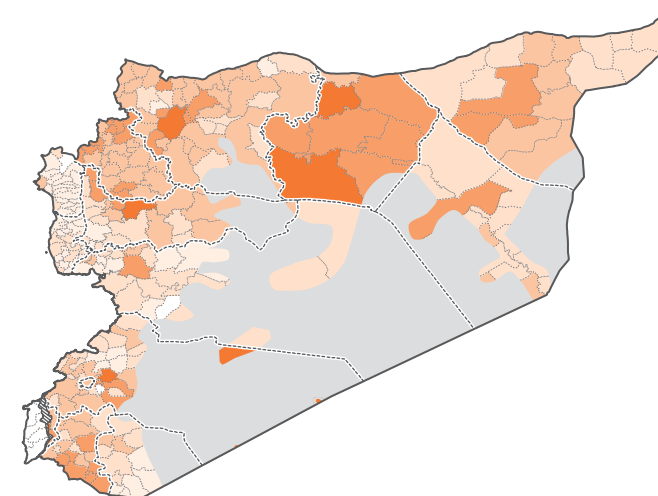
All shelter activities will incorporate the relevant and appropriate HLP components based on the strategy and guidelines issued by the sector, ensuring that interventions are

founded on and directed by documentary / supplementary evidence of legal and customary ownership and tenancy.

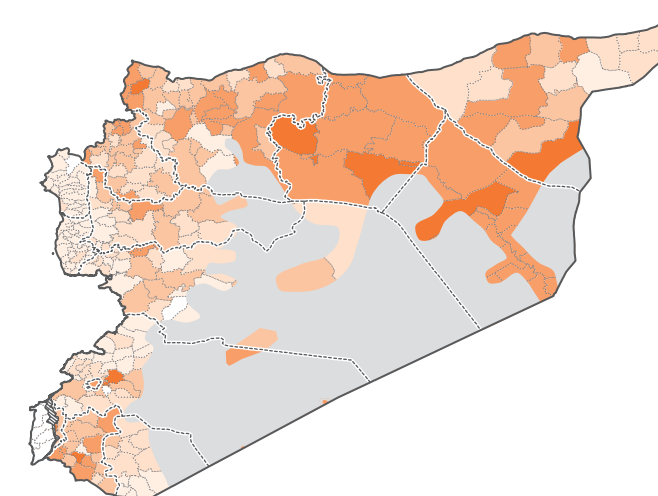
The response modalities used will include in-kind and direct assistance, cash for work and labour provision with cash and vouchers continuing to be integrated and prioritized where markets can support this type of intervention. In particular, when feasible and appropriate, the sector will seek to scale up transaction-based modalities in activities where their introduction can increase the timeliness and appropriateness of the response (e.g. by enabling people to address their own specific needs and priorities), and where it can support the resilience and social cohesion of communities, by, for instance, facilitating the purchase of supplies and services in local markets, which indirectly addresses financial and economic drivers of need. The use of cash or voucher modality will be discussed with the government in advance when feasible.

Vulnerable groups targeted in the response include IDPs, those living in UN-declared besieged or hard-to-reach areas, and those who have recently returned to their own communities. The shelter needs of IDPs are directly related to the circumstances of their displacement and the sector will continue to recognize and address the distinct needs associated with recent, short-term, protracted and multiple-times displaced people. People living in UN-declared besieged and hard-to-reach areas where they are cut off from access to markets require priority support. Durable shelter support can be facilitated through carefully targeted support to recent returnees, including light rehabilitation and repair to partially damaged housing. Additional vulnerable groups include women, children, the disabled and the elderly, especially those who are dependent on others and have no direct access to income. These groups also have specific needs for NFIs which will be addressed in the response. Those communities without reliable access to markets, either through physical obstructions, lack of transportation or security concerns, are also vulnerable, and within communities, further groups such as the disabled, young and the elderly may face particular barriers to accessing NFIs.

SHELTER SEVERITY MAP



NFI SEVERITY MAP



40 Based on sector calculations of people in need. The Government of Syria has expressed its reservations over these findings

The sector recognizes that shelter and NFIs can be the cornerstone of access to services and improvements in resilience across several dimensions of need, with complementarity and integration with other sectors especially important. In particular, the sector will work closely with the Food Security and Livelihoods sector on the coordinating the distribution of cooking fuel and kitchen items with food distributions; with the Protection sector with regards to approaches to strengthening HLP, including security of tenure; with the CCCM cluster in terms of the specific needs in camps, collective centres and other last resort sites; with the Early Recovery sector where necessary to align the Shelter sector activities with ongoing infrastructure repair; with the Education sector with regards to the need for light school rehabilitation, and; with the WASH sector with regards to the distribution of consumable and durable hygiene items and emergency water and sanitation provision in last-resort sites. Furthermore, the sector will closely work with the WASH and ERL sectors to ensure access to water, sanitation, debris removal and basic infrastructure within the communities where repairing/ light rehabilitation of partially damaged shelter is carried out.

Protection risk analysis and mitigating measures

The Shelter/NFI sector analysed protection risks and identified mitigating measures in a collective effort by sector coordinators and members. Implementation risks include the potential for aid diversion, corruption and empowerment by armed groups, which should be addressed by all partners through their intervention design, management and monitoring systems. In some areas, inter and intra community relationships can also be undermined through unequal access to humanitarian assistance, variations in the type/quality of assistance, and/or lack of participation in beneficiary selection. Humanitarian actors must be transparent and engage with communities and leaders to raise awareness, ensure clear selection criteria based on vulnerability/ need and effectively convey them to the community, harmonize assistance where appropriate, and provide for regular monitoring, consultation, and adjustments of the programme. The potential for exploitation, abuse and/or discrimination in beneficiary selection can be mitigated through increased engagement and consultation with concerned authorities, state institutions, and communities and training on protection risks associated with humanitarian assistance. Training on PSEA can increase awareness about the potential for exploitation and abuse. Complaints mechanisms, however, should be considered only when there is capacity for an actual response to a complaint.

Distribution of NFI and shelter assistance can present physical safety risks to both humanitarians and persons in need, especially in emergency situations where there are new displacements and movements of persons in need. In order to address these risk specific measures are required, particularly in the northern and southern Syria such as safety audits of distribution sites, pursuing multiple distribution points, ensuring distributions are during

daylight only, gender-segregated and household-level distributions and appropriate staff training.

Provision of cash and vouchers as a modality for shelter and NFI assistance could impact market dynamics and livelihoods, while also potentially increasing the risk of corruption and supporting the use of “black markets.” Key to risk mitigation is regular market monitoring and readiness to shift away from cash (to vouchers or in-kind), communication with communities about projects, clear targeting criteria, and strong data management and security features.

Shelter programmes will take into account safety, security and access to services in the implementation location and will include an understanding of the local HLP issues and ensure that there is adequate technical support provided to recipients of assistance.

Response Priorities

The sector’s response priorities are aligned with the needs of the population. The sector considers a number of key factors which generally indicate a higher severity of needs for both Shelter and NFI assistance, including whether someone is displaced from their home, and does not have access to adequate shelter or non-food items as a result. Another factor relates to exposure to extreme conditions, with an emphasis on prioritizing assistance to people exposed to a high intensity of hostilities and living in UN-declared besieged or hard-to-reach areas, as well as populations living in extreme weather conditions which require special seasonal items.

Needs in relation to humanitarian support for NFIs are also measured vis-à-vis access to markets and the potential to purchase items. With 98 per cent of people in Syria making use of markets, restricted access to markets can leave people in these areas especially vulnerable and in particular need of NFI assistance. In addition, even if markets exist, there are large populations which cannot afford NFIs and/or where certain NFIs are not available or accessible. People living in such areas are also targeted for humanitarian assistance and rank high on the needs severity scale.

Specific to shelter, whether someone lives in a temporary shelter (collective centres, camps, unfinished buildings, transit sites etc.)-which include hosting arrangements-represents a key consideration in informing the sector’s response priorities. The sector considered whether homes are damaged and whether they can be repaired by the affected population. And finally, the ability to afford rent was also considered as an indicator of need.

Based on the above, there is a clear convergence between the sector’s response priorities and the criteria affecting vulnerability and indicating the most acute needs across sectors. These six criteria inform prioritization for the sector, and within them the sector is able to use its needs analysis to localize the communities as well as the specific needs; be it seasonal or core NFI support, durable shelter support, emergency shelter support, or a combination thereof.

Prioritization/ vetting

The sector prioritization process is guided by an understanding of the severity of needs in accordance with the sector severity analysis/categorization, based on assessment findings and key indicators. This prioritization process ensures that the sector response is targeted at those geographic areas where people generally face the most severe needs.

These considerations are reflected during the vetting of projects for inclusion in the HRP, in which an established set of criteria is applied including the targeting of identified vulnerable groups and locations, with a particular focus on the six criteria affecting vulnerability referenced above who are generally deemed as among the most in need of life-saving and life-sustaining assistance. Projects must demonstrate alignment with objectives and the activities that have been selected by the sector as the most critical intervention types. This project vetting and selection process is carried out by sector coordinators at both hub and WoS level in consultation with partners and in line with national priorities, with the result that projects included in the HRP have already been prioritized.

While the identity of the priority groups will remain constant, the distribution and intensity of needs is expected to change throughout 2018 and therefore the sector will conduct assessments in order to update the geographical picture of severity and to continue to broadly identify the priority locations and type of interventions. As necessary, in-depth needs assessments will be conducted in order to identify and respond to priority groups on a local scale. The coordination of assessments will mitigate the risk of duplication or over-assessment, and the sector will facilitate sharing of assessment findings where possible.

Consequences of underfunding

Underfunding will likely impact the scope of the Shelter/NFI sector’s response, with assistance principally targeted at maintaining life-saving and life-sustaining humanitarian activities for those people facing the most severe needs. The reduced scope of the response will preclude the sector from undertaking activities intended to provide more durable shelter solutions which address the underlying drivers of needs. Such activities include more costly and complex interventions such as repairing damaged shelters and their related infrastructure, which could enable displaced people to return home/ to safer areas. Significant levels of underfunding could also impact the sector’s capacity to maintain emergency activities, resulting in some people not receiving assistance.

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE - SHELTER

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|------------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<18) | %Adults [18+ years] | % elderly |
| 44,400 | 281,200 | 1,154,400 | - | - | - | - | 52% | 55% | 45% | 9% |

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE - NFI

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|------------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<18) | %Adults [18+ years] | % elderly |
| 82,500 | 522,500 | 2,145,000 | - | - | - | - | 52% | 55% | 45% | 9% |



FOOD SECURITY AND AGRICULTURE

Analysis

Seven years into the crisis, the main triggers of food insecurity in Syria remain insecurity, financial and physical access to food, and depletion of livelihoods. As per current estimates, 6.5 million people in Syria are food insecure, while a further 4 million people are at risk of becoming acutely food insecure. As such, 10.5 million people are considered in need of urgent live-saving and life-sustaining food, agriculture and livelihoods assistance. Compared to last year, the number of people in Syria facing acute food insecurity has decreased from 37 per cent to 33 per cent of the population. However, the number of people at risk of food insecurity has doubled, clearly indicating further depletion of livelihoods assets and opportunities throughout the country.

As per the Crop Food and Security Assessment Mission (CFSAM) 2017, the total wheat production in Syria in 2016-2017 was estimated at 1.8 million metric tons, representing a 12 per cent increase from 2015-2016 but still less than half of the pre-crisis average of 4.1 million metric tons (2002-2011).⁴² As per FAO's Agriculture Damage Assessment Report, the financial cost of the damage and loss in the agriculture sector between 2011 to 2016 is estimated at

US\$ 16 billion.⁴³ Price Monitoring indicates the national average cost of a standard food basket decreased by 0.3 per cent between August 2016 and August 2017. However, food basket costs are still above the national average by 218 per cent and 23 per cent compared to August 2014 and August 2015 respectively. Comparison to the pre-crisis period indicates that food basket prices are currently 800 per cent higher.⁴⁴

Reliance on food assistance for a significant proportion of people living in Syria is expected to continue throughout the coming year and access to a diversified diet will remain key to improving the nutritional status of the acutely food insecure people. Agricultural and livelihood interventions will also be critical to increasing self-reliance, strengthening resilience and early recovery, especially – but not exclusively – in increasingly stable areas, for both acutely food insecure and at-risk groups. Where possible, concerted efforts should be made to improve the linkages between people receiving food and livelihoods assistance to support households to decrease their reliance on assistance and ensure they can become self-reliant over time.

Response strategy

Under strategic objective one:

Under its first objective for life-saving and life-sustaining food assistance, the sector will aim to meet the immediate food needs of a projected 1.5 million newly crisis-affected people (IDPs) with short-term emergency response and target the estimated 6.5 million food insecure people with regular monthly food assistance. It is worth noting that of the 6.5 million food insecure people are in need of food assistance including an

41 The sector target is set by the sector as per the capacity demonstrated in 2017.

42 <http://www.fao.org/3/a-i7578e.pdf>

43 http://www.fao.org/fileadmin/user_upload/emergencies/docs/FAO_SYRIA-counting-the-cost.pdf

44 The Government of Syria has expressed its reservations over these findings.



FS-Ag OBJECTIVE 1

1 Improve the food security status of assessed food insecure people through emergency life-saving and regular life sustaining food assistance

FS-Ag OBJECTIVE 2

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

FS-Ag OBJECTIVE 3

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

FS-Ag OBJECTIVE 4

4 Strengthen the effectiveness and quality of the response based on evidence, capacity building and strong coordination within the Food Security and Agriculture Sector and across sectors

estimated 418,000 Palestine refugees.⁴⁵ As per demonstrated capacity in 2017, the sector will target 5.5 million people with food assistance, out of which 4 million Syrians and 418,000 Palestine refugees are expected to receive regular monthly food assistance and 1.1 million people are expected to receive lean season/short-term food assistance, as they will be targeted with an integrated assistance through livelihoods/agriculture inputs. The 6.5 million people considered food insecure are amongst the most vulnerable and in dire need of assistance. The following provides details on the planned response:

Emergency Response aims to reach crisis-affected people within 72 hours of the onset of a crisis to cover a minimum of one to four weeks of their immediate food needs through short-term support such as Ready-to-Eat Rations, cooked meals and/or bread provided by appropriate modalities (in-kind or cash-based transfers). This response will provide 2,100 kcal per person/per day as per Sphere standards. The estimated target for this activity is a projected caseload of 1.5 million newly crisis-affected people⁴⁶ and is included in this response plan to ensure adequate preparedness. It can be expected that half of this caseload may require assistance beyond the 72-hour response, through regular monthly food assistance based on needs. As such, the sector will keep additional supplies either via HRP partners or outside HRP partners to meet this additional caseload's potential need for longer-term food assistance.

Regular Response aims to reach assessed food insecure people through a harmonized selection criteria to meet their monthly food needs at least eight times in a year through the most feasible modality (in-kind food baskets or equivalent cash-based transfers). This will cover a minimum of 1,600 kcal person/day as the rest of the 500 kcal per person/per day is expected to be covered by the targeted people through their own means or other contributions (such as bread from bakeries). The sector targets an estimated 5.5 million food insecure people, including

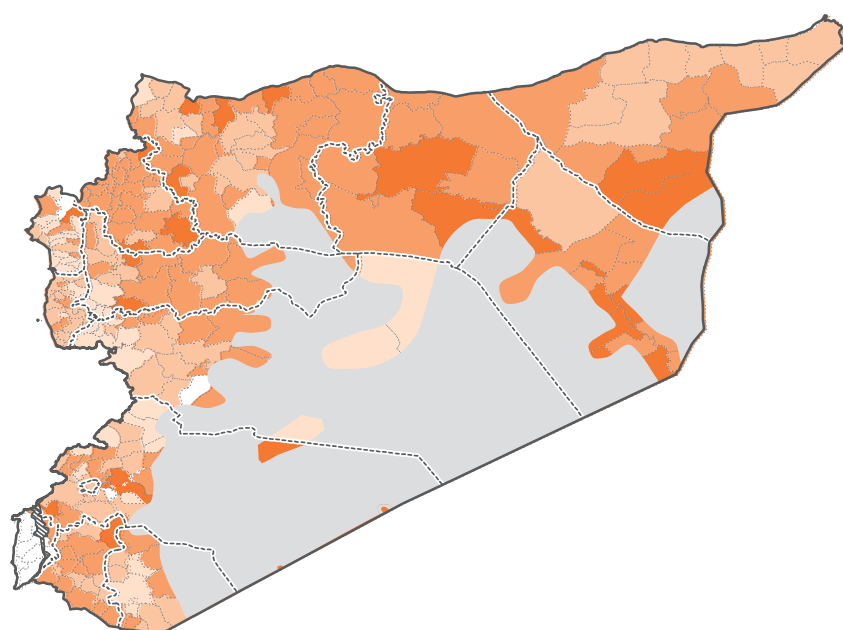
418,000 Palestine refugees; and an additional projected 750,000⁴⁷ (half of the 1.5 million) people from the caseload of the emergency response (based on needs) so as to ensure a shift from short-term support to longer-term regular assistance until needed.

Within the regular response, the sector also aims to provide supplementary food assistance (for enhanced dietary diversity) to an estimated 20 per cent of persons with specific needs, targeted within the regular response plan. For the provision of supplementary food assistance to persons with specific needs, close coordination will be maintained with the Nutrition sector to reach children under two years old so that the food distribution channel can be used as a delivery mechanism to reach them with blanket supplementary feeding. In addition, the sector will work with the Nutrition sector to provide key messages related to infant and young child feeding (IYCF). This will be enhanced through the inter-sectoral efforts developed throughout 2017 between the two sectors to ensure further integrated programming and collaboration at field level. For utilization of food, close coordination will also be maintained with the Shelter/NFI sector with regards to cooking fuel, gas and/or fuel-efficient cooking stoves.

Under strategic objective two and three:

Under the sector's second and third objectives related to agriculture and livelihoods, the sector will work at two levels – household and community – targeting 850,000 households (5.1 million people) from both acute food insecure (1.1 million) and at risk of food insecurity (4 million) groups.⁴⁸ Appropriate agricultural inputs will be provided at household-level; and services with complementary structures will be strengthened or restored so that the value chain between production, processing and markets is promoted. It is expected, that despite the constraints with supply routes, the inputs in rural areas will facilitate greater availability of food in markets in urban

SEVERITY MAP



45 A situation analysis was conducted that took into account 2017 HNO figure as baseline, and then overlaying information on production (from CFSAM and damage assessment), figures pertaining to displacements, prices, population (from pop task force), ongoing programmatic monitoring/assessments to project the 2018 needs/target. The Government of Syria has expressed its reservations over these projections.

46 As projected by OCHA. The Government of Syria has expressed its reservations over these projections.

47 A situation analysis was conducted that took into account 2017 HNO figure as baseline, and then overlaying information on production (from CFSAM and damage assessment), figures pertaining to displacements, prices, population (from pop task force), ongoing programmatic monitoring/assessments to project the 2018 needs/target. The Government of Syria has expressed its reservations over these projections.

48 A situation analysis was conducted that took into account 2017 HNO figure as baseline, and then overlaying information on production (from CFSAM and damage assessment), figures pertaining to displacements, prices, population (from pop task force), ongoing programmatic monitoring/assessments to project the 2018 needs/target. The state the GOS has expressed reservations over these projections

and peri-urban locations with an overall aim to stabilize food prices. Local procurement will be encouraged to create demand, especially where markets have the capacity to absorb such demands. It is also worth noting that livelihood and agricultural activities are considered part of humanitarian life-saving assistance, especially, when possible, in UN-declared besieged and hard-to-reach areas across Syria where food insecure households often have to rely on small-scale production to access food. These two objectives aim to restore and strengthen productive assets and create livelihood opportunities for the targeted populations, thus contributing to the overall food production and subsequently to food availability in Syria.

Household support includes assistance for small-scale cereal, legumes, vegetables and poultry production; provision of livestock and animal feed veterinary support; and income generating activities along with associated skills building/vocational training. The modality of assistance – whether in-kind or cash-based transfers or a mix of modalities – will be determined according to context and subsequent feasibility. The sector targets a total of **850,000 households** spread across 14 governorates with approximately **184,000 households (1.1 million people)** overlapping with regular food assistance.⁴⁹ These 184,000 households will be targeted through the integration strategy to ensure that once livelihoods/agriculture assistance is received, they can graduate from food assistance towards self-sufficiency.⁵⁰

The above will also include **quick impact and short-term agricultural responses**. Those responses are specifically intended to reach the people benefiting from food assistance in alignment with the sector Integration Strategy. The **quick impact** responses will broadly include distribution of agricultural inputs for crop and livestock production as well as integrated homestead farming, animal vaccination campaigns while the **short-term responses** will include, but are not limited to, the light rehabilitation of water harvesting and irrigation systems, community-based food processing and marketing in accessible areas. The above population will only be targeted with food assistance until they become self-sufficient from agricultural livelihoods assistance. Thus, short term food assistance or seasonal food assistance during the lean season will be provided to this caseload.

Community support will aim to train technicians and local community bodies to maintain community assets, early warning and disaster risk reduction as well as to restore and rehabilitate key community structures such as production and processing units, irrigation structures and storage to support linkages with markets. In total, this objective will target **400,000 households**, which is approximately 45 per cent of the households assisted by household-level inputs.

Under strategic objective four

The fourth and final objective is in relation to **sector coordination** across all hubs, which is based on the principle of partnership and is centred on the commitment to provide a coordinated response through the IASC sector/cluster approach. This objective is essential for achieving the first three sector objectives effectively and efficiently. In 2018, the sector will build on its work of previous years and will focus on reviewing and updating needs periodically, underpinning its needs, response and gaps analysis to inform operational planning and develop contingency/preparedness plans. The sector will continue to harmonize all aspects of the response such as assessments, analysis, geographical targeting, selection criteria (including targeting youth for livelihoods) and monitoring. It will lead cross-learning initiatives on outcome indicators monitoring, response modalities and cross cutting issues. The sector will also deliver on the key outputs for the Humanitarian Programme Cycle as well as feed into strategic discussions and decisions. Inter-sector work will focus on a variety of areas including (1) linkages with cooking fuel/gas/WASH with NFI and WASH sectors; (2) continued and enhanced collaboration with Nutrition sector at field level; (3) deeper focus on protection analysis with the inclusion of the protection matrix at sector and projects level and ongoing collaboration with the Protection sector; (4) an integration strategy aimed at linking people on food assistance with livelihoods support from other sectors such as the Early Recovery and Livelihoods sector; (5) joint needs analysis and advocacy including the profiling of UN-declared besieged areas, common messaging to communities and assessing convergence at household level with nutrition and other closely linked sectors and; (6) improved linkages and coordination with ongoing cash-based transfer activities and to help guide new activities as well as learn from ongoing and past activities.

Protection risk analysis and mitigating measures

The sector has assessed numerous risks and potential threats linked to the implementation of the sector strategy through its various activities. Broadly, the main anticipated risks are related to the overall food, agriculture and livelihood inputs distribution processes – whether regular or emergency – and the negative impacts that such distributions may have on civilians based on the locations and security environments in which they are taking place, with an exacerbated risk to girls and women who are highly vulnerable to sexual exploitation and abuse and thus PSEA will be respected in such contexts.

Additionally, tensions between IDPs and host communities over access to services and/or with armed groups are also considered a risk to the extent that their interactions with these affected populations may exacerbate their already dire situation.

To mitigate such risks several sector-specific measures are recommended to partners to ensure protection mainstreaming is included throughout the program cycle. These include: aligning to sector recommended response packages for a harmonized response; ensuring the understanding and monitoring of the contextual environment is well known, up-to-date and integrated into the distribution processes and; applying needs-based targeting/selection criteria. Furthermore, the sector recommends enhanced efforts to support partners to train their staff on the ground while equipping them with adequate tools to limit and monitor the liability and effect of these risks.

Response Priorities

The sector considers both food and agriculture/livelihoods assistance as contributing to all three strategic objectives of the 2018 HRP as both aspects are life-saving and life-sustaining, reducing recourse to harmful coping strategies and thus contributing to protection, while also having a strong resilience component by contributing to the reduction in dependencies. The sector's proposed integration strategy further improves the cross-sectorial linkages and promotes early recovery.

Food Assistance: UN-declared besieged and hard-to-reach and sub-districts with severity 4 and 5 as well as sub-districts that are drought-affected or have other contextual needs related to food security indicators will be prioritized for this activity. To ensure greater attention is given to the utilization of food baskets, response priorities will also include close collaboration with the NFI sector as well as partners on the provision of cooking fuel, butane gas or fuel-efficient cooking stoves, along with cooking utensils to ensure distributions happen simultaneously with food provision in relevant areas.

Livelihoods/Agriculture: Seasonal criticality remains a core priority for timely interventions. Unless the response is aligned to the seasonal calendar, interventions will not be as effective as intended. Furthermore, even though Syria largely continues to be a crisis-affected country, 2017 response data demonstrates that livelihoods/agriculture interventions did take place in 185 sub-districts across the country. It is therefore crucial that during 2018 areas across Syria continue to be targeted and prioritized for these activities. Production capacities have been largely disrupted in UN-declared besieged locations, however where productive inputs were available or provided (such as vegetable gardens), household production has been one of the main sources of food to meet people's needs in these areas, and therefore is fully considered as a part of humanitarian life-saving response. As such, provision of inputs for small-scale production will also be strongly encouraged for UN-declared besieged and hard-to-reach areas. Finally, given the increasing focus from Food Security partners in delivering livelihoods/agriculture assistance, the importance of a coordinated approach across the sector is even more crucial, including the harmonization of response packages across the country.

Stronger cross strategy linkages/ Integration Strategy: The sector will work closely amongst partners to establish linkages between beneficiaries receiving both food and livelihoods/agriculture assistance. In doing so, the sector will map common locations, define targeting criteria and elaborate a mechanism that can be closely monitored to determine whether a gradual shift from direct assistance to self-reliance is achievable (including analysis of how the provision of livelihoods/agriculture inputs is linking value chain process) without jeopardizing the food security of the households. This is aligned with resilience oriented programming and early recovery objectives to address humanitarian needs and reduce dependencies on assistance.

Environment mainstreaming: The sector strategy will contribute to the conservation of the environment as a sustainability measure through the responsible use of natural resources and promotion of renewable energy use. Example of measures that will be encouraged include use of collective kitchens where appropriate, use of alternative energy sources (biogas and solar versus butane gas), conservation of energy through more efficient systems (drip irrigation versus other wasteful methods of irrigation) and use of appropriate technology to limit over exploitation of natural resources.

Prioritization/vetting

The Food Security and Agriculture sector response prioritization is guided by a thorough understanding of the severity of needs as presented by the sector severity analysis/categorization. This will ensure that assistance, whether this be food or agriculture and livelihoods assistance, is principally targeted at those geographic areas where people are facing the most severe needs. At the same time, the sector will consider a variety of key factors and at risk groups within these areas that encompass the estimated 6.5 million people assessed as being acutely food insecure and the additional 4 million people at risk of food insecurity who will likely face food insecurity and a drastic deterioration in their situation if food and/or agriculture/livelihoods assistance is not forthcoming.

Projects submitted under the HRP are first vetted to ensure the appropriate coverage of areas facing the most severe needs as per the sector severity categorization as well as the targeting of vulnerable groups, including those at-risk of food insecurity. Relatedly, projects submitted under the HRP must demonstrate consistency with the overall sector strategy for each sector's objectives, such as supporting the emergency response to crisis-affected people within 72 hours of the onset of a crisis (for SO1/1.1). Lastly projects must outline a credible budget that reflects both – when applicable – last year's financial and operational capacity of the submitting partner as well as the funding expectations based on financial projections for 2018. This process has been carried out by sector coordinators in consultation with partners, which resulted in already prioritized projects in the HRP for the sector.

⁴⁹ Same as footnote 8

⁵⁰ Integration Strategy was developed by the sector in 2017 to create improved linkages between people on food assistance and livelihoods interventions, so that people receiving food assistance can also receive livelihoods inputs and improve their coping strategies to become self-reliant and graduate out of food assistance.

Consequences of underfunding

Underfunding of the Food Security and Agriculture sector response is likely to have a significant impact on both the 6.5 million people facing acute food insecurity as well as the 4 million people at risk of food insecurity. The capacity of the sector to support livelihood and agriculture activities aimed at increasing the self-reliance of people in need in Syria by moving towards more durable solutions will likely be reduced, as food assistance is targeted at addressing the shorter term needs of the acutely food insecure people in Syria.

However, significant underfunding may also affect the scale and quality of assistance provided to the most vulnerable households, impacting the quantity of food supplies delivered and the number of beneficiaries reached, dietary diversity and the ability of partners to provide micronutrients. This is likely to particularly affect households with a poor food consumption score, including especially vulnerable groups such as Pregnant and/or Lactating Women, children and children under five, the elderly and people already living in abject poverty.

Against this backdrop of insufficient funding, households are likely to increasingly resort to stress, crisis and emergency coping strategies. These include food consumption based coping strategies, such as reducing meal size or opting for cheaper and less nutritious foods. In addition, households may resort to other harmful coping strategies that negatively affect future productivity through the depletion of productive assets or expose people to exploitation and protection risks as they engage in high risk or exploitative work. Such coping strategies risks having irreversible and long-term effects on people in Syria, inflicting irreparable harm to children and households while also undermining societal stability.

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|------------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<18) | %Adults [18+ years] | % elderly |
| 419,920 | 2,561,241 | 7,496,373 | 3,352,811 | 314,326 | 6,600,846 | 209,551 | 51% | 37% | 63% | - |



NUTRITION

ANALYSIS

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 levels⁵¹, there are pockets – particularly in UN-declared besieged areas - where recently conducted SMART surveys have detected high levels of acute malnutrition⁵² as well as moderate to serious levels of chronic malnutrition. These pockets of emerging acute and chronic malnutrition are exacerbated by the lack of integrated, multi-sectoral collaboration that can address the multiple drivers of undernutrition. Infant and Young Child Feeding (IYCF) practices in assessed locations remain sub-optimal and are all below pre-crisis levels.

Women and children living in UN-declared besieged and hard-to-reach areas, overburdened communities, in areas deprived of basic social services and those “on the move” are in urgent need of nutrition interventions to ensure that their nutritional status remains stable and improves. In light of aggravating factors such as ongoing displacement; anticipated returns; challenging access to nutrition, health services and food; high food prices; diminishing employment opportunities and;

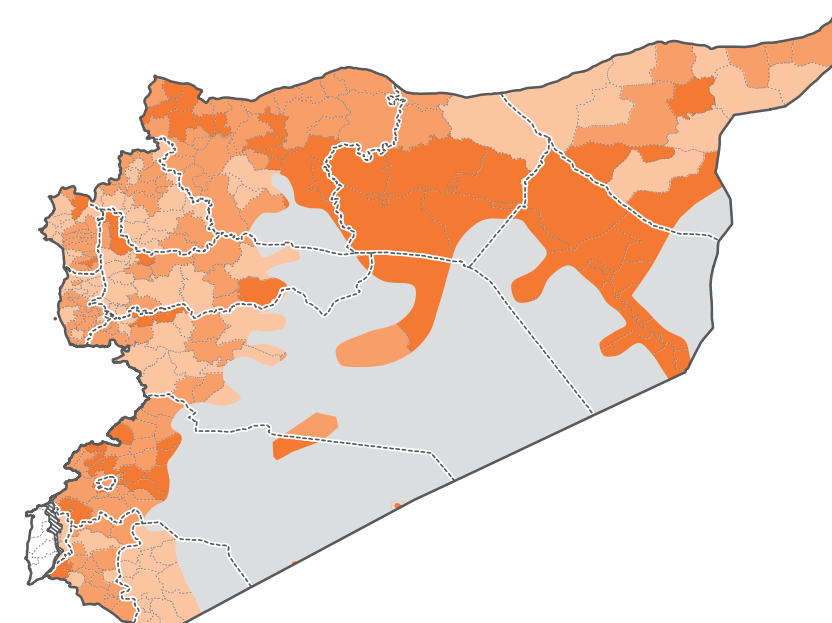
low service coverage, nutrition partners are forecasting an increase in undernutrition cases especially in UN-declared besieged and hard-to-reach areas, where the severity of needs is considered 'critical'.

4.6 million girls and boys under five years of age and pregnant and lactating women (PLW) are at risk of undernutrition and in need of preventive and curative nutrition services in 2018. 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 years of age require optimal feeding for adequate nutrition status, while 1.55 million PLW require optimal maternal nutrition services including preventive and curative nutrition support.⁵³

Response strategy

The 2018 Nutrition sector response priorities include strengthening life-saving preventive nutrition services for vulnerable population groups focusing on appropriate IYCF practices in emergency contexts, micronutrient interventions and optimal maternal nutrition. At the same time, efforts will also be made to improve equitable access to quality life-saving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and PLW. The response modality will be informed according to context and will be adjustable and flexible to serve the needs of the target groups. These first two priorities are focused heavily on providing life-saving interventions which support life-sustaining interventions wherever possible.

SEVERITY MAP



51 East Ghouta and Idlib (SMART survey 2017)

52 Lajat (SMART survey 2017).

53 Nutrition sector calculations of people in need and data base 2018.

The Government of Syria has expressed its reservations over these findings



NUTRITION OBJECTIVE 1

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

NUTRITION OBJECTIVE 2

2 Improve equitable access to quality life-saving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and PLWs

NUTRITION OBJECTIVE 3

3 Strengthening robust evidence based system for Nutrition with capacity in decision making to inform need-based programming

NUTRITION OBJECTIVE 4

4 Establish coordinated and integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming

The sector will ensure quality resilience-oriented programming by investing in evidence based nutrition information systems and capacity development of institutions at central and local levels. The data and analysis from these systems will inform needs-based programming that will be owned by the Nutrition sector partners to ensure sustainability. The nutrition information systems will pursue integration with the Health and Food Security sectors and their initiatives in order to be part of a multi-sectoral analysis to save resources and time. This multi-sectoral approach aims to prevent or address emerging chronic malnutrition trends in some parts of the country. In addition, the establishment of coordinated and integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming will be a priority. The Nutrition sector will consider cash as a modality through which to deliver nutrition interventions at a small scale and will monitor this implementation for future potential scale-up. The third and fourth objectives are focused on resilience.

The promotion of appropriate IYCF practices with a focus on breastfeeding protection and promotion will be scaled up in an integrated way, while building on achievements from previous years. The capacity of health staff and community workers from humanitarian partners and the public health system will be developed to facilitate IYCF counselling sessions and awareness raising. An IYCF strategy will be developed and endorsed while at the same time the standard operating procedures for targeted breast milk substitutes (BMS) will be revised and pathways for reporting violations of the international code of marketing of BMS will be strengthened. Critical windows of child growth and development in the first 1000 days will be safeguarded and promoted through maternal nutritional support during pregnancy and lactation. Micronutrient deficiencies prevention and control initiatives will be promoted, including through micronutrients supplementation within health facilities and during accelerated campaigns and improving vitamin A coverage for children under five. The Nutrition sector will also prioritize the provision of specialized nutritious food to children between 6-59 months in

UN-declared besieged and hard-to-reach areas, IDP last resort sites, overburdened communities or areas affected by a high intensity of hostilities as well as displaced IDP children or returnees.

Life-saving preventive efforts will be complemented by quality life-saving curative activities through community- and facility-based screening for acute malnutrition among girls and boys under five and PLW, followed by referral for treatment of acutely malnourished cases with a focus on programme quality performance indicators. The sector will also regularly monitor the nutrition situation of children and women through nutrition assessments prioritizing areas that are newly accessible or of concern as well as areas where there are nutrition information gaps and/or an influx of recent displacements or returns. Capacity development of health staff on routine reporting and nutrition assessments will be a priority to ensure sufficient preparedness and an efficient response wherever there is a shift in the front line or access is granted. The nutrition surveillance system will be strengthened and harmonized across Syria. Engagement with Syrian state institutions shall be in accordance with the Charter of the United Nations and as per A/RES/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393. Moreover, regular joint analyses triangulating data from different sectors will be continued with other sectors such as Food Security.

Finally, enhanced coordination and integrated programming will be further strengthened with other sectors capitalizing on the achievements in 2017. Momentum for integration will be continued and strengthened for the Food Security and Health sectors using joint delivery systems (e.g. delivering blanket supplementary activities via food assistance channels and integrating mid-upper arm circumference (MUAC) screening and Vitamin A with routine immunizations activities). The Nutrition sector will maximize efforts with the Food Security sector by delivering on the joint capacity development activities such as nutrition-sensitive agriculture training. The Nutrition sector plans to activate coordination with the WASH sector and Child Protection sub-sectors in 2018 with lessons learned from the integrated

approach with the Food Security and Health sectors over the past two years. This coordination and collaboration will maximize coverage, save resources, enhance value for money and ensure efficiency.

The above four priority objectives will each ensure an element of preparedness and will be achieved through a network of partners including government counterparts, national and international NGOs and UN agencies.⁵⁴

Protection risk analysis and mitigating measures

In order to minimize the potential adverse effects to the targeted communities and humanitarian workers while delivering nutrition interventions, the sector carried out a thorough forecasting of likely risks that may be caused while delivering the sector strategy, and developed a framework with mitigation measures. Risks related to activities carried out by the Nutrition sector are anticipated to be mainly related to the health workers moving between camps, potential looting of nutrition supplies, attacks on health workers and facilities as well as beneficiaries accessing the facilities as well as disruption to beneficiary follow up.

In order to mitigate these risks, and ensuring adherence to humanitarian principles, the sector adopted a “Do No Harm” strategy while providing nutrition services to vulnerable groups throughout Syria. These mitigation measures include the development and use of standardized approaches, services packages and tools when delivering services across Syria, community engagement and sensitization about targeting, and the adoption of a flexible delivery modality with adjustable distribution schedules. Nutrition partners will aim to set up centres in safe and accessible locations, that can be easily reached by beneficiaries, with the prospect to relocate nutrition centres in relatively safe areas, and/ or readiness of mobile teams. Additionally, more community health workers will be trained to provide services at community level, should beneficiaries’ access be constrained at health facility level. Stock prepositioning in multiple, safe, and close locations to delivery sites, as well as good contextual analysis will be an ongoing exercise for the sector partners. The sector will review risks and mitigation measures regularly and make the necessary adjustments to programming modalities, and implementation methods depending on dynamics on the ground.

Response Priorities

The Nutrition sector priority groups are children under five and PLW, regardless of their status or geographic location due to their general vulnerability to nutrition deficiencies and their immature or compromised immunity. However, children under five and PLW living in harsh conditions such as those in UN-declared besieged and hard-to-reach areas, IDP sites, overburdened communities, areas affected by a high intensity of hostilities as well as those women and children “on the move” are likely to be especially vulnerable and will be further prioritized by the Nutrition sector with the aim of providing minimum life-saving nutrition services jointly as part of, where possible, an inter-linked and complementary multi-sector response. The focus for children and women living in more stable locations will be on preventative nutrition activities as detailed above. In addition, in these stable locations the Nutrition sector will move from commodity-based interventions towards resilience-oriented programming in coordination with other sectors whenever possible.

The sector will focus on improving remote programming and monitoring to ensure that nutrition services reach those prioritized children and women. Nutrition services will be delivered as much as possible via local humanitarian partners and national government counterparts to ensure efficiency and access.

Prioritization/vetting

Geographic priorities will be informed by the sector severity ranking⁵⁵ which reflects needs across the country, and is complemented by the application of an inter-sector severity lens whenever possible to promote a more comprehensive response. Detailed microplanning will be carried out by each hub via their operational planning efforts.

The sector severity ranking for 2018 considers⁵⁶ 17 nutrition-specific and sensitive indicators from other sectors such as Food Security, WASH and the Health sector in addition to three cross cutting indicators related to access, intensity of hostilities and population movement to identify the priority geographic areas to inform the subsequent response. The severity of the situation in northeast Syria appears to be greater than in the rest of the country and requires special attention. Across Syria, 66 of 270 sub-districts are found to be facing critical problems and in need of immediate humanitarian assistance (these sub-districts are located in Aleppo, Al Hasakeh, Ar Raqqa, Dar’a, Deir-ez-Zor, Hama, Homs, Lattakia,

54 The Government of Syria only recognizes international and national humanitarian actors as NGOs it has registered, approved, and accordingly notified the United Nations. However, in line with relevant UN Security Council and General Assembly resolutions, the UN recognizes that Intergovernmental and non-governmental organizations working impartially and with strictly humanitarian motives should continue to make a significant contribution to the humanitarian response in Syria, complementing national and other international efforts (A/RES/46/182, op5 (1991), including within the framework of UNSCR 2139 (2014), 2165 (2014), 2258 (2015), 2332 (2016), 2393 (2017). This applies to all references to such organizations throughout the HRP

55 The Government of Syria does not recognize the designation of severity scales by the United Nations and its partners

56 Nutrition indicators used to determine severity include: Acute nutrition status among women and children, Chronic nutrition status among children, IYCF indicators, Micronutrient status of women and children, food consumption score, prevalence of hand washing, prevalence of diarrhea, percentage of the population in besieged and HTR locations, percentage of IDPs in the sub district, intensity of hostilities and coverage indicator.

and Rural Damascus). In addition, 121 of 270 sub-districts are categorized with severe problems (these sub-districts are located nationwide except for As-Sweida and Quneitra) and require urgent humanitarian assistance. The remaining 83 sub-districts are ranked with major problems and likewise require humanitarian assistance. Within the above areas, the sector will further prioritize assistance to the most vulnerable groups, namely children under five and PLW, irrespective of their status. Projects have been vetted for inclusion in the HRP based on both their coverage of priority areas based on the severity analysis as well as with regards the extent to which they focus on the children under five and PLW. Relatedly, projects must be in general alignment with the sector's overall strategy, particularly in terms of strengthening life-saving preventive nutrition services for vulnerable population groups. Lastly, projects submitted under the Nutrition sector HRP response plan, must outline a credible budget that reflects both the capacity of the submitting partner as well as realistic funding expectation based on financial projections for 2018. This process has been carried out by the sector coordinators in consultation with partners, with the result that projects in the HRP have already been prioritized.

Consequences of underfunding

38,200 boys and girls are affected by acute malnutrition and targeted for treatment, and from these, 8,386 are in the severe category and have 11 times higher risk of death compared with well-nourished children. The current shortage of funding will jeopardize their life. If they survive, then they may suffer from long-term cognitive impairments if no urgent interventions are made immediately accessible.

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|-----------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<5) | %Adults [18+ years] | % elderly |
| 68,977 | 301,711 | 2,566,812 | 936,793 | 94,625 | 1,906,082 | - | 51% | 17% (U5) | - | - |



WATER, SANITATION AND HYGIENE



Analysis

Four large dedicated WASH assessments were conducted across Syria in 2017 by surveying individual households, and assessing existing water systems. Despite some improvements in comparison with last year, the results showed that many of those systems are only capable of operating at a fraction of their original design capacity and that many others remain (partly) non-operational. In many areas, and in particular in areas of high severity of need, households are compelled to turn to costly, alternative water sources to meet their minimum water supply needs. As such the water supply is often met through private water trucking or private wells. This mixed modality guarantees an average of 50-60 litres per person per day. Nevertheless, there are indications that water quality has become compromised and that the cost of water, which varies with local market fluctuations, places a significant financial burden on the population in some areas. Increased quality assurance efforts are required to ensure that populations have access to safe and adequate water and WASH services. WASH survey results also indicate that sewage systems require increased support to continue to provide a minimum level of services. In addition, due

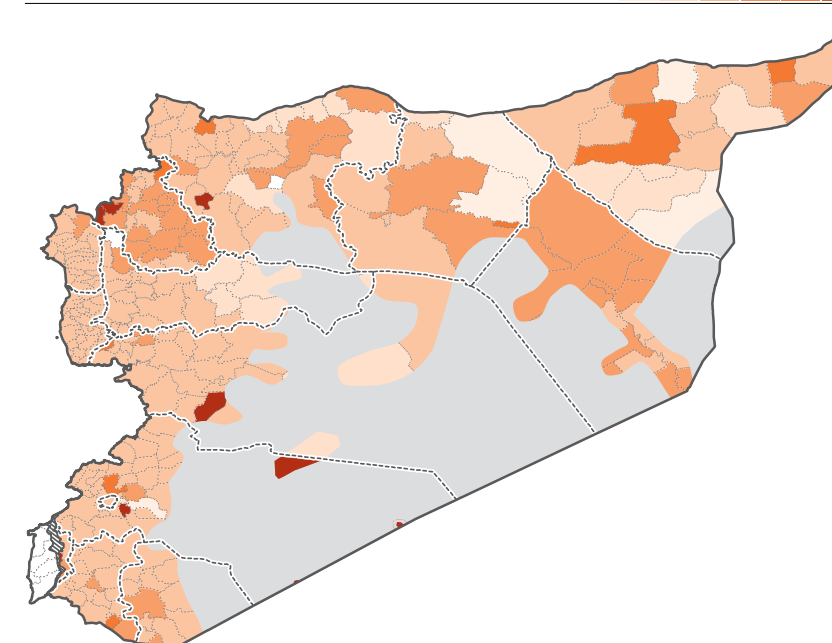
to operational challenges related to on-going hostilities and capacity issues, particular efforts are needed in some specific rural and urban communities to strengthen and upgrade the quality and regularity of solid waste collection and disposal.

Although water and sanitation services as well as hygiene supplies are available, they remain relatively expensive and place further strain on the limited financial resources of households in Syria. The major barrier to accessing hygiene items is therefore the severely reduced purchasing power of families in Syria, particularly for displaced households. Moreover, due to the disruption of local markets, critical hygiene items remain mostly unavailable in UN-declared besieged areas. Overall, IDPs in informal settlements, health facilities and schools are particularly in need of enhanced WASH supplies and services support, specifically sanitation.

In addition to general issues of overcrowding and cleanliness of sanitation facilities, assessments confirmed that protection issues, such as the lack of door locks and lights, lack of gender segregated facilities, long distance, lack of privacy and harassment on the way to those facilities, are of considerable concern to women and girls in IDP camps, collective centers and informal settlements.

Major operational challenges experienced across Syria include the lack of required operational inputs including power (electricity/fuel); access restrictions; constraints on the import of critical water supply equipment for rehabilitation and operations of damaged water systems, including as a result of unilateral coercive measures; rapid IDP movements and self-organized returns; and limited financial resources.

SEVERITY MAP



57 WASH Household Assessment Jun-July 2017. The Government of Syria has expressed its reservations over these findings

WASH OBJECTIVE 1

1 Support to water, sanitation and sewage systems to ensure continuous services for affected people in Syria

WASH OBJECTIVE 2

2 Deliver humanitarian WASH supplies and services to most vulnerable people

Response strategy

The WASH sector strategy continues to focus on two strategic objectives. SO1 – “Support to water, sanitation and sewage systems to ensure continuous services for affected people in Syria” captures sector efforts to restore or keep infrastructure at the minimum level of operation. SO2 – “Deliver humanitarian WASH supplies and services to most vulnerable people” describes life-saving WASH interventions such as emergency water trucking, provision of emergency sanitation and solid waste facilities and services and WASH NFI distributions.

Life-saving WASH interventions

Assistance to IDPs sites, including camps and informal settlements, will continue, with the provision of life-saving WASH items and services as timely as possible for newly displaced people. Efforts will be made to improve the quality of sanitation facilities in collective centres and in temporary transit camps, with the sector aiming to reach SPHERE standards, both in terms of the quality of services and gender/protection considerations. Inter-sector contingency planning will continue to be updated in the hubs, and specific interventions are being developed for each identified scenario. Contingency planning for water-borne related diseases, particularly acute watery diarrhea will also be kept up to date, in collaboration with the Health sector. Prepositioning of critical WASH contingency supplies will be maintained at sufficient levels. The sector will increase efforts to scale up assistance in areas of high severity of needs, including UN-declared besieged and hard-to-reach areas, with mainly in-kind interventions, as part of multi-sector efforts.

Water Infrastructures

The WASH sector will continue to support existing water systems in an effort to stabilize and reduce their decline. Critical activities include basic rehabilitation of infrastructure for life-saving purposes; the distribution of supplies, consumables and water treatment products; the introduction of minimum cost-recovery for better support to operation and maintenance improvements of water supply systems in schools and hospitals;

capacity building and financial support for staffing and; ongoing operation and maintenance of water and sanitation systems. In the absence of electric power supply from the national grid, standby generators and fuel will continue to be needed to provide alternate power, but are typically able to satisfy only part of the power requirement. The introduction of renewable energy sources such as solar and wind power will be scaled up in small scale water supply systems as an attempt towards technological advancements to provide economically viable and technically sound feasible solutions. To the extent possible, efforts will be made to ensure continuous access to water disinfection products, as in previous years, to ensure provision of safe water through public water supply network.

Water Quality Assurance

The sector will scale up efforts around the quality assurance of water systems and services. While the private sector is successfully complementing water supply in many areas there is a lack of water quality assurance operational mechanisms. This has created water markets which are largely unregulated, with the associated risk of unsafe water being distributed to a large portion of the population. The introduction of water safety planning and water quality monitoring, made through intensive community mobilization of both consumers and service providers has proven successful in pilot areas, and will be scaled up. Water service providers and authorities will be involved when possible, with efforts to support, and build their capacity to act as regulators. In addition, water quality testing will be supported to ensure systematic and regular water quality monitoring.

Sanitation

Available data indicates that existing sewage treatment plants require improvement/ light rehabilitation to prevent the discharge of raw sewage and contamination of water bodies and soil. WASH infrastructures in schools and health facilities also need to be addressed, in collaboration with the education and health sectors, and health education within school curricula should be emphasized. Additionally, operation and maintenance of waste water

infrastructure and solid waste (municipal and medical) management systems will be supported along with provision of required materials and technology to reduce overall public health risks and environmental pollution caused by the degradation of those systems.

Hygiene

Alongside distributions of NFIs aiming to improve and encourage beneficiaries to strengthen already well established good hygienic behavior and practices, WASH partners will consider market-based programming/assistance that includes cash and/or vouchers as viable option to mitigate the decreased purchasing capacity of most deprived families. Pilot initiatives delivered promising results, and it is expected that in-kind assistance, especially for hygiene items, can be progressively scaled down in those areas where the markets are proving functional, in favour of cash-based assistance.

Monitoring and evaluation

The sector will continue to monitor the response based on an agreed results framework and standard sector set of indicators, via the WoS 4Ws, and will promote strong field monitoring and joint planning in all interventions. It will be used to measure the impact of interventions which aim to lightly repair and rehabilitate water and sanitation infrastructure and to inform the planning of ongoing response activities. All sector partners will be encouraged to pursue assessment and surveys to measure impact and promote informed planning processes to meet needs and expectations of the most vulnerable communities/segment of the population in their respected areas of presence and responsibilities. Building on the successful model of the previous year, the WASH sector will also organize one (or two if possible) new sector specific assessments.

Opportunities will be created for all population segments to provide input into programme activities, and partners will ensure the involvement of women, men and adolescents (boys and girls) in decision making, leadership in committees and in feedback (monitoring) mechanisms. Engagement of women as programme staff/enumerators will be promoted to facilitate interaction with female community members and beneficiaries. To support local implementing partners to apply gender-sensitive and protection-oriented approaches, WASH actors will provide specific trainings and coaching support to their partners and staff inside Syria.

Protection risk analysis and mitigating measures

The WASH sector will ensure a “Do No Harm” approach by carrying out a Protection Risk Analysis as part of its sector strategy development. The potential protection risks that may arise from the implementation of the WASH sector strategy and related activities, along with a description of

the relevant mitigation measures and resources required for monitoring those risks have been identified. As an example, support to water supply systems present the risk of unequal distribution of services. To minimize such risks, the sector will establish strong links with water boards and operators for joint planning and include communities at the early stages of project implementation. Regarding the humanitarian component of service delivery, the sector will ensure that SPHERE standards are strictly followed and adapted to the context during each part of project implementation, especially during emergency sanitation settings where the risk of GBV is higher. Women and adolescent girls should be consulted during the design, implementation and monitoring phase of each project, with a need to put the necessary mechanisms in place to facilitate feedback from users.

Response priorities

The WASH sector will prioritize both activities that directly support life-saving WASH interventions as well as activities that focus on the maintenance and/or the light restoration of existing WASH systems/ infrastructure. Both aspects of the sector strategy are life-saving and life-sustaining and can help reduce recourse to harmful coping strategies that risk exacerbating existing needs. The focus on these areas is complementary and will help improve cross-sectoral linkages by promoting early recovery, access and security permitting.

To identify response priorities, the WASH sector considers a number of key factors which generally indicate a high severity of needs. These factors include displacement, with the timely provision of life-saving WASH goods and services essential to address needs of newly displaced people who had to flee from their homes at short notice, leaving behind their belongings. The WASH sector will also prioritize activities in IDP sites including camps, collective centres, transit centres and informal settlements, where the high concentration of people and rudimentary conditions increase people’s risk of contracting water-borne diseases, such as acute watery diarrhea. The WASH sector also considers factors such as access, with efforts to scale-up assistance to people in UN-declared besieged and hard-to-reach areas essential in addressing increasingly severe needs which have built up over a prolonged period. In addition, several water related factors have been taken into consideration by the sector to rank severity of needs, such as access to safe pipe water schemes, water prices and its affordability, water availability, water quality or coping mechanisms to deal with lack of water.

Depending on the overall level of need as well as the response capacity in each area (related to both the technical capacity of partners, access and security), the sector will prioritize activities aimed at supporting existing water and sanitation systems, including through rehabilitation of infrastructure. Such interventions may often prove more effective in addressing acute needs than life-saving WASH interventions by providing more durable WASH solutions that address the underlying drivers of need. These interventions are likely to

be prioritized in areas experiencing increased stability and security, including in overburdened communities and in areas where there is a high degree of spontaneous self-organized returns. Activities that support existing water and sanitation systems will benefit the entire population living within a targeted catchment area, regardless of status.

Prioritization/vetting

The WASH response prioritization is based on an analysis of the geographic distribution of needs by severity in accordance with the sector severity analysis/categorization. Humanitarian WASH activities will focus on high severity ranking sub-districts, as identified in the WASH sector needs analysis, with specific consideration towards those groups deemed as generally most vulnerable (people living in UN-declared besieged and hard-to-reach areas, people exposed to high intensity of hostilities and areas contaminated with explosive hazards, IDPs living in last resort camps/sites/collective centres, newly-displaced populations, spontaneous IDP returnees (during first four months of return) and over-burdened host communities). Projects are vetted for inclusion as part of the WASH response plan under the HRP based on an established set of criteria which factors in the coverage of the at-risk sub-districts/communities as well as the specific groups who are considered most vulnerable. Overall, projects must be in alignment with the sector's overall strategy, with an emphasis on supporting life-saving WASH interventions and, where the situation is conducive to such activities, support to existing water and sanitation systems that addresses the needs of the most vulnerable. Lastly, projects must outline a credible budget that reflects both the capacity of the submitting partner as well as realistic funding expectations based on financial projections for 2018. This process has been carried out by sector coordinators in consultation with partners, with the result that projects in the HRP have already been prioritized.

Consequences of underfunding

Declining trends in funding will lead to a reduction in the number of water systems supported. The support to water systems remains critical to avoid populations having to increasingly rely on the private sector which will significantly increase family expenditures and make the purchase of other items, such as hygiene items, even more prohibitive. The combination of further household impoverishment, poor water quality and reduced access to hygiene would considerably increase the risk of water borne diseases and of malnutrition among the children, the most vulnerable segment of the population. This will jeopardize basic life requirements that could lead to additional displacements. Unavailability of funding would also decrease the capacity of the sector to properly assist newly displaced IDPs and those living in UN declared besieged and hard-to-reach areas. The lack of long-term solution such as minimum cost-recovery for sustainability leads to more frequent infrastructure interventions and to interrupted access to services with an increased risk of morbidity.

EARLY RECOVERY AND LIVELIHOODS



Analysis

Erosion of basic and social services, disruption of livelihoods, depletion of productive assets, and limited economic opportunities have all contributed to increasing socio-economic vulnerabilities in many governorates in Syria, further weakening the capacity of the Syrians and their communities to respond to the social-economic impact of the crisis, including the continuous impact of unilateral coercive measures. Strengthening the self-reliance of these communities and individuals is time-critical and necessary to lay the foundations for a medium and longer term recovery process in affected communities which will in turn decrease dependence on humanitarian aid.

The capacity of the Syrian people and their communities to cope with the impact of the seven-year long crisis has been eroded. The August 2017 ERL sector severity analysis estimates that close to half of the population is now in need of improved access to basic social services, livelihoods and income generating opportunities. More than half of the basic social infrastructure is destroyed and/or non-operational. A high percentage of Syrians, particularly youth, are without reliable employment.⁵⁸

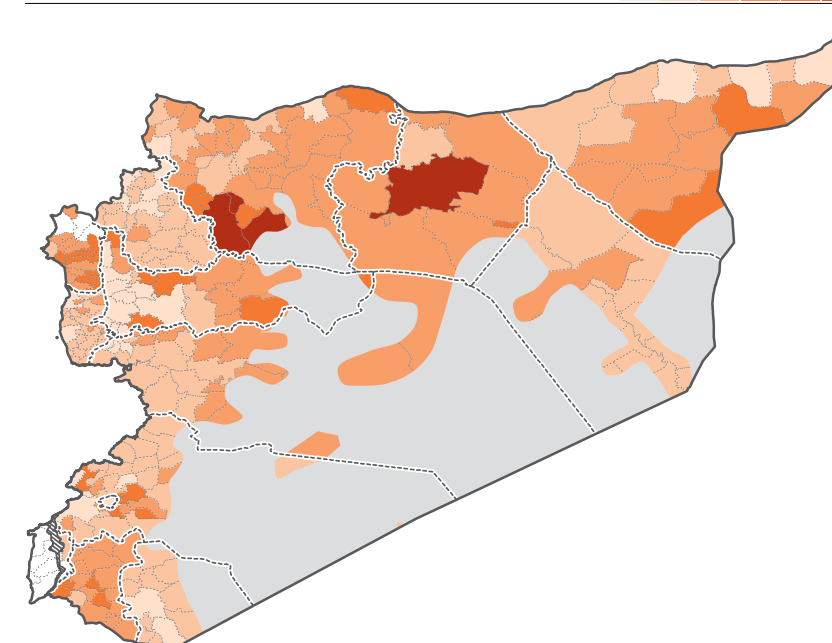
More and more people are resorting to harmful coping mechanisms, in the absence of decent job and livelihoods opportunities. A growing number of people are now engaged in the illegal sector and violence economy for a living, such as smuggling and trafficking.

Enormous damage has also occurred with respect to housing and access to basic utilities. It is estimated that, in some areas, up to 25 per cent of the pre-crisis housing stock has been either destroyed (one-third) or severely damaged (two-thirds). On average, surveys indicate that living standards have deteriorated by 40 per cent compared to the pre-crisis situation, with nearly half of the governorates showing greater deterioration, in some cases amounting to 70 per cent.

Years of crisis have also contributed to a substantial decline in social capital, in particular in communities which have experienced a high intensity of hostilities, widespread displacement as well as those hosting a large number of displaced people. The level of protection and support that communities were previously able to provide needs to be gradually re-established in order to restore access to basic and social services and support social cohesion.



SEVERITY MAP



BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|------------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<18) | %Adults [18+ years] | % elderly |
| 419,920 | 1,613,517 | 11,966,563 | 6,150,005 | 674,364 | 6,757,631 | 418,000 | 51% | 38% | 57% | 5% |

Response Strategy

The main focus of the Early Recovery and Livelihoods sector is therefore to strengthen the self-reliance of Syrian communities, so that they can better respond to current and future shocks including by supporting plans, to provide decent livelihoods; restore access to basic services and support social cohesion at community level, thereby also reducing the growing dependency on life-saving and life-sustaining humanitarian assistance.

⁵⁸ Most of the statistics in this chapter are sourced in the SCPR annual reports on the Syria Crisis Impact; the 2018 Sector Severity Analysis (August 2017) and the SCPR-UNDP Living Conditions Study 2015.

ERL OBJECTIVE 1

1 Strengthen access to livelihood by creating income generating opportunities and by improving access to production and market infrastructure to restore local economy recovery

ERL OBJECTIVE 2

2 Improve access to basic and social services and infrastructure

ERL OBJECTIVE 3

3 Support social cohesion through working for and with communities

The ERL sector will therefore apply a resilience-based approach through all programmes. It is indeed a priority that all activities contribute to strengthening the ability of people and communities to adapt to – and sustainably recover from – the crisis in order to reduce their vulnerability.

In order to harmonize the sector response with the overall national priorities of the HRP, the Early Recovery and Livelihoods Sector will in 2018 implement a multi-faceted and multi-sectoral response adopting a needs-based, community-oriented approach in each of the prioritized locations. The key pillars of this response will be three-fold:

Access to Livelihoods**Creating income-generating opportunities:**

After seven years of crisis, many – and in particular the more vulnerable – community members (people living with disabilities, hosting communities, female headed households, IDPs, returnees (both IDPs and refugees)) are not in a position to earn a minimum income to address their own basic needs as well as those of their families, nor to equally access social services. The ERL sector will support local⁵⁹ initiatives, in partnership with local communities, that provide means and opportunities to these community members to earn a sustainable living, to have access to a minimum income and to be able to access social and other services. Engagement with Syrian state institutions shall be in accordance with the Charter of the United Nations and as per A/RES/182 and governed by the framework of agreements between the Syrian state and the UN agencies, funds and programmes, as well as S/RES/2393. Helping community members earn a living is a key pillar in this strategy to build capacities to positively cope with crisis. Multiple activities are foreseen by the sector in this area, from creating short-term jobs through cash-for-work activities, to supporting small businesses and entrepreneurship and providing vocational training and start-up kits.

Improving access to productive and market infrastructure to restore local economic recovery. As this is a necessary condition to establish sustainability into the individual-focused livelihood support, the sector will

place emphasis on the rehabilitation of basic infrastructure that is critical to supporting local economic activity and thus livelihood opportunities. It covers the rehabilitation of collective assets such as public markets (where producers can sell their output); of critical infrastructure for market access; of lighting in public areas and; of shared production resources, including cooperative assets; irrigation canals and milling facilities.

Access to basic and social services

Local public service delivery capacity needs support. Administration units provide essential services to local citizens, from access to utilities, over issuance of essential documentation, to the provision of direct support to the most vulnerable. This is a key component to strengthening local community capacity. In addition to undertaking rehabilitation of essential social infrastructure, the sector will also provide support to administrations in strengthening their capacity to provide the most critical ‘public services’, and in extending the outreach and quality of those services. In addition, support will be provided to make service providers in the delivery of these services as efficient (in terms of coverage and quality of services provided) transparent, consultative and accountable as possible.

Social Cohesion, through working for and with Communities

The ERL sector will place particular emphasis on helping communities to undertake ‘common good’ initiatives, thereby also facilitating the maximum participation of community members. This could cover a broad range of local activities (eg. the establishment and management of a community centre; establishing a small micro credit fund and other similar community-based initiatives), selected and prioritized by the community, but with the added objective of contributing to community social cohesion.

The three above pillars of the ERL Sector’s strategy have been translated into seven priority areas of ERL sector response (better living conditions and access to utilities; increased livelihood opportunities; improved access to social infrastructure; enhanced access to basic productive infrastructure;

protection of the most socio-economically vulnerable; strengthened local service delivery capacity; and community strengthening and participation). Nineteen quantifiable targets and indicators have been defined for these response areas, and all project proposals under this sector were appraised on the basis of their planned contribution to these sector-specific targets.

Resilience mainstreaming in other sectors

Resilience oriented programming and the early recovery approach are integrated and mainstreamed in the 2018 HRP. To this end, a resilience tag was introduced to determine to what extent interventions ultimately support the self-reliance and early recovery efforts of the beneficiary households and communities.

The ERL sector will therefore, in implementing its multi-faceted community-focused strategy, coordinate closely with other sectors, as detailed below, to ensure synergies and make sure overlap and duplication is avoided:

Shelter sector: With nearly 25 per cent of the housing stock, in some areas, destroyed or damaged, and water, heating, electricity and sewage access non-available or hardly available to the most deprived communities, the sector will provide support to improve the level of access to these services. In consultation with communities, housing rehabilitation support (such as fixing doors and windows, and light masonry of destroyed parts) will be provided to the most vulnerable community members and IDP/refugee returnees, identified by the community.

Education and Health sectors: In communities where a minimum level of social services is no longer available, the sector will contribute to improved access, through rehabilitation interventions. Other support of a non-hardware nature to the re-establishment or strengthening of these services will also be considered by the ERL sector as part of the pillar on community strengthening and strengthening of local service delivery capacities.

Food Security, Agriculture and Livelihoods sector: In view of the importance of the livestock and agriculture activities in many rural communities, the sector will provide customised support to these activities, as part of its multi-faceted and community-focused livelihoods support.

Protection risk analysis and mitigating measures^{60,61,62}

The sector strategy implies not only programming with a view to avoid exacerbating the pre-existing inequities, disagreements and tensions over access to services or resources, but to consciously support social cohesion, community capital and mutual trust through encouraging collective action at the grassroots level. In practical terms, this would mean ensuring that the prioritization of response is solidly based on needs and priority actions which are – to the extent possible – accepted by the maximum number and all sections of the concerned beneficiary communities. This in turn, would require all sector members to satisfactorily access all sources of key information and data to ensure fully informed decision-making and prioritization; effective monitoring; consultative processes with beneficiary communities in identifying response options, response priorities and fall-back solutions/alternatives in case of programme reorientation and/or changing operating environment. The sector will encourage a proper contextual analysis of the target areas as a necessary input into planning and programming of activities to identify and mitigate any negative consequences from a protection and social perspective.

Prioritization/vetting

The sector treats the communities as the primary unit of analysis and action. The primary lens through which the ERL sector views the communities is the overarching HRP 2018 approach of “the six priority groups targeted for a convergent inter-sector response”. Additionally, some sector-specific severity indicators⁶³ help the sector members further sharpen the focus. The criteria of geographical prioritization adopted by the sector is that of the ‘most vulnerable communities’ that guides where to initiate the multi-faceted response to early recovery and livelihoods needs.

The overall estimate of ‘people in acute need’ (PIN) in the HRP 2018 is about 5.6 million. Based on projected funding flows and capacity, the sector will – as a first priority – target only 15 per cent of communities, comprising 760 communities, with a total population of about 1.7 million.

Assuming that such investment could effectively address half of the recovery and livelihoods deficit in those 760 communities, it could lead to a decrease over 2018 in the overall severity of ERL needs across Syria from 57 per cent to 52 per cent. That would signify a major impact of the ERL sector support provided, achieve a significant improvement in community resilience and contribute to an equally substantial reduction in humanitarian aid dependency of these communities.

⁶⁰ Building on the practice established for the HRP 2017 and after a positive review on the practice, compliance, impact and monitoring opportunities across all sectors, a protection risk analysis (PRA) has been again an integral and mandatory part of the development and vetting process of each sectors’ strategy and projects in the HRP2018. The PRA remains part of a broader strategy to enhance protection standards across the humanitarian response and to promote mitigating the risks of exposing people to harm as a result of humanitarian response efforts in Syria

⁶¹ “Mitigating measures” in the context of the Protection Risk Analysis are actions that can be taken to reduce the likelihood of a negative impact occurring and/or reducing the severity of the negative impact if it does occur.

⁶² This section is completely related to internal processes of the UN and its humanitarian partners

⁶³ The Government of Syria does not recognize the designation of severity scales by the United Nations and its partners

⁵⁹ Most of the actions listed under this category would take place at the community level, on the basis of locally assessed needs, with a view to support the spontaneous recovery efforts by the affected populations

Consequences of underfunding

Underfunding of the Early Recovery response will impact the ability of the sector to improve the resilience and self-reliance of people in Syria and their capacity to cope with shocks and stresses created by close to seven years of crisis. At the same time, under-investment in ERL will prolong and deepen people's dependency on humanitarian assistance, having negative social, psychological and ethical implications on their wellbeing and the wider social fabric of their communities. In addition, difficult living conditions combined with limited opportunities may drive youth towards undesirable coping mechanisms and radicalization.

During 2017, only 25 per cent of the 900,000 people targeted for livelihood support could be reached through the sector response, largely due to underfunding of the sector strategy. Planned support to small businesses; vocational training; provision of start-up kits; and short-term jobs through cash-for-work activities all had to be substantially scaled back as a result of this underfunding of the livelihoods.

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|------------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<18) | %Adults [18+ years] | % elderly |
| - | 561,000 | 1,139,000 | - | - | 1,700,000* | - | 901,000 | 187,000 | 1,513,000 | - |

* ERL Sector is community focused and this includes IDPs and Refugees



EDUCATION

Analysis

As the crisis enters its seventh year, there are now 5.8 million school-aged children and youth from pre-school to secondary-age (including more than 100,000 Palestine refugee children) and over 300,000 education personnel in need of education assistance inside Syria. While new Education Management Information System (EMIS) data for the school year 2016/2017 is currently under review, an estimated 1.75 million children, or almost one third of school-age children (aged 5-17 years) from the 2015/16 school-year were out of school and a further 1.35 million were at risk of dropping out. Around 150,000 education personnel from all governorates, including teachers, left the education system, which has negatively affected the quality of education for all children. Since the beginning of the crisis, over one in three schools are damaged, destroyed, no longer accessible or occupied for shelter. Schools, account for an estimated 33 per cent of collective centers, and are reported as the most common building type used for IDP sites in Syria.⁶⁴ Increased internal displacement has put the current infrastructure under enormous pressure and highlighted the need for light school rehabilitation.

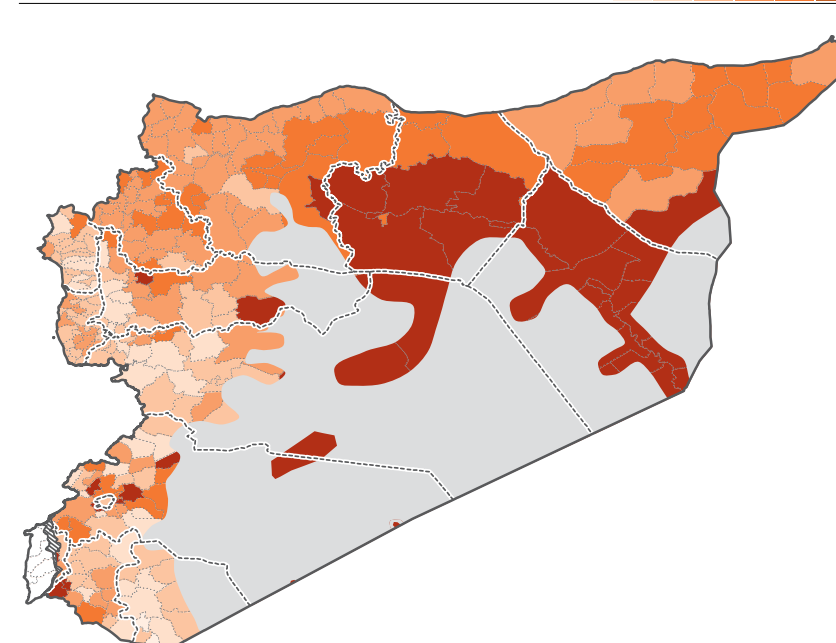
The increasing number of local agreements and expanded access to areas that were classified as UN-declared besieged or hard-to-reach, have opened accredited education opportunities to school-age children who have missed out on years of schooling. However, the number of students who have been out of school for more than five years is also on the rise with 2,114 communities indicating that child labour plays a primary role in keeping children out of school.^{65,66} The education system is overburdened, overstretched and increasingly fragmented with various curricula taught. This has serious repercussions on certification of learning. Protection risks have been observed during official examination periods for students crossing active frontlines to sit for official exams. Education in IDP sites continues to be underserved. A recent assessment of 171 IDP sites found that 74 per cent of sites and settlements have no education services at all.

Response strategy

The Education strategy follows a needs-based approach to programming through the identification of populations in need within the framework of the HNO and relying on the Education Severity Scale to ensure outreach to the most disadvantaged population groups, including those in areas of high severity of need, down to sub-district, community and neighborhood levels. Anchored in the No Lost Generation (NLG) Initiative and in line with the Education Cannot Wait (ECW) Investment for Syria, the Education sector will focus on achieving three specific goals: i) increasing access to education for crisis-affected children ii) improving the quality of formal and non-formal education within a protective environment and iii) strengthening capacity of the education system to deliver a timely, coordinated and evidence-based education response.



SEVERITY MAP



64 OCHA. 2017, Multi Sectoral Needs Assessment. The Government of Syria has expressed its reservations over the HNO findings. This applies throughout the document.
 65 Ibid. 2,114 communities represent 40 per cent of total communities interviewed.
 66 Assistance Coordination Unit (ACU), 2017, Schools in Northern Syria Camps Thematic Report Issue No: 01.

EDUCATION OBJECTIVE 1

1 Increase safe and equitable access to formal and non-formal education for crisis-affected children and youth (aged 5-17 years).

EDUCATION OBJECTIVE 2

2 Improve the quality of formal and non-formal education for children and youth (aged 5-17 years) within a protective environment

EDUCATION OBJECTIVE 3

3 Strengthen the capacity of the education system and communities to deliver a timely, coordinated and evidence-based education response

Despite considerable education investment, access to safe educational opportunities still remains a challenge for children and youth in Syria. The crisis has pushed 1.75 million children out of school due to pervasive systemic challenges that affect the education system. The sector will prioritize reaching out to the out of school children in all 14 governorates using different implementation modalities. Access strategies will include small-scale rehabilitation of damaged schools and establishment of other safe temporary/alternative learning spaces through a gender-sensitive approach. The sector will also look to expand access to psychosocial support and recreational activities for vulnerable children, particularly in areas of high severity of need. Most of the OOSC are internally displaced children in the context of Syria and they face multiple displacements from one place to another. The Self Learning Programme (SLP)⁶⁷ is the WoS Education's flagship initiative to address equity gaps in access to quality learning opportunities for those who miss out on schooling due to the crisis, including those living in camps, as well as UN-declared besieged and hard-to-reach areas. The innovative program gives children who have no access to formal education opportunities an alternative education in line with the national curriculum.

Children and youth accessing formal and non-formal education are not experiencing quality teaching, and there are growing concerns that the toll of the crisis in its many forms is preventing children from attaining foundational literacy and numeracy skills as well as those skills relevant to cognitive, social and economic empowerment. The country is experiencing a shortage of teachers, with 150,000 teachers no longer in service, resulting in a high student-teacher ratio. In addition, teacher stipends/incentives are often insufficient to meet families' basic needs and thousands of teachers continue to work voluntarily, particularly in contested areas. Children are often learning without textbooks and/or learning materials, in very poor learning spaces, especially in UN-declared besieged and hard-to-reach areas and for only few hours a day. Harassment, bullying and violence push children to drop out from school. Teachers and students suffer from stress and psychosocial

disorders due to the protracted nature of the crisis. Teaching and learning methodologies are still based on rote learning and, in some cases, radicalization in areas controlled by entities designated as terrorist by the UNSCR.

In line with the Education Cannot Wait (ECW)⁶⁹ investment for Syria, the Education sector is also prioritizing strengthening the capacity of the education system to deliver and sustain education investments. National actors are instrumental to ensuring effectiveness, efficiency, relevance and sustainability of humanitarian results, as they are in place before, during and after crises, and are usually the first to respond following an emergency. Recognizing this critical role, international humanitarian actors have committed⁶⁸ to making principled humanitarian action as local as possible. The Education sector will continue to improve the capacity of education actors and will implement capacity development programmes that will provide Education in Emergency (EiE) actors, specifically at the national level, with an opportunity for both professional development and action-oriented learning, and will equip them with the knowledge and skills required to plan, implement and coordinate high quality EiE responses in complex emergencies and crises.

Protection risk analysis

Lack of safety and security constitutes the greatest barrier to accessing education, with schools and education facilities under attack and occupied by armed groups. The UN Security Council mandated Monitoring Reporting Mechanism on Grave Violations against Children's (SCR 1612, 2005) certified 87 attacks on education that occurred in 2016, including 76 attacks on schools and 11 attacks on teachers and education personnel in Syria. All forms of attacks on schools or learning spaces in some locations remain a significant protection risk. Changes in the security situation can also lead to increased risks including displacement and restrictions of movement for the population and local partners. The vulnerability of out of school children in such circumstances puts children at substantially higher risk of being exposed to exploitation, abuse and rights violations.

Mitigating measures

- In consultation with Syrian national and local authorities as well as communities, partners will take into account risks to students, teachers and education personnel when designing their projects and work towards minimizing risks.
- Key messages for back-to-learning (BTL) campaigns will take into account the concerns of parents and other community members.
- Ensure projects in insecure locations have security plans for their staff and the projects beneficiaries have sufficient resources to enact those plans. Commit partners to ensure a minimum duty of care to their staff including a right of refusal.
- Ensure that staff members, teachers and education personnel are trained in safety and security, including mine risk education.
- Ensure relevant authorities/groups are aware of/ engaged with the project and commit to ensuring basic safety/access for its implementation.
- Ensure flexible context-informed approaches and mechanisms to deliver the project outputs/outcomes, so that the projects activities remain relevant and can be implemented in a changing context.

Response Priorities

With 1.75 million children out of school, the focus will be to bring children back to formal education pathways through variety of interventions ensuring that they have access to life-long learning. The response prioritizes vulnerable children including adolescent/youth, girls and children living with disabilities, especially in UN-declared besieged and hard-to-reach locations. Children and youth will be provided with non-formal and alternative content (remedial and accelerated learning and life skills- based education). The focus will also be on provision of formal and non-formal vocational learning for adolescent girls and boys. To increase access, schools will be rehabilitated and learning spaces established with basic furniture and gender-sensitive wash facilities as per Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards. Capacity building is a priority for the sector and training plans are being devised to strengthen and enable partners to respond effectively. An advocacy plan, in line with the No Lost Generation (NLG) Initiative, will also be developed to ensure awareness raising, donor support,

and to support education partners, especially in areas of high severity of need.

Prioritization/vetting

The Education sector's prioritization approach is guided by an analysis of the severity of needs in accordance with the sector severity analysis/categorization, based on assessment findings and key indicators. As such, the priority for the Education sector will be to respond to children and youth in those areas facing the highest severity of need, namely in areas categorized as severe to catastrophic (severity areas 4-6). Within these areas, the Education sector will pay specific consideration to key factors and at-risk groups, with a particular focus on children living in IDP camps and communities particularly in areas formally under the control of ISIL and affiliated groups or inaccessible and unreachable. Projects are vetted for inclusion in the HRP based on an established set of criteria, including the targeting of these at-risk groups and coverage of locations against the sector severity scale. In addition, projects must be in general alignment with the sector's overall strategy. Lastly, projects must outline a credible budget that reflects both the capacity of the submitting partner as well as realistic funding expectations based on financial projections for 2018. This process has been carried out by sector coordinators in consultation with partners, with the result that projects in the HRP have already been prioritized.

Consequences of underfunding

Although the NLG Initiative has raised awareness and mobilized resources for education, the education response is still significantly underfunded in relation to overall requirements. By October 2017, the HRP education envelope was only 51 per cent funded. Funding gaps have severely affected the sector's ability to scale up the education response country wide especially in areas where control has changed. There are still only a few donors providing the long-term developmental financing required for the recurrent costs of expanded education service delivery. Increased, long-term, predictable and flexible financing is necessary to sustain the needed ambitious goals and interventions to ensure that the right to education is fulfilled. Failing to provide adequate funding for education will have a negative impact on the future of Syria's children.

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|------------------|----------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<18) | % Adults [18+ years] | % elderly |
| 127,675 | 752,108 | 3,471,409 | 1,321,023 | 139,447 | 2,814,492 | 76,230 | 52% | 98% | 2% | - |

⁶⁷ The Self-Learning Programme (SLP) is a comprehensive programme corresponding to the national curriculum designed for out-of-school children. The key objective of the programme is to help children prepare for their national exams and gain required educational certifications

⁶⁸ As per commitments made during the World Humanitarian Summit and the Grand Bargain. These relate to internal processes of the UN and its humanitarian partners. The Government of Syria does not consider these agreements as binding or extending to their authority in any way.

⁶⁹ ECW is a new global fund to transform the delivery of education in emergencies - one that joins up governments, humanitarian actors and development efforts to deliver a more collaborative and rapid response to the educational needs of children and youth affected by crises. The fund aims to reach all crisis-affected children and youth with safe, free and quality education by 2030.



HEALTH

PEOPLE IN NEED



11.3M⁷⁰

PEOPLE TARGETED



11.2M⁷¹

REQUIREMENTS (US\$)



464.9M

OF PARTNERS



52

Analysis

Throughout 2017, the health situation in Syria continued to deteriorate. People most at risk include people living with chronic diseases; children who are not vaccinated; pregnant women and neonates who have no access to life-saving obstetric and neonatal care, girls and women with poor access to essential reproductive health care; those in need of mental health and psychosocial support and; survivors of trauma, including the war wounded.

High numbers of war injuries due to hostilities continue to be reported. Some 30 per cent of trauma injuries are reportedly linked with a permanent disability outcomes and the remaining survivors of trauma suffer temporary physical disabilities. This is of particular concern as intensified fighting in Deir-ez-Zor and Ar-Raqqa governorates during the second half of 2017 has led to an increase in the number of trauma cases, and an escalation of hostilities is anticipated across a number of areas throughout 2018. The possible continuation of hostilities in the coming months and resulting shifts in control could lead to further war injuries requiring acute trauma care.

One in five Syrians are at risk of developing moderate mental health issues, and one in 30 is at risk of developing severe or acute mental

health problems. Health services remain highly fragmented with no clear referral pathways for those who need specialized medical care.

Referral systems for trauma, emergency obstetric care and surgical services are insufficient, while there remains limited capacity for mobile clinics to reach out to fluid temporary settlements and host communities. The maintenance of medical equipment is also a core challenge, compounded by restrictions related to unilateral coercive measures on Syria, which prevent partners from importing critical spare parts and medicines needed in health facilities.

Lack of basic services, including electricity, fuel, safe drinking water and basic sanitation services, in certain areas, increase vulnerability to disease outbreaks such as diarrheal diseases, typhoid and hepatitis. The protracted nature of the crisis has negatively affected immunization coverage rates, further reducing herd immunity and increasing the risk of outbreaks of vaccine preventable diseases.

In 2017, violence against health continued to result in damage and destruction of health infrastructure and death and injury of health workers causing major disruption and closure of services, limiting the ability of vulnerable people to access essential life-saving medical assistance and critically affecting service sufficiency of remaining facilities and availability of staff to provide services.

Continuous challenges to regularly access UN-declared besieged and hard-to-reach areas for delivery of health assistance is highly probable, as removal of essential medical supplies from cross-line convoys and blockage of medical evacuations may continue. Access for cross-border⁷² actors is critically and progressively restricted, with partners facing challenges for medical evacuations and transport of supplies and staff across borders.

⁷⁰ Health sector calculations of people in need in 2018. The Government of Syria has expressed its reservations over these findings
⁷¹ The sector target is set by the sector as per the capacity demonstrated in 2017. The Government of Syria has expressed its reservations over these findings

HEALTH OBJECTIVE 1

1 Provide life-saving and life-sustaining humanitarian health assistance with an emphasis on those most at risk and in need

HEALTH OBJECTIVE 2

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

HEALTH OBJECTIVE 3

3 Improve health system capacity for support of continuity of care and strengthen community resilience and response to IDP movements and disease outbreaks

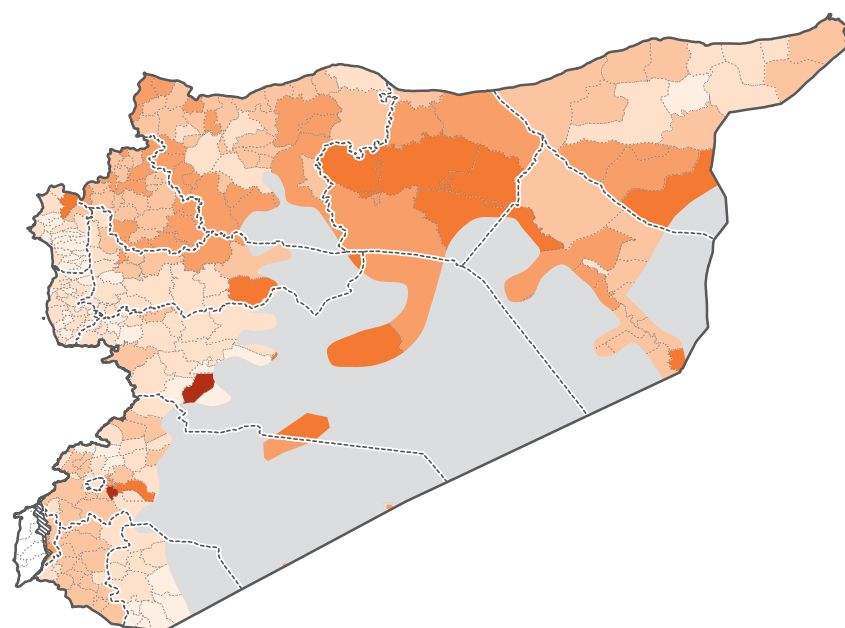
Response strategy

Provision of life-saving and life-sustaining humanitarian health assistance with an emphasis on those most at risk remains the health sector's first priority. This will be done through specific interventions focusing on:

- Increasing access to primary health care through the provision of an essential package of primary health services to cover the essential health care needs of vulnerable populations, including reproductive health services and child health care (immunization, integrated disease management), as well as continuity of treatment for people who live with non-communicable disease.
- Strengthening management and primary/secondary prevention of non-communicable diseases, including increasing community health worker capacity for support of continuity of care.
- Improving access to secondary health care including comprehensive phased trauma care during both the acute and post-acute management phases, supported by the establishment and maintenance of referral pathways for trauma cases, as well as medical referral system for people living with chronic disease who develop complications and emergency obstetric and newborn care (EmONC) services.
- Improving communication between health actors to strengthen comprehensiveness and continuity of care, enabling coordination among health care networks.
- Improving mobility of services to adapt to population displacement flows and shifting front-lines.
- Prioritizing care for disability and mental health issues associated with trauma; including scaling up provision of physical light rehabilitation services at community and facility levels.
- Strengthening and consolidating medicines and medical equipment supply chains for trauma, obstetric care, infectious diseases, and chronic conditions. Forecasting needs on the basis of contingency scenarios and pre-positioning of emergency supply stocks at storage and health facility levels in anticipation of reduced cross-border access in the face of an increased demand for trauma and emergency surgical kits.
- Cross-training of staff on key essential services, like basic surgical and obstetric care, with task shifting of basic services to staff to provide care in their home communities when mobility restrictions or health facility destruction occurs.
- Maintenance and upgrade of epidemiological surveillance and capacity to detect and investigate diseases as well as communicate and contain threats to public health security through early warning systems managed by state institutions and health technical networks at community level. These early warning systems aim to minimize the impact of epidemics related to unsafe water, poor sanitation and hygiene, overcrowding, low vaccination coverage and other related factors.
- Implementing the expanded programme of immunization routine for all children under five and supplementary immunization activities (SIA) in hard-to-reach areas.
- Scaling up and improving access to mental health services at community and health facility levels.
- Continuing support to mainstreaming in health services of cross cutting issues such as age, gender, diversity, disability, environment and disaster risk reduction.
- Priority provision of health assistance to people living in UN-declared besieged and hard-to-reach areas; newly-displaced populations and IDPs living in last resort camps/sites/collective centers where freedom of movement and/or access to services remain limited and living conditions below standard; people exposed to high intensity of hostilities and areas contaminated with explosive hazards; spontaneous IDP returnees particularly in the first months of return; and over-burdened communities hosting large concentrations of IDPs and/or spontaneous returnees.

The Health sector will seek to continue strengthening health sector coordination and health information systems to improve the effectiveness of the life-saving health response for people in need, with an emphasis on enhancing protection and increasing access to health services. Activities will include: continued health information systems (HIS) roll-out at the cluster/working group level; and support for improved reporting of health partners into 4W database. In 2018, health information systems (HIS) at the sector

SEVERITY MAP



working group level will be further strengthened to track essential morbidity and mortality data, creating an evidence base to drive forward health programming.

In addition, work for strengthened coordination within and across hubs will continue with joint contingency and preparedness planning for disease outbreaks, as well as in response to changing dynamics. Regular coordination meetings will be held at hub and WoS level to enable continuous assessment, mitigate potential overlaps, enable gap identification, and support a harmonized response between partners and across hubs.

The Health sector will also continue to advocate for the protection of health care staff and patients at health facilities; mainstream protection efforts throughout health programming through coordination fora and training/workshops with health partners, with a focus on increasing access to UN-declared besieged and hard-to-reach areas as well as registering, reporting and conducting advocacy on verified attacks on health care. Gender mainstreaming efforts will continue throughout health programming and will include support for provision of care for survivors of GBV.

The Health Sector will continue to work to improve access to basic services through training, retaining and increasing the capacity of health care providers and community health care workers; rehabilitating and reinforcing health facilities and centers, including physical structure, equipment/supplies, together with strengthening and consolidation of supply chains for medicines and medical equipment and; providing safe and secure environments for health service delivery. This will include activities for capacity building of Syrian NGOs and national health institutions to strengthen the health sector response as per identified needs; promote mobile medical units for emergency response; and maintain emphasis on rapid health assessments in emergency situations.

Protection risk analysis and mitigating measures

Life-saving humanitarian activities foreseen by the sector carry the following associated protection risks: targeting of health facilities and health care workers; inequitable access to health care which could increase tensions within communities over access to these services; challenging ethical dilemmas and triage scenarios that health care providers are confronted with due to limited resources. These risks will be mitigated through the implementation of standard essential services package across sector interventions; increased capacity strengthening of health care providers with a particular focus on female providers; increased availability of community-based care and; provision of health care workers.

Activities related to strengthening Health sector coordination and health information systems carry the following protection risks: exposure of health care facilities if GPS coordinates are exposed whilst at the same time not sharing clear

identification of locations risks could increase the risk that armed groups inadvertently hit facilities. These risks can be mitigated by reviewing with partners the relevant information sharing protocol; sustaining dialogue with health care facilities around their concerns on sharing identification and location information and; pursuing advocacy efforts to engage armed actors on health protection issues.

Regarding activities aimed at improving access to basic services and livelihoods by supporting community resilience as well as institutional and response capacity, the protection risk landscape includes the risk of exposing patients to harm when responsibilities of health personnel increase without proper capacity building; inadequate reinforcement of health facilities to sufficiently protect patients, exposing them to physical harm. These can be mitigated by putting in place task shifting guidelines as part of care protocols; providing training and adequate follow-up of competency; decentralizing services to primary health center (PHC) and community levels and; providing clear messaging to communities around risks associated with health care facilities.

Response Priorities

The Health sector response looks to prioritize assistance to those people most in need of life-saving and life-sustaining assistance in accordance with the parameters outlined in the above response strategy. Specifically, the Health sector will prioritize assistance to people with acute and immediate humanitarian health needs,⁷³ including those in UN-declared besieged and hard-to-reach areas, many of whom have suffered trauma injuries or otherwise lack access to basic life-saving medical-care for both acute and chronic conditions that renders them particularly at-risk.

The sector will also prioritize integrated service provision activities based on identified needs through a package of essential services which focus on integrated health care activities within a health network approach. Such activities will increase primary health care coverage within affected communities, and subsequently help ensure continuity of treatment to people who live with non-communicable diseases. The Health sector will also prioritize activities providing health care to people facing particular vulnerabilities associated with disabilities or mental health issues. These groups often require additional support tailored to their specific needs, and are likely to have been particularly affected by hostilities and displacement.

Prioritization/vetting

The Health sector response prioritization is guided by an understanding of the severity of needs in accordance with the sector severity analysis/categorization. This will ensure that assistance is primarily targeted at those geographic

areas where people face the most severe needs. At the same time, the sector will pay due consideration to key factors and at risk groups with acute and immediate humanitarian health needs within these areas, including the people living in UN-declared besieged and hard-to-reach areas as well as people who have been exposed to hostilities and/or explosive hazards. Projects are vetted for inclusion in the Health sector strategy under the HRP based on a set of criteria which take into account the coverage of these high severity of needs areas as well as the extent to which the specific needs of at risk groups are addressed. Relatedly, the projects must be in general alignment with the sector's overall strategy. Lastly, projects must outline a credible budget that reflects both the capacity of the submitting partner as well as realistic funding expectations based on financial projections for 2018. This process has been carried out by sector coordinators in consultation with partners, with the result that projects in the HRP have already been prioritized.

Consequences of underfunding

Underfunding of the health response in Syria will result in increased death and suffering in Syria. If the Health sector appeal is not fully funded during 2018 some 193,770 people living with injuries and disabilities will not receive essential phased trauma and rehabilitation care, 646,660 elderly people will not receive life-sustaining NCD care, 6 million IDPs will not have access to essential life-saving health services, 1.35 million children under 5 will not have access to life-saving immunization programmes and 2.9 million women of reproductive age will not receive essential sexual and reproductive health care.

BREAKDOWN OF PEOPLE TARGETED BY ACCESS STATUS, BY COHORTS, AND BY SEX AND AGE

| BY ACCESS STATUS | | | BY COHORTS | | | | BY SEX AND AGE | | | |
|----------------------|-----------------|--------------------|------------|-----------|------------------|----------|----------------|------------------|---------------------|-----------|
| Targeted In Besieged | Targeted in HTR | Targeted in Others | IDPs | Returnees | Host Communities | Refugees | % female | % children (<18) | %Adults [18+ years] | % elderly |
| 419,920 | 2,507,738 | 7,075,164 | 5,478,936 | 151,136 | 5,655,002 | - | 50.60% | 46.60% | 53.40% | 3.80% |

73 The Government of Syria does not recognize the designation of severity scales by the United Nations and its partners.

PEOPLE IN NEED



Support to humanitarian community

PEOPLE TARGETED



Support to humanitarian community

REQUIREMENTS (US\$)



16.5M

OF PARTNERS



2

LOGISTICS

Analysis

As severe access and security constraints persist, key logistic needs identified in support to the Syria humanitarian response are common storage and transport services, which include the continuation and possible enhancement of Inter-Agency Humanitarian Convoys to UN-declared besieged and hard-to-reach areas; cross-border coordination and transshipment services and; contingency emergency air operations. In addition, as the demand for fuel is expected to increase during the coming winter, the maintenance of a contingency fuel reserve in Homs and Damascus is needed.

Coordination, information management, capacity-enhancement trainings and purchase of equipment are required to support the timely delivery of humanitarian items, mitigate break in supply chain and augment the existing capacity.

The Logistics sector maintains a flexible approach that allows it to adapt its services, taking into account current needs as well as ensuring the provision of a predictable and secure logistics supply chain.

Response strategy

The Logistics sector's strategy focuses on identifying and possibly filling logistics gaps faced by the programmatic sectors in the Syria response, enabling them to implement sectoral response plans and reach people in need across the country.

In line with objective one, the Logistics sector will continue to provide humanitarian organizations with crucial logistics coordination and information management support, as well as access to common services, including storage, surface transportation, emergency fuel provision, cross-border trans-shipment services and contingency emergency airlift transport.

Around 16,400 m² of free-to-user common warehousing is made available to the humanitarian community in Aleppo, Tartous, Lattakia, Qamishly, Rural Damascus, and Homs. The Logistics sector will increase common storage in additional locations if needed.



Organizing critical humanitarian convoys to UN-declared besieged and hard-to-reach areas, will remain a key focus in 2018, in order to support the delivery of life-saving humanitarian assistance. These convoys are organized at the inter-agency level, with prioritization of items/locations taking place through the Inter-sector Coordination (ISC) mechanisms in Syria. Common transport services to and from secure and accessible locations across the country will continue to be facilitated on a cost-recovery basis throughout 2018. Furthermore, the Logistics sector will explore the possibility of establishing transport and storage services in newly accessible areas, to allow for prepositioning and enable the whole humanitarian community to conduct prompt response operations.

The expected increase of fuel demand over the winter requires the maintenance of contingency fuel reserves. The Logistics sector will also coordinate and facilitate emergency air operations should this become necessary to reach areas of the country that might become inaccessible through other means of transport, depending on the prevailing security and access situation.

A robust logistics coordination and information sharing platform will be maintained in 2018, with meetings organized across the region (Turkey, Jordan, and Syria). Information Management products including maps, snapshots, situation updates, meeting minutes, and capacity assessments will be made available on the Logistics sector's dedicated web-page.

In line with humanitarian organizations' needs to enhance logistics capacity, dedicated logistics trainings will be organized in 2018 in Syria and in neighboring countries, focusing on more diverse areas within logistics such as warehouse management, fleet management, basic procurement and shipping. Required logistics equipment will be purchased to bolster humanitarian organizations' response capacity.

LOGISTICS OBJECTIVE 1

1 Provide logistics services (inclusive of surface transportation, transshipment, contingency fuel stock, emergency air transport and warehousing) to humanitarian organizations responding to the Syria crisis

LOGISTICS OBJECTIVE 2

2 Maintain regional WoS inter-agency logistics coordination and information management in order to support humanitarian actors

LOGISTICS OBJECTIVE 3

3 Enhance capacity of humanitarian actors via dedicated logistics trainings and purchase of necessary equipment

Response Priorities

The Logistics sector facilitates access to common services to all organizations involved in the Syria response to fill sectoral logistics gaps faced by the programmatic sectors, enabling them to implement sectoral response plans and reach people in need across the country.

Prioritization

The prioritization of the Logistics sector activities is based on the needs of the humanitarian community as a whole.

Consequences of underfunding

In the event of underfunding, humanitarian operations in Syria will be hampered. Underfunding will affect free-to-user services which will have to be reduced or suspended, including transshipment services for cross-border operations from Jordan and Turkey, as well as free-to-user land transport services for Inter-Agency Humanitarian convoys to UN-declared besieged and hard-to-reach areas.

PEOPLE IN NEED



Support to humanitarian community

PEOPLE TARGETED



Support to humanitarian community

REQUIREMENTS (US\$)



870.2k

OF PARTNERS



1

EMERGENCY TELECOMMUNICATIONS



Analysis

The telecommunications infrastructure across Syria has suffered significant damage due to the ongoing crisis and indiscriminate destruction. While Damascus has good coverage, areas of Aleppo, Qamishli and Homs have limited coverage. Lack of electricity is a challenge for the whole country.

In addition to damaged infrastructure, regular power outages impact the entire communication network in Syria. Lack of reliable telecommunications services hamper the ability of the humanitarian community to perform their work in the field.

Coordination and delivery of common telecommunications services in Syria and neighboring countries is vital to ensuring that the humanitarian community can perform essential life-saving humanitarian work whilst maintaining the safety of staff and assets in the field. Contingency human and financial resources are needed to run ad hoc projects based on ongoing assessments, in line with the ETC 2020 strategy.

Response strategy

The overarching goal of the Emergency Telecommunications Cluster is to ensure that humanitarian actors have access to vital telecommunications services that allow them to perform their work in common UN operational areas. It is also important that communications systems are in place to enhance the safety and security of the humanitarian community.

In the context of the Syria crisis where the humanitarian response spans the neighboring countries, strong coordination is essential. The coordination provided by the ETC helps to remove duplication by encouraging humanitarian partners to share technical infrastructure in common UN operational areas where feasible. In areas where there is limited access to telecommunications infrastructure, this coordination is particularly important in ensuring the availability of services to UN, humanitarian agencies and SARC.

Recognizing the integral role of national humanitarian actors in the humanitarian response, the cluster will provide support by helping them with their communication technology needs through advice, information sharing and online training as identified by humanitarian actors. In consultation with the response community, the following areas have been identified as focus areas of the ETC response strategy in 2018:

- Implement common Communications Centres (COMCEN) in the new operational hubs
- Continue providing ETC connectivity/voice services in Aleppo, Tartous, Homs and Qamishli
- Deliver ETC Let's Comm Train the Trainers session during 2018, deliver ETC Let's Net and Let's Comm training during 2018
- Continue to provide support services to other agencies and SARC, namely radio programming and radio troubleshooting
- Expand VHF/UHF radio network in common operational areas

Prioritization/vetting

The following activities will be prioritized in Syria to support the life-saving activities of humanitarians on the ground:

- Installations of radio repeaters and fully manned radio rooms to increase emergency telecommunication services in all UN operational areas and to enhance the safety and security of the UN, humanitarian agencies and SARC.
- Installation of the solar panels to ensure continuing operations of the COMCEN.
- Deployment of UN common satellite services in common UN operational areas to provide data connectivity to UN Agencies only, due to the fact that telecommunication infrastructure in Syria has been seriously damaged, including damaged power lines, resulting in regular power outages.
- Provide regular maintenance/trainings in order to keep the service fully functional.

ETC OBJECTIVE 1

- 1 Provide common security telecommunications, voice and data connectivity services to humanitarian partners

ETC OBJECTIVE 2

- 2 Lead inter-agency emergency telecommunications coordination and information sharing to support the operational needs of humanitarian partners

ETC OBJECTIVE 3

- 3 Build capacity of humanitarian partners and strengthen the ability to ensure safety of staff and assets in the field

Deliver common telecommunication services at UN operational hubs in Syria to ensure that the humanitarian community can perform its life-saving work.

Consequences of underfunding

In volatile environments, the provision of reliable inter-agency communication services is key for the delivery of aid. In cases of underfunding, the ETC will be unable to fulfil its mandate to provide all operational areas with the vital communications services, which will seriously hamper humanitarian operations in Syria and will affect staff security in the field.

PEOPLE IN NEED



Support to humanitarian community

PEOPLE TARGETED



Support to humanitarian community

REQUIREMENTS (US\$)



56.7M

OF PARTNERS



8

COORDINATION AND COMMON SERVICES



Analysis

The humanitarian response in Syria remains a complex operation delivered from multiple geographical hubs within Syria and from Turkey, Jordan, Lebanon and Iraq under the “Whole of Syria (WoS) approach”. The United Nations Resident and Humanitarian Coordinator for Syria leads and coordinates humanitarian action in Syria. The Whole of Syria (WoS) approach includes cross-border assistance coordinated by the Regional Humanitarian Coordinator. The Whole of Syria approach is jointly coordinated by the Syria Humanitarian Coordinator in Damascus and the Regional Humanitarian Coordinator in Amman. Numerous Syrian NGOs, international NGOs, the Red Cross/ Crescent Movement, and United Nations agencies provide assistance across Syria using regular, cross-line, and cross-border modalities. These efforts are coordinated through coordination bodies within various hubs and through mechanisms established at the WoS level. In line with its global mandate, OCHA supports the humanitarian leadership in ensuring the effective coordination of the overall humanitarian response within Syria. A variety of NGO coordination networks work in each hub and at the WoS level to support coordination efforts. In areas with Palestine refugees, UNRWA provides coordination support. Security risk management is provided for humanitarian partners. Trainings for humanitarian partners on the humanitarian system and related issues is also a key priority.

Response strategy

In 2018, coordination/common service efforts will build on the 2017 strategy, including the following components:

Supporting more effective sector and inter-sector coordination at hub and WoS level: through a more harmonized response strategy, more effective advocacy, and streamlined information sharing and analysis of needs and response. Over the last 12 months, further progress has been made in information management and operational coordination. These efforts will be continued. NGO fora

will continue to be important in supporting the articulation and implementation of the WoS approach, by facilitating coordination, representation and participation of the NGO community in coordination structures. The training of humanitarian partners on the coordination system and similar issues is another key aspect of coordination support to the humanitarian community.

Maintaining a common and in-depth understanding of needs across the country: Facilitation of joint and inter-sectoral assessments, contributing to IDP tracking efforts and data analysis; and information management on behalf of the whole humanitarian community (gathering, analysing, and sharing) will remain key activities. Furthermore, building on the efforts undertaken to strengthen localised needs assessments and analysis of needs in urban centres, additional efforts will be undertaken to expand city profiles. Further efforts will be made to analyse linkages between needs analyses and response. Efforts will also be made to continue supporting field teams and organizations with effective tools to streamline data collection and information management.

Country-based pooled funds will remain valuable as flexible funding instruments to enable humanitarian organizations (particularly national NGOs) to deliver assistance. In 2018, the Syria Humanitarian Fund (SHF), the Turkey-based Humanitarian Fund (THF) and a portion of the Jordan Humanitarian Fund (JHF) will continue to disburse funds in line with the programmatic framework of the Humanitarian Response Plan (HRP).

Support humanitarian security requirements. With an increasingly complex security situation and heightened risks for UN staff and assets, there is need for adequate security support for UN hubs and sub-offices inside Syria. UNDSS is responsible for providing oversight and operational support for the security management system in Syria, and plays a crucial role in supporting UN operations. Furthermore, it is crucial that UNDSS maintain a Security Information Operations Center (SIOC) to provide 24/7 security-related operational and analytical support to the UN Agencies and implementing partners and

COORDINATION & COMMON SERVICES OBJECTIVE 1

1 Provide effective coordination support at hub and WoS levels, and reinforced response capacity of national humanitarian actors

COORDINATION & COMMON SERVICES OBJECTIVE 2

2 Maintain coordination and operational capacity for UNRWA-led programmes targeting Palestine refugees

COORDINATION & COMMON SERVICES OBJECTIVE 3

3 Enhance security risk management measures to ensure the safety and security of UN personnel and continuity of humanitarian programme delivery

strengthen risk-based humanitarian delivery to the most vulnerable in Syria while keeping humanitarian personnel safe. In addition, UNDSS will continue to undertake awareness and training sessions (SSAFE, First Aid, Defensive Driving, ETB, etc.) for UN agencies' staff and humanitarian actors. Finally, in collaboration with WHO, UNDSS will set up a medical emergency response team in each of the five UN hubs in order to enhance Medical and Trauma Emergency as well as strengthen Mass Casualties Incidents plans.

Support UNRWA operations: Staffing, emergency repair of UNRWA's facilities, as well as security investments, are a prerequisite for UNRWA to continue operating in Syria, especially in high-risk areas, and delivering vital assistance to 430,000 Palestine refugees affected by the crisis. Security remains a priority for UNRWA while safety constraints are expected to continue to require constant investments in equipment and training to mitigate security risks for UNRWA staff and Palestine refugees in 2018. Dedicated staff deployed in all UNRWA premises, both at the central and regional levels, and regular repair of UNRWA's facilities, are essential to enable UNRWA to deliver timely and effective humanitarian assistance as well as ensuring efficient coordination with all stakeholders.

Protection risk analysis and mitigating measures

Humanitarian partners supporting humanitarian coordination recognize the risks inherent in the delivery of assistance in the Syrian context and the effects these may have on the protection of vulnerable people. Humanitarian partners will continue to strive to mitigate adverse effects by promoting principled humanitarian action from all hubs involved in the Syria response. It will do so with the advice and guidance provided by the Protection sector, in coordination with the Government of Syria when feasible. It will also continue to encourage greater collaboration with affected communities.

Response Priorities

The CCS Sector will continue to prioritize improved collaboration among humanitarian actors throughout the Humanitarian Programme Cycle (needs assessment, strategic planning, implementation, resource mobilization, monitoring and accountability) and in information management. In line with Inter Agency Standing Committee (IASC) guidelines, operational coordination mechanisms will be streamlined to strengthen operations, enhance advocacy and facilitate safe, secure and timely access to people in need through the most effective routes. The IASC-mandated coordination structures will work closely with NGO coordination platforms and assist with reinforcing the capacity of all humanitarian partners.

In response to the priorities of national NGOs, training and technical support will remain critical in 2017, as these humanitarian partners are the primary, frontline responders. Reinforcing the response capacity of national humanitarian actors and working together more closely in all aspects of response will also be prioritized in 2017.

The safety and security of humanitarian personnel operating within Syria will also remain crucial and a key priority for the sector.

PART III: ANNEXES

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SYRIA RESPONSE: PROTECTION, VULNERABILITY, AND PRIORITISING THE MOST IN NEED



WHAT IS THIS ANNEX ABOUT?

The principle of impartiality requires that humanitarian aid and action be provided solely on the basis of need, without discrimination. The number of persons in need of humanitarian assistance in Syria continues to outstrip available resources. This document provides guidance for humanitarian actors on how to consider protection, vulnerability, and inform the prioritization of limited response resources to populations in Syria who are most in need.

DEFINITION OF VULNERABILITY

The terms “vulnerable” and “vulnerability” are common terms in the humanitarian aid and development sectors, but their use can be vague, often being seen as substitutes for “poor” and “poverty.” Vulnerability has to be defined in terms of what it is that a population is vulnerable to. The definition of vulnerability therefore requires specificity.

A person is not vulnerable from birth, but life circumstances (e.g. education, socio-economic status) and/or discrimination may impact on the ability to enjoy equal access to human rights; some persons may be more vulnerable due to these circumstances and/or discrimination. E.g. a poor, teenage girl without family is not “vulnerable” per se; she is, however, more vulnerable to exploitation, abuse, and other protection risks.

1. People are, or become more vulnerable due to a combination of physical, social, environmental and political factors, and vulnerability is not a fixed category. Not everyone with the same characteristics will experience the same level of vulnerability.
2. Responding to specific needs of the elderly, chronically ill, persons with disabilities, lactating or pregnant women, and the displaced to meet their human rights to shelter, food, health and education often requires humanitarian actors to have a stronger analysis on these groups or individuals considering the circumstances which make them more vulnerable to rights violations and protection risks.

IDENTIFYING AND PRIORITISING THE MOST IN NEED BASED ON VULNERABILITY

There is no generic list that prioritises one population group or set of risks over another. Each humanitarian actor must analyse population groups and vulnerability risks and considerations for each project at the planning stage before the response is initiated.

CRITICAL ASPECTS

Determining “vulnerability” and “vulnerable groups” typically requires analysis of multiple dimensions based on age, gender, diversity, specific needs (which can be location specific), displacement status, and other characteristics:

- **AGE:** Children, adolescents and older persons are often excluded from formal decision-making structures and, consequently, the specific risks that they face are often not taken into account.
- **GENDER:** This refers to the socially constructed and assigned characteristics, roles and responsibilities of women and men.
- **DIVERSITY:** Members of some communities can face specific protection risks.
- **LOCATION SPECIFIC NEEDS:** People living in UN-declared besieged and hard-to-reach areas, contested areas, those living in camps, collective centres, and stranded at borders.
- **DISPLACEMENT SITUATION:** IDPs, Refugees, and Returnees are disproportionately affected due to their profiles, status, and disrupted support networks.
- **HEALTH CONDITIONS & DISABILITIES:** Those with chronic illnesses, disabilities, injuries, and mental health conditions have specific needs making them more vulnerable to exclusion.

ASPECTS TO CONSIDER WHEN LOOKING TO ASSIST PEOPLE MOST IN NEED

Assessments and surveys must ensure that data and details related to vulnerable groups are at minimum gender, age, disability disaggregated, and aim to collect information from representative samples of the wide array of population groups in order to best identify their respective needs.

Community participation must be broad based (**men/women/ disabled/elderly/children**) in all phases of the program: (i) assessment phase of **who** to support;(ii) in deciding **what** type of assistance; (iii) **when** and **how** information is shared with beneficiaries; and (iv) during implementation.

The below highlights key factors, risks, and groups which must be considered when planning and prioritizing (the list is in no specific order and is not exhaustive).



CHILDREN



- who are unaccompanied and separated.
- engaging in child labour or recruited for military purposes.
- living with older or disabled caregivers.
- living in crowded spaces (collective centres, with host families) may be at greater risk of domestic violence.

YOUTH



- Adolescent girls at risk of early or forced marriage.
- Male youth who need safe and appropriate livelihood opportunities.

ELDERLY



- Specific needs in regards to security, shelter, access to services, health, NFIs, WASH facilities, etc.

WOMEN AND GIRLS



- May face particular risks due to their gender and situation, including harmful survival mechanisms (e.g. early marriage), trafficking, SEA.
- Unaccompanied girls and survivors of violence require targeted and specific attention.
- Specific needs in regards to security; women can be more susceptible to violence in crowded spaces like collective centres and aid distribution sites.
- Specific needs for access to services, health, WASH facilities including for pregnant and lactating women.
- Female-headed households, including war widows and women in need of legal support for inheritance, custody and family law related issues.

PEOPLE WITH CHRONIC ILLNESS, DISABILITIES AND INJURIES



- Specific needs in regards to security, shelter, access to services, health, NFIs, WASH facilities, etc.
- Difficulty in accessing needed medicine, healthcare, food/nutrition.

DISPLACED PERSONS



- Reduced support networks.
- Short-term displaced, Long-term displaced.
- Susceptibility to vulnerabilities, including based on where they live: camps, collective centres, urban, rural or hosted by others.
- Refugees, including Palestine refugees, who have weakened support networks and limited economic opportunities.
- Returnees and displaced are exposed to possible hostilities and disputes due to potential housing, land and property issues.

POPULATION HOSTING DISPLACED PERSONS



- Tensions with displaced communities linked to access to services
- Reduced living space.
- Socio-economic hardships.

PEOPLE IN ACCESS-RESTRICTED AREAS



- Denial of basic rights, including restricted freedom of movement and access to adequate food, water and health care.
- Infrequent or non-existent humanitarian assistance, including blockage of urgent medical evacuations.

PEOPLE LIVING IN AREAS CONTAMINATED WITH EXPLOSIVE HAZARDS



- People involved in rubble clearance and reconstruction work and agricultural workers.
- Children are at particular risk of explosive hazards.
- People on the move.

PEOPLE WITH NO DOCUMENTATION



- Reduced access to assistance.
- Denial of basic rights, including freedom of movement and access to services and employment.
- Jeopardized rights to property, inheritance and child custody.

PEOPLE WITH SOCIO-ECONOMIC HARDSHIP



- Extreme forms of deprivation (extreme poverty)
- More susceptible to exposing family members to protection risks to make ends meet (e.g. child labour, sexual exploitation).

While all of the above population categories must be considered in all interventions, and acknowledging that there are people in dire need of humanitarian assistance throughout the country, there are specific population groups in Syria which can be generally deemed most in need of life-saving and life-sustaining humanitarian assistance. These groups, whose severity of needs is presumed to be de facto highest, are detailed below.

Considering the consistent inability of donor funding to match the overall massive scale of humanitarian needs, sectors and implementing organizations should ensure that their strategies and projects, respectively, prioritise these populations. Sectors should demonstrate in their 2018 response strategies, including the review of member projects, that these groups have been prioritized. During the course of the year, Sectors, through regular progress and monitoring reports should articulate how these prioritization considerations are informing implementation, and/or the challenges in delivering to these groups.

It is recognized that one size does not and cannot fit all – particularly in a response at the scale of the Syria crisis. If a sector prioritises using a different methodology, they should clearly articulate their prioritisation approach and why it is different, how it remains people-centred, and how they can monitor and report on implementation along the lines of their approach.

Population groups which are generally most in need of protection, life-saving and life-sustaining humanitarian assistance in Syria:

1. People living in UN-declared besieged and hard-to-reach areas, or in newly accessible areas, where freedom of movement and access to services have been significantly interrupted or remain extremely limited and challenging.
2. People currently or recently exposed to high intensity of hostilities and living in areas contaminated with explosive hazards.
3. IDPs living in last resort camps, sites and collective shelters, who have limited access to core services and where freedom of movement might be limited.

* For the purposes of this guidance, "Over-burdened host communities" are communities where IDPs and/or returnees constitute more than 50% of the total population for catastrophic areas; over 40% for critical areas and over 30% for severe areas. For the purposes of calculating the percentage, the IDP and returnee figures should be combined, if their total percentage is >x% then the community meets the threshold. For the purposes of the calculation, returnees are counted as those returning within last 12 months.



JOINT RESPONSE PACKAGES OF INTERVENTIONS

The below joint response packages of intervention are indicative. For further details, please refer to sector chapters.

People living in UN-declared besieged¹ areas

| 0-12 MONTHS - COMPREHENSIVE (ALL SECTORS) | TARGETING CONSIDERATIONS | ENTRIES FOR IMPROVED MULTI-SECTOR PROGRAMMING |
|---|--|--|
| <ul style="list-style-type: none"> Food Security: Provision of food rations, livelihood and agriculture activities, appropriate livestock inputs, integration strategy for greater linkages between food and livelihoods assistance. Health: Delivery of medicines, safe delivery kits, medical equipment, and generators as well as re-establishing the cold chain; light rehabilitation of damaged health facilities and replacing damaged health and medical equipment, mental health and psychosocial support, child health care including vaccination activities and components Nutrition: Delivery of lifesaving nutrition supplies, such as HEB, Plumpy Doz, micronutrient supplementations, RUTF and RUSF via IA convoys; Establish /maintain and improve the quality CMAM programs; immediate nutrition screening of under 5 girls and boys and PLW and referral of acutely malnourished cases for treatment to CMAM centres; blanket supplementary feeding and distribution of multiple micronutrient powders for the most vulnerable 6-59 months girls and boys identified; and iron/folate or MN tablets for PLW; conduct nutrition assessments and/or maintain good surveillance systems; IYCF counselling, promote and protect breastfeeding; monitor and prevent untargeted distribution of breast milk substitute (BMS). NFI: provision of core relief items, hygiene kits, and seasonal clothes for children Protection: Identification of needs and provision of protection services in line with the Protection Sector strategy through local humanitarian actors able to operate in the areas through various response modalities. In the event of a change of changes in control and assuming access from within Syria, possible expansion of activities, initially through mobile teams for emergency interventions and identification of needs, and subsequently through the implementation of more comprehensive protection services including through static facilities. Provision of GBV emergency response, including psychological first aid, referrals, and provision of psychosocial support. Once presence and structures are (re)established - case management for GBV survivors. Child protection interventions, including psychosocial support services, risk education as well as monitoring of grave violations against children, in line with the child protection emergency response package. Initial awareness on civil status documentation and more comprehensive support to civil status documentation as soon as continuous presence and access allow. Integration of explosive hazard risk education through mine action mobile teams and/or as a component of other aid delivery. When access allows, deployment of explosive hazard survey and marking teams. WASH: mobilizing local service providers to provide life-saving WASH assistance, particularly access to safe-drinking water; delivery of essential supplies as well as quick system repairs and light rehabilitation of damaged/dysfunctional WASH services/ systems. Education: Distribution of education learning materials, conduct awareness raising campaign on non-formal/alternative learning opportunities available. Scale up Self Learning Programme that provides quality learning opportunities for those who miss out on schooling. Expand access to psychosocial support and recreational activities. | <p>Nutrition:</p> <ul style="list-style-type: none"> HEB; CMAM programs and micronutrient interventions: Ideally targeting girls and boys 6 – 59 months and pregnant and lactating women (PLW). Blanket Supplementary Feeding Targeting girls and boys 6 – 59 months. | <ul style="list-style-type: none"> Prioritization of the most in need based on vulnerability: children, youth, elderly, women and girls, people with specific needs, chronic illness and injuries |

IDPs in last resort camps, informal settlements, transit centers and collective centers

| 72H - SOME SECTORS | 3 MONTHS COMPREHENSIVE (ALL SECTORS) (SUSTAINED ASSISTANCE IN CASE OF PROLONGED STAY) | TARGETING CONSIDERATIONS | ENTRIES FOR IMPROVED MULTI-SECTOR PROGRAMMING |
|---|--|---|---|
| <ul style="list-style-type: none"> Food Security: Assessing the situation and provision of Ready to Eat Rations or Food Rations in the first 72 hours. Nutrition: nutrition screening of under 5 girls and boys and PLW and referral of acutely malnourished cases for treatment to CMAM centres; HEB for 15 days as a blanket supplementary feeding for boys and girls from 6-59 months and PLW; initial IYCF assessment and BMS provided to caretakers as per the BMS SOP CCCM: verification and reporting on population movements. Basic reporting on sites situation (including figures, space and reception capacity, and highlighting gaps for other sectors' actor's follow-up in all accessible areas). Shelter/ NFI: Distribution of light shelter materials for makeshift shelter upgrade Protection: emergency protection interventions in line with the Protection Sector strategy interventions. Ensure sites are clear from explosive hazards. Where needed (e.g. northeast Syria), reinforce advocacy on freedom of movement to avoid further legitimising encampment policies leading to the emergence of permanent sites. WASH: Emergency water trucking, provision of water storage tanks | <ul style="list-style-type: none"> CCCM: verification and reporting on population movements. Basic reporting on sites situation (including figures, space and reception capacity, and highlighting gaps for other sectors' actor's follow-up in all accessible areas). Food Security: EFR 14 days- if personal belongings available (fuel/utensils)/ Regular FB if HH are staying longer in these locations, livelihood activities, appropriate livestock inputs Nutrition: Establishment/ delivery of CMAM interventions for girls and boys under 5 and PLW; enhance nutrition surveillance; support infant and young child feeding programs including breast feeding promotion, protection through counselling and health education; multiple micronutrient supplementation for boys and girls aged 6 – 59 months and PLW and plumpy doz for the most vulnerable boys and girls identified using food security vulnerability criteria for 3 months; strengthen coordination with the other sectors Shelter/ NFI: Distribution/installation of tents or shelter kits/ items for shelter upgrade, rehabilitation of collective centres/ unfinished buildings, winter assistance and construction of/ improvements to infrastructure Protection: Continuation of emergency services, strengthening presence in the sites for identification of needs, and referrals – where possible and depending on presence and capacity of partners, if freedom of movement is not granted. Continue with advocacy on freedom of movement/ camp as "last resort", where needed; advocacy on HLP challenges and respect for due process and basic standard for living if relocation from collective shelter is carried out. Sensitization on protection mainstreaming in other sectors' interventions, especially in the initial phases. Integration of explosive hazard risk education through mine action partner mobile teams and/or as a component of other aid delivery. WASH: Emergency water trucking, provision of water storage tanks and HH level water treatment materials; hygiene kits distribution; quick rehabilitations of water supply and sewerage networks; support to WatSan facilities; HP & CM; Health: Enhance health surveillance and reinforce vaccination. Dispatch mobile clinic to camp/ affected area providing drugs for communicable and non-communicable diseases, care for pregnant and lactating women and develop emergency referral system. Provide technical capacity building for medical staff. <p>(in addition) in permanent camps with prolonged stay of IDPs:</p> <ul style="list-style-type: none"> Education: Provision of education supplies to children as part of BTL; self-learning and/ or remedial education. Livelihood: implement basic livelihood activities relying to labor -intensive schemes Protection: strengthening presence and consolidating emergency protection service (Child Protection, GBV prevention and response, PSS support, MRE, awareness on civil status documentation etc) depending on presence and capacity of partners. Continue to sensitise sector on mainstreaming protection (including gender) considerations in camp assistance. | <p>Food Security:</p> <ul style="list-style-type: none"> For first contact distribution within 72h, blanket distribution. For repeat distribution – need to agree on blanket or selection criteria For 3 months need to agree on blanket all selection criteria For linkage with regular programme – need to agree on blanket or selection criteria For recommended selection criteria please see annex 1. Use the sector selections criteria recommendations for food, livelihoods <p>Nutrition:</p> <ul style="list-style-type: none"> HEB: Ideally targeting girls and boys 6 – 59 months and pregnant and lactating women (PLW). Blanket Supplementary Feeding Targeting girls and boys 6 – 59 months' old Micronutrient Interventions Targeting girls and boys 6-59 months and PLW <p>Protection, Shelter-NFI, CCCM:</p> <ul style="list-style-type: none"> New arrivals and most vulnerable categories of IDP population based on criteria in the PC document "Syria Response: Protection, vulnerability and prioritizing the most in need." and on the presence and capacity of partners. <p>WASH: Blanket</p> <p>Education: Priority will be given to school-age children who are internally displaced and/ or out of school</p> <p>Health: blanket</p> | <ul style="list-style-type: none"> Coordinated interaction with IDP camp custodian on response and gaps (across all sectors) Prioritization of the most in need based on vulnerability: children, youth, elderly, women and girls, people with specific needs, chronic illness and injuries based on criteria included in the document "Syria Response: Protection, vulnerability and prioritizing the most in need." |

1 Assuming free entry and/or change in control through local agreements

Newly displaced people (other than those in last resort sites)

| 72H - SOME SECTORS | 3 MONTHS COMPREHENSIVE (ALL SECTORS) (SUSTAINED ASSISTANCE IN CASE OF PROLONGED STAY) | TARGETING CONSIDERATIONS | ENTRIES FOR IMPROVED MULTI-SECTOR PROGRAMMING |
|---|---|--|---|
| <ul style="list-style-type: none"> Food Security: First contact response of RTEs of 5 to 10 days to be provided. The packages are for an average household of 5. Bread wherever possible. Livelihoods/ agriculture interventions as appropriate. Nutrition: nutrition screening of boys and girls under 5 children and PLW and referral of acutely malnourished cases for treatment to CMAM centres; HEB for 15 days as a blanket supplementary feeding for boys and girls from 6-59 months and PLW; initial IYCF assessment and BMS provided to caretakers as per the BMS SOP. Shelter/NFI: Emergency shelter, NFI, and infrastructure/ services provided WASH: Emergency water trucking, provision of water storage tanks and distribution points Health: Dispatch mobile teams, distribute WHO kits trauma for immediate medical treatment and use in primary health care facilities Protection: in locations where Protection actors can be deployed, mobile community outreach for consultation; general identification of needs and cases at risk and referrals (if services exist); Psychological First Aid (PFA); distribution of dignity kits / sanitary napkins to women and girls of reproductive age; initial GBV awareness and response (where possible depending on partner's presence and capacity); child-oriented PSS services and child protective services through safe spaces (if already existing) and recreational kits; risk education; in some contexts, particularly in IDP sites in northeast Syria, support to IDPs in preserving and retrieving their state-issued civil documentation will be provided; continuous advocacy on procedures surrounding security screening and freedom of movement, CCCM: verification and reporting to the humanitarian community on population movements. Basic reporting on sites situation (including figures, space and reception capacity, and highlighting gaps for other sectors' actor's follow-up in all accessible areas. Health: enhance health surveillance | <ul style="list-style-type: none"> Food Security: Regular FB should be provided if cooking utensils/fuel are available and in case longer-term IDPs – close coordination with NFI sector required. Nutrition: establishment/ delivery of CMAM interventions for boys and girls under the age of 5 and PLW; enhance nutrition surveillance; support for infant and young child feeding programs including breast feeding promotion, protection through counselling and health education; multiple micronutrient supplementation for boys and girls aged 6 – 59 months and PLW and Plumpy doz for the most vulnerable boys and girls identified using food security vulnerability criteria for 3 months; strengthen coordination with other sectors Shelter-NFI: meet shelter and NFI needs, including adjusting support (e.g. to kits from tents) for possible long-stayers. IDP site infrastructure constructed. Rehabilitation of collective centres/unfinished buildings. Winterisation assistance including clothing to be provided as needed Protection: Expansion of 72h services, facilitation for required civil documentation and integration of explosive hazard risk education. Consolidation of protection services, with possible establishment of or expansion of facilities providing protection services (i.e. community centers, child friendly spaces and women and girl safe spaces), as appropriate; including mobile services and efforts to expand awareness on civil status documentation; CCCM: verification and reporting to the humanitarian community on population movements. Basic reporting on sites situation (including figures, space and reception capacity, and highlighting gaps for other sectors' actor's follow-up in all accessible areas. WASH: Provision of sanitation facilities and services, SWM, hygiene kits distribution, HP and CM. Health: Enhance health surveillance and reinforce vaccination. Dispatch mobile clinic to camp/ affected area providing drugs for communicable and non-communicable diseases, care for pregnant and lactating women and develop emergency referral system. Technical capacity building for medical staff. Education: Provision of education supplies to children as part of BTL; self-learning and/ or remedial education. | <p>Food Security:</p> <ul style="list-style-type: none"> For first contact distribution within 72h, blanket distribution. For repeat distribution – need to agree on blanket or selection criteria For 3 months need to agree on blanket all selection criteria For linkage with regular programme – need to agree on blanket or selection criteria For recommended selection criteria please see annex 1. Use the sector selections criteria recommendations for food, livelihoods <p>Nutrition:</p> <ul style="list-style-type: none"> HEB: Ideally targeting children 6 – 59 months and pregnant and lactating women (PLW). Blanket Supplementary Feeding Targeting children 6 – 59 months' old Micronutrient Interventions Targeting children 6-59 months and PLW <p>Protection, Shelter-NFI, CCCM:</p> <ul style="list-style-type: none"> New arrivals and most vulnerable categories of IDP population based on criteria in the PC document "Syria Response: Protection, vulnerability and prioritizing the most in need" and base on the context, presence and capacity of partners. <p>WASH: Blanket</p> <ul style="list-style-type: none"> Education: Priority will be given to school-age children who are internally displaced and/ or out of school <p>Health: blanket</p> | <ul style="list-style-type: none"> Prioritization of the most in need based on vulnerability: children, youth, elderly, women and girls, people with specific needs, chronic illness and injuries. |

Spontaneous/ self-organised returnees²

Humanitarian partners considering support to self-organized IDP returns will be guided by the UN Guiding Principles on Internal Displacement³ and related guidance specifically developed by the humanitarian community in Syria. For refugee returns, humanitarian partners will be guided by the 1951 Convention related to the Status of Refugees.⁴

| 4-12 MONTHS - COMPREHENSIVE (ALL SECTORS) | TARGETING CONSIDERATIONS | ENTRIES FOR IMPROVED MULTI-SECTOR PROGRAMMING |
|---|--|---|
| <ul style="list-style-type: none"> Food Security: First contact assessment and provision of Ready to Eat Rations or Food Rations based on needs. Livelihoods/agriculture inputs as appropriate and as per selection criteria. Integration Strategy wherever appropriate. Protection: inclusion of persons with specific protection needs amongst the returning population in protection services already present and/or expansion of comprehensive and specialized protection services in areas of high return (and overburdened communities). In addition to activities identified in the Protection Sector strategy, specific focus on awareness raising and legal assistance on civil status documentation and HLP issues, including technical support to concerned authorities in resuming / enhancing the registration of civil events and as minimizing community tensions over access to services or resources; support to risk education activities and mine action; targeting categories of population amongst the returnees with specific needs and particularly exposed to protection risks and negative coping mechanisms with a variety of protection services, targeted social and material support (e.g. informal education, vocational training, micro economic support) as part of comprehensive protection interventions offered by community centres, women and girls safe spaces/ child and youth services platforms). Restoration and Rehabilitation of productive, basic and social infrastructure: Health: Rehabilitating/ reinforcing damaged health facilities and provide drugs for communicable and non-communicable diseases, care for pregnant and lactating women, and develop emergency referral system. Enhance health surveillance and reinforce vaccination. Technical capacity building for medical staff. WASH: quick rehabilitations of water supply and sewerage networks, technical capacity building Livelihood: implement debris and solid waste management relying on labor intensive schemes, restore micro and small scale enterprises, establish capacity building and vocational training program, develop activities supporting social cohesion and civic engagement Nutrition: Conduct assessments to determine need and at the same time distribute HEB if needed; strengthen the delivery of CMAM interventions; enhance nutrition surveillance and referral; support for infant and young child feeding programs including breast feeding promotion, protection through counselling and health education; Ensure adherence to the SOP for targeted distribution of breast milk substitutes (BMS) Shelter: Assistance such as distribution of shelter kit, physical rehabilitation of partially damaged houses including HLP support and structural assessment support, and/or essential NFIs to be provided to most vulnerable and in need Education: Rapid need assessment to be conducted so the interventions are designed based on the specific context and needs of the children and youth. Mapping of out of school children and scaling up of non-formal centres and/ or setting up additional classrooms to accommodate increased number of caseload. Capacity building programs for training teachers and facilitators on Education in Emergencies and INEE minimum standards. | <p>Community based approach with attention to individuals with specific needs and vulnerabilities, as included in the document "Syria Response: Protection, vulnerability and prioritizing the most in need"</p> | <ul style="list-style-type: none"> Prioritization of the most in need based on vulnerability: children, youth, elderly, women and girls, people with specific needs, chronic illness and injuries Coordinated support to key community infrastructure used for service provision and/or messaging to communities (WASH, shelter, protection, nutrition, education); Use of existing manpower to support rehabilitation while increasing livelihood opportunities (balanced between different population cohort to mitigate tensions over access to services and resources) |

² Refugee returnees are considered amongst this group when it comes to sectoral assistance not specific to needs arising due to their time in asylum. It includes returnees in newly accessible areas.

³ UN Guiding Principles on Internal Displacement U.N. Doc. E/CN.4/1998/53/Add2(1998). The Government of Syria does not consider these guidelines as binding or extending to their authority in any way

⁴ The Government of Syria is not a party to the 1951 Convention. Multiple articles of the Convention notably related to the protection of refugees are considered customary law.

Overburdened communities, including in newly accessible areas

| 0-12 MONTHS - COMPREHENSIVE (ALL SECTORS) | TARGETING CONSIDERATIONS | ENTRIES FOR IMPROVED MULTI-SECTOR PROGRAMMING |
|--|---|--|
| <ul style="list-style-type: none"> Food Security: Host communities as per selection criteria should receive food assistance- in kind, cash or voucher (same for 3 months) as well as livelihoods/ agriculture inputs. Additionally, sector's integration strategy to be applied wherever possible. Protection: possible establishment and/ or expansion of protection services (initially mobile activities and – if resources and capacity allow - static presence and facilities such as Community Centres, Child Protection Units/ Women and Girls Safe Spaces) in line with the Protection Sector strategy to enhance the inclusion of persons with specific protection needs, favour resilience and avoidance of negative coping strategies, and provide targeted services to the most vulnerable categories. Nutrition: strengthen the delivery of CMAM interventions; enhance nutrition surveillance and referral; support for infant and young child feeding programs including breast feeding promotion, protection through counselling and health education; Ensure adherence to the SOP for targeted distribution of breast milk substitutes (BMS); strengthen coordination with other sectors. Shelter/ NFI: Some assistance such as distribution of shelter kit/physical repair/ rehab to be provided to most vulnerable of host population, also to minimize possible community tensions over access to services and resources. WASH: quick rehabilitations of water supply and sewerage networks; technical capacity building. Health: Rehabilitate/ reinforcing capacity of existing health facilities. Enhance health surveillance and reinforce vaccination. Dispatch mobile clinic to camp/ affected area providing drugs for communicable and non-communicable diseases, care for pregnant and lactating women and develop emergency referral system. Provide technical capacity building for medical staff. Livelihood: implement debris and solid waste management relying on labor intensive schemes, restore micro and small scale enterprises, establish capacity building and vocational training program, develop activities support social cohesion and civic engagement. Education: Ensure host community children have continued access to quality educational services and after school support activities. Tracking of out of school children and conducting joint Back to Learning campaigns with the concerned authorities. Repair and improvement of existing school infrastructure with the involvement of local communities and parent teacher associations. Ensure children and youth are attaining foundational literacy and numeracy skills as well those skills relevant to cognitive, social and economic empowerment. Capacity building of teachers, facilitators and parents/caregivers on the concepts of Education in Emergency programming. | <ul style="list-style-type: none"> Most severely overburdened communities Community-based needs assessments | <ul style="list-style-type: none"> Prioritization of the most in need based on vulnerability: children, youth, elderly, women and girls, people with specific needs, chronic illness and injuries Coordinated support to key community infrastructure used for service provision and/or messaging to communities (WASH, shelter, protection, nutrition, education) Use of existing manpower to support rehabilitation while increasing livelihood opportunities (balanced between different population cohort to mitigate tensions over access to services and resources) |

2018 HRP OBJECTIVES, INDICATORS & TARGETS

Strategic Objective 1: Provide life-saving humanitarian assistance to the most vulnerable people, with emphasis on areas with high severity of needs, including those in UN-declared besieged and hard-to-reach areas

| INTER-SECTOR OUTCOME | OUTCOME INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) | SECTOR |
|---|---|-------------|----------|--------|--------------------------------|------------------|---|
| Life-threatening humanitarian needs in areas of highest severity of need (4 to 6) are addressed | % of vulnerable people whose immediate lifesaving humanitarian needs are met in severity areas 4 to 6 | 5.6 million | 52% | 100% | 4Ws and sector reports | Monthly | WASH, Health, Food Security, Nutrition, NFI/Shelter, Nutrition, CCCM. |
| Vulnerable IDPs in last resort sites receiving multi-sectoral assistance | % of IDPs in last resort sites receiving multi-sectoral assistance | 100% | 48% | 90% | ISIMM and MSNA | Monthly | CCCM |
| Life-threatening priority needs identified by the community are met | % of community satisfied with assistance | - | 36% | 50% | MSNA | yearly | |

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.

| INTER-SECTOR OUTCOME | OUTCOME INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) | SECTOR |
|---|--|-------------|----------|--------|--------------------------------|------------------|------------------------------|
| Specific protection needs are mitigated through the provision of quality and integrated protection services | % communities in sub-districts with severity 6 to 3, reached through community-based and individually targeted protection interventions (including Child Protection, GBV and Mine Action interventions). | 4.0 million | 30% | 50% | 4Ws and sector reports | Monthly | Protection |
| Impact of explosive hazards reduced | % of affected communities, surveyed and explosive hazards marked or removed or found to be free from explosive hazards | 1,1 million | 9% | 10% | 4Ws and sector reports | Monthly | Protection (Mine Action AoR) |
| | % of affected population benefiting from risk education | 8.2 million | 24% | 42% | | | |

Strategic Objective 3: Increase resilience and livelihood opportunities and affected people's access to basic services

| INTER-SECTOR OUTCOME | OUTCOME INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) | SECTOR |
|--|--|------------|----------|---------|--|------------------|-----------------------------------|
| Basic infrastructure (schools, hospitals and water system) are rehabilitated | # of basic infrastructure (schools, hospitals, water system, economic infrastructures) rehabilitated | - | - | - | 4Ws and sector reports | Monthly | Education, Health, WASH, FSA, ERL |
| Livelihood opportunities are enhanced | Reduced Coping index (rCSI) | - | 11 | <=11 | FSA Outcome Monitoring Initiative Partners' Post Distribution Monitoring | Bi-annual | FSA |
| | # of people getting access to some form of employment opportunity (short-term/ regular) | 11,606,585 | 64,300 | 110,000 | | Monthly | ERL |

SECTOR OBJECTIVES, INDICATORS AND TARGETS

PROTECTION

Protection Objective 1: the protection of population affected by the crisis is improved through community-based and individually targeted protection interventions and through advocacy with duty bearers - relates to SO1, SO2, SO3

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|---------------------------------------|-----------|-----------|--------------------------------|------------------|
| 1.1 Provision of quality and integrated protection services with a focus on community-based approaches, including awareness raising, psychosocial assistance, targeted support to persons with specific protection needs and other community initiatives through community centers and outreach mechanisms. | 1.1.1 # of people reached through awareness raising sessions (cumulative interventions) | 13.3 million (Overall Protection PIN) | 738,400 | 813,200 | 4Ws | Monthly |
| | 1.1.2 # of people reached through community-based protection services, including individual targeted assistance for persons with specific protection needs (includes PSS) (cumulative interventions) | | 1,116,300 | 1,679,200 | | |
| | 1.1.3 # of community based initiatives and community-based protection structures supported. | | 1,700 | 1,800 | | |
| 1.2 Provision of legal advice/counselling and legal representation on civil status documentation /registration as well as on housing/land/property issues in accordance with national legislation. | 1.2.1 # of people receiving legal counselling or assistance, including civil documentation and HLP issues (cumulative interventions). | - | 103,500 | 228,200 | 4Ws | Monthly |
| 1.3 Advocacy with duty bearers and key stakeholders to inform and enhance the response to protection risks. | 1.3.1 # of advocacy interventions. | - | 60 | 150 | 4Ws + Sector meetings | Quarterly |

Protection 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.

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|--|-------------------------|----------|--------|--------------------------------|------------------|
| 2.1 Capacity building activities targeting humanitarian actors and national/ local authorities to improve quality provision of protection services | 2.1.1 # of persons (humanitarian workers and local/ national authorities) who receive training (cumulative interventions). | - | 9,300 | 9,000 | 4Ws | Monthly |
| 2.2 Protection monitoring and protection needs / risks identification conducted by sector members. | 2.2.1 # of communities reached with protection monitoring | All communities in need | 280 | 680 | 4Ws | Monthly |
| | 2.2.2 # of communities where needs assessment has been conducted by sector members | | 1,800 | 1,900 | 4Ws | Monthly |

Protection Objective 3: Survivors have access to quality specialised GBV services and measures are in place to prevent and reduce risks of GBV - relates to SO1, SO2, SO3

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|--|---------------------------------------|----------|-----------|--------------------------------|------------------|
| 3.1 Provide life-saving specialised quality GBV services, including case management, psychosocial support and establish referral pathways. | 3.1.1 # of communities/ neighbourhoods that have at least one type of specialised GBV services | All communities in need | 117 | 250 | 4Ws | Monthly |
| | 3.1.2 # of GBV specialised services provided | - | 84,700 | 105,300 | | |
| | 3.1.3 # of GBV actors trained on GBV (women/men) | - | 4,800 | 4,600 | | |
| 3.2 Enhance strategies to empower women and girls and prevent GBV, with a particular focus on most at risks groups (for ex. adolescent girls and female headed households, and divorced and widowed women and girls) | 3.2.1 # Women, men, girls and boys reached by GBV prevention and empowerment activities | 13.3 million (Overall Protection PIN) | 797,400 | 1,029,600 | 4Ws | Monthly |
| 3.3 Increase measures to mitigate the risk of GBV in the humanitarian response | 3.3.1 # of humanitarian actors trained on reducing risks of GBV (ie: IASC GBV guidelines) | - | 100 | 1,770 | 4Ws | Quarterly |

Protection Objective 4: Reduce the impact of explosive hazards - relates to SO2

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|-------------|-----------|-----------|--------------------------------|------------------|
| 4.1 Conduct risk education for at-risk groups | 4.1.1 # of people who received risk education from humanitarian Risk-Education actors | 8.2 million | 2,492,800 | 1,867,800 | 4Ws | Monthly |
| | 4.1.2 # of people who received risk education from public service providers | 8.2 million | -(*) | 1,540,000 | | |
| | 4.1.3 # of people trained to conduct RE | - | 12,300 | 13,500 | | |
| 4.2 Conduct survey and explosive hazard removal | 4.2.1 # of communities where contamination survey has been conducted | 1,140 | 399 | 926 | 4Ws | Monthly |
| | 4.2.2 # of explosive hazards removed | - | 266 | 17,000 | | |
| 4.3 Provide victim assistance services for people with disabilities, including survivors of explosive hazard incidents | 4.3.1 # of people reached with victim assistance services | - | 185 | 33,800 | 4Ws | Quarterly |

*2017 indicators have been changed to separate beneficiaries reached by humanitarian actors and public service providers for 2018

Protection 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 - relates to SO 1 and 2

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|--------------|----------|-------------|--------------------------------|------------------|
| 5.1 Community-based child protection for girls and boys is available in targeted locations | 5.1.1 # of girls and boys engaging in structured, sustained child protection programmes, including psychosocial support | 5.5 million | 550,000 | 800,000 | 4Ws | Monthly |
| | 5.1.2 # of women and men engaging in parenting programmes | 370,000(*) | 60,000 | 85,000 | | |
| | 5.1.3 # of individuals benefiting from awareness raising and community events to prevent and respond to child protection issues | 13.3 million | 860,000 | 1.5 million | | |
| | 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 | - | 150 | 315 | | |
| 5.2 Specialized child protection services (case management) for girls and boys are available in targeted locations | 5.2.1 # of girls and boys who are receiving specialised child protection services through case management | 275,000 (**) | 22,000 | 44,000 | 4Ws | Monthly |
| 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 | - | 7,500 | 12,000 | 4Ws | Monthly |

(*) 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 & CAMP MANAGEMENT

CCCM Objective 1: Providing streamlined life-saving humanitarian multi-sectoral assistance and strengthening the basic infrastructure support in IDP sites - relates to SO1

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) | |
|---|---|----------|----------|--------------------------------|--|------------------|
| # of IDPs in camps, informal sites, collective shelters receiving multi-sectoral assistance | 362,527 | 672,423 | 672,423 | ISIMM and MSNA | Monthly | |
| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
| 1.1 Multi-sector responses in IDP sites | # of IDPs living in IDP sites provided with life-saving humanitarian assistance | 748,372 | 362,527 | 672,423 | ISIMM and MSNA (in need and target) | Monthly |
| 1.2 Monthly Needs assessments in camps | # of multi-sectoral gap analysis of IDP sites published since October 2017 | - | 0 | 12 | ISIMM | Monthly |
| 1.3 Site renovations and improvements to key infrastructure | # of IDPs living in IDP sites benefiting from infrastructure interventions | 748,372 | 72,445 | 508,428 | ISIMM Plus and MSNA (in need and target) | Biannual |

CCCM Objective 2: Improving IDP site management and accountability - relates to SO1, SO2

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) | |
|---|--|----------|----------|--------------------------------|--|------------------|
| # of IDPs in camps, informal sites, collective shelters receiving multi-sectoral assistance | 362,527 | 672,423 | 672,423 | ISIMM and MSNA | Monthly | |
| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
| 2.1 Promote participatory management structures | # of IDPs living in sites with participatory management committees (including active participation by women) | 748,372 | tbc | 508,428 | ISIMM Plus and MSNA (in need and target) | Monthly |
| 2.2 Training on camp governance and/or protection mainstreaming for Humanitarian Actors | % of Cluster member NGOs with staff trained in camp management components since October 2017 | - | 0 | 70% | Attendance sheets | - |
| 2.3 Promote equal access to goods and services in IDP camps to all residents | # of IDPs living in sites allowing equal access to services to vulnerable groups (including consideration for men, women, boys, girls and persons with disabilities) | 748,372 | tbc | 508,428 | ISIMM Plus and MSNA (in need and target) | Biannual |

CCCM Objective 3: Strengthening household and communal coping mechanisms in IDP sites and developing exit strategies - relates to SO3

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) | |
|---|---|----------|-----------------------|--------------------------------|---|------------------|
| # of IDPs in IDP sites benefiting from resilience-building and livelihood support | 672,423 | 672,423 | Reports from partners | - | # of IDPs in IDP sites benefiting from resilience-building and livelihood support | |
| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
| 3.1 Equip and train emergency responders and IDP committees in IDP sites | # of IDPs living in sites with self-run emergency response capabilities (including first aid and fire response) | 748,372 | tbc | 508,428 | ISIMM Plus and MSNA (in need and target) | Quarterly |
| 3.2 Implement tailored livelihood activities designed to enable HHs to restore their assets and leave IDP sites for more better solutions | # of IDPs in sites benefitting from resilience projects with a score of 3 or above since October 2017 | - | 0 | 508,428 | FTS/HPF | - |
| 3.3 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 since October 2017. | - | 0 | 6 | ISIMM | Biannual |

CCCM Objective 4: Strengthening household and communal coping mechanisms in IDP sites and developing exit strategies - relates to SO3

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|------------------|------------|-----------|---------------------------------------|------------------|
| IDPs in need of life-saving humanitarian assistance are quickly identified. | 3,127,760. | 3,127,760. | 1,500,000 | HNO/HRP PRM, CCCM IDP Tracking Matrix | Weekly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|------------------|---------|----------|--------|--------------------------------|------------------|
| # of updates provided to CCCM Cluster members, Clusters and other operational actors on sudden displacements since October 2017 | - | - | 0 | 52 | CCCM IDP Tracking Matrix | Weekly |

SHELTER & NFI

Shelter and NFI Objective 1: Provide life-saving and life-sustaining shelter and NFI support relates to SOs 1, 2, 3

| SECTOR OUTCOME | OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|---|---------|----------|--------|--------------------------------|------------------|
| 1.1 Targeted crisis-affected households, including those in HTR and UN-declared Besieged locations, have their core and essential non-food item needs met | 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). | # of people whose needs in relation to core and essential NFIs are met, including but not limited to those in HTR and UN-declared Besieged communities. | - | - | - | 4W | monthly |
| 1.2 Targeted people are protected from seasonally harsh conditions | Provision of seasonal and supplementary NFIs and shelter assistance (e.g. winter clothing, fuel, winter-specific shelter upgrades; including cash/voucher for these items) | # of people whose needs are met for seasonal assistance | - | - | - | 4W | Monthly |
| 1.3 Targeted crisis-affected households are provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter). | Provision of life-saving and life-sustaining shelter (e.g. tent installation in camps, transit sites and spontaneous settlements with associated infrastructure, distribution of emergency shelter materials and kits; rental assistance, including cash/voucher for these items). | # of people whose shelter needs are met through life-saving & life-sustaining shelter support (temporary and medium-term). | - | - | - | 4W | Monthly |
| 1.4 Targeted crisis-affected households are provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter). | Rehabilitation/upgrading of Life-saving and life-sustaining shelter spaces in collective centres, unfinished buildings, spontaneous settlements, and/or other emergency spaces (including: in-kind, cash, voucher, physical repair, etc.) | # of people whose temporary/medium-term shelter needs are met through rehabilitation and upgrade activities. | - | - | - | 4W | monthly |

Shelter and NFI Objective 2: Contribute towards the resilience and cohesion of communities and households by improving housing and related community/public infrastructure relates to SO 2, 3

| SECTOR OUTCOME | OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|--|---------|----------|--------|--------------------------------|------------------|
| Increase in adequate housing stock available to targeted households and communities | Support to sustainably repair/rehabilitate housing and related community/public infrastructure and facilities to owners/tenants/host families (can include: materials, cash, voucher, cash-for-work, labour, etc.) | # of people assisted with durable shelter solutions, including assistance with community/public infrastructure and facilities. | - | - | - | 4W | Monthly |
| Reduced risk of Housing, Land and Property issues emanating out of shelter interventions. | Provision of HLP-related information, advice or referral support related to shelter interventions. | % of shelter interventions that incorporate requisite HLP components, analysis and/or activities | - | - | - | 4W | monthly |

FOOD SECURITY & AGRICULTURE

Food Security & Agriculture Objective 1: Improve the food security status of assessed food insecure people through emergency life-saving and regular life sustaining food assistance- relates to SO1, SO2 and SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|--------|--------------|--|------------------|
| % of targeted households with poor food consumption score | 19% | 15% | - | Outcome Monitoring Initiative Partners' Post Distribution Monitoring | Biannual |
| % of targeted households with "good" dietary diversity score (HDDS) | 32% | 40% | - | Outcome Monitoring Initiative Partners' Post Distribution Monitoring | Biannual |
| Reduced coping index (rCSI) | 11 | <=11 | - | Outcome Monitoring Initiative Partners' Post Distribution Monitoring | Biannual |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|---|---|------------------|---|--------------------------------|------------------------|
| 1.1 Emergency response to crisis affected vulnerable people with short term food assistance through appropriate modalities. | # of newly affected people assisted in recommended response time by emergency response by modality. | 1.5 million (projected caseload) for short term food assistance | 2 million people | 1.5 million people (projected caseload - 2018) | 4 W reports from partners | Monthly but cumulative |
| 1.2 Monthly food assistance for the assessed ¹ food insecure people through appropriate modalities. | # of targeted people receiving regular food assistance by modality (min 8 months covered) | 6.5 million people | 7 million people | 5.1 million including: • 4 million people with regular monthly food rations • 418,000 Palestinian Refugees • 1.1 million people for lean season or short-term food assistance until they graduate to self-reliance through livelihoods assistance ** | 4 W reports from partners | Monthly |
| 1.3 Supplementary food assistance to Persons with Specific Needs (PSN) through appropriate modalities (complementary to 1.2 and inter linkage with nutrition sector). | # of people assisted through supplementary food assistance | 6.5 million people | - | 1.1 million Persons with Specific Needs (within 5.5 million) | 4 W reports from partners | Monthly |
| 1.4 Support to bakeries (wheat flour, yeast, etc.) through appropriate modalities. | # of people benefitting from supported bakeries | 6.5 million people | - | 1.5 Million people | 4 W reports from partners | Monthly |

**NOTE: Additionally, there could be 750,000 people from emergency response to regular food assistance as a potential caseload.

¹ Refer to sector guidelines on selection criteria

Food Security & Agriculture 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, SO2 and SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|--------|--------------|--------------------------------|------------------|
| % of households applying emergency livelihood based coping strategies | 11% | <=11% | <=11% | Outcome Monitoring Initiative | Biannual |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|---------------------|------------|------------------------------------|--------------------------------|------------------------|
| 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 Quantity (Kgs) of seed distributed by crop (cereal, tuber, legume, vegetable) # of food assistance beneficiaries receiving quick impact and short term agricultural assistance | 10.5 million people | 350,000 HH | 350,000 HH | 4 W reports from partners | Monthly but cumulative |
| 2.2 Support to small-scale food production (horticulture, poultry-egg laying hens, market gardens). | # of targeted households receiving small scale food production kit by modality. % of food assistance households receiving quick impact and short term assistance | | 200,000 HH | 200,000 HH | 4 W reports from partners | Monthly but cumulative |
| 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. # of animals distributed by modality Quantity of animal feed distributed | | 200,000 HH | 200,000 HH 10 million sheep | 4 W reports from partners | Monthly but cumulative |
| 2.4 Emergency livestock treatment and training for veterinary services (including community animal health worker). | # of targeted herders assisted # of animals treated/vaccinated by modality. | | 200,000 HH | 200,000 HH | 4 W reports from partners | Monthly but cumulative |
| 2.5 Support Income generating activities including vocational training. | # of targeted households supported with income generation activities and trainings - by appropriate modality. | | 100,000 HH | 100,000 HH | 4 W reports from partners | Monthly but cumulative |

Food Security & Agriculture 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 - relates to SO3

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|---|---------------------|------------|------------|--------------------------------|------------------------|
| 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 Number of essential services supported | 10.5 people in need | 200,000 HH | 200,000 HH | 4 W reports from partners | Monthly but cumulative |
| 3.2 Support rehabilitation of relevant economic/productive infrastructures through appropriate modalities. (Canals, irrigation systems, markets, storage facilities, bakeries, etc.) | Number of targeted economic infrastructures rehabilitated. | - | - | - | 4 W reports from partners | Monthly but cumulative |

NUTRITION

Nutrition 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 - relates to SO1, SO2 and SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|-------------|-------------|--------------|----------------------------------|------------------|
| # of girls and boys under five and pregnant and lactating women receiving lifesaving preventive nutrition services. | 2.4 Million | 2.9 Million | 1.8 Million | 4W for Nutrition sector/ cluster | Quarterly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|----------------------------|------------------------|--------------------------|--|------------------------|
| 1.1 Support Facility and community based counselling and facilitate awareness raising on IYCF-E and optimal maternal nutrition. | # of caregivers (including PLW) counseled on appropriate IYCF-E | 1,553,185 | 637,654 | 821,640 | 4w of the nutrition Sector/ cluster | Monthly |
| 1.2 Implement the Standard Operating Procedures for targeted breast milk Substitutes to prevent inappropriate distribution | % of partners oriented on the standard operating procedures. | 81 | 8 | 50 | Hubs sectors reports | Quarterly |
| 1.3 Development of IYCF strategy for Syria | IYCF strategy developed and endorsed with an implementation plan | One WOS strategy | 0 | 1 | WOS sector | End of 2018 |
| 1.4 Provide Micronutrient supplementation to women and children for prevention of micronutrient deficiencies. | # of boys and girls (6-59 months) who received micronutrient supplements (MNP, etc) for four months. # of PLW who received micronutrients including iron folate and MN tablets for six months. | 3,051,487 1,553,185 | 343,157 131,611 | 1,580,850 790,894 | 4w of the nutrition Sector/ cluster 4w of the nutrition Sector/ cluster | Monthly Monthly |
| 1.5 Provide Vitamin A supplementation for children 6-59 through health facilities (routine) and during campaign | # of boys and girls (6-59 months) who received Vitamin A supplementation twice a year | 3,051,487 | 1,313,544 | 2,115,182 | 4w of the nutrition Sector/ cluster | Monthly |
| 1.6 Prevention of acute malnutrition through the provision of specialized nutritious food to children 6-59 months through health facilities, communities and alongside general food assistance for IDPs, returnees, and severely food insecure | # of boys and girls aged 6-59 months reached with LNS for four months. | 1,017,162 | 831,118 | 459,943 | 4w of the nutrition Sector/ cluster | Monthly |
| 1.7 Promotion of Dietary diversity for vulnerable PLW through Cash based transfer (CBT) and in kind support. | # of PLW enrolled in CBT or in kind support while promoting dietary diversity | - | 13500 | 60,000 | 4w of the nutrition Sector/ cluster | Monthly |

Nutrition 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. - relates to SO1 and SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|----------|--------|--------------|--------------------------------|------------------|
| Number of girls and boys under 5 and pregnant and lactating women with acute malnutrition treated in CMAM services | 30,834 | 89,757 | 56,015 | 4W | Quarterly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|-----------|-----------|-----------|-------------------------------------|------------------|
| 2.1 Support facility- and community-based screening for acute malnutrition | # of boys and girls (6 – 59 months) and PLW screened for malnutrition | 4,604,672 | 1,097,332 | 2,349,565 | 4w of the nutrition Sector/ cluster | Quarterly |
| 2.2 Support treatment of acutely malnourished children and PLW | # of boys and girls (6-59 months) with moderate acute malnutrition treated | 65,598 | 15,121 | 29,814 | 4w of the nutrition Sector/ cluster | Monthly |
| | # of boys and girls (6-59 months) with severe acute malnutrition treated | 18,680 | 4,620 | 8,386 | 4w of the nutrition Sector/ cluster | Monthly |
| | # of boys and girls (6-59 months) with severe acute malnutrition and medical complication treated | 1,868 | 683 | 2,222 | 4w of the nutrition Sector/ cluster | Monthly |
| | # of PLW with moderate acute malnutrition treated | 122,702 | 4,794 | 49,335 | 4w of the nutrition Sector/ cluster | Monthly |

Nutrition Objective 3: Strengthening robust evidence based system for Nutrition with capacity in decision making to inform need based programming. - relates to SO1, SO2 and SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|--------|--------------|--------------------------------|------------------|
| Monthly surveillance system reports are available | 3 | 12 | - | Surveillance reports | Monthly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|---|----------|--------|--------------------------------|------------------|
| 3.1 Conduct governorate/ sub-district level rapid/SMART nutrition assessments in newly accessible area, areas of concerns / information gaps/ area of return. | # of governorate/ sub-district level nutrition assessments conducted (anthropometry and/or IYCF) | 9 (Raqqqa, Deir Ez Zor , Aleppo, Hama, Homs, Rural Damascus, Daraa, Latakia , Al-Hasakeh) | 0 | 9 | Nutrition Sector data base | Every six months |
| 3.2 Strengthen the capacity of public health staff on routine reporting and rapid nutrition assessment/SMART surveys | # of staff (male/female) trained in routine reporting rapid nutrition assessment/SMART surveys. | - | 12 | 30 | WOS sector training reports | Every six months |
| 3.3 Strengthen/Establish Nutrition surveillance system | # of sites reporting on monthly basis | Nation wide | - | 600 | Nutrition Surveillance reports | Monthly |
| 3.4 Update the WoS coverage /gaps analysis on response | # of WoS level quarterly snapshot of the coverage / gaps | - | 4 | 4 | Sector snapshots | Quarterly |

Nutrition Objective 4: Establish coordinated and integrated nutrition programmes between and across relevant sectors through enhanced coordination and joint programming. - relates to SO1, SO2 and SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|---------|--------------|-------------------------------------|------------------|
| # of nutrition beneficiaries (children, mothers) targeted covered through general food assistance channels. | 0 | 200,000 | - | 4w of the nutrition Sector/ cluster | Monthly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|---|---------|----------|---|--------------------------------|------------------|
| 4.1 Ensure multisector geographic convergence in service delivery | % of communities covered with multi-sectoral response (either with food security and / or WASH and/or health) | - | 1098 | 70% of the reached communities by Nutrition are done jointly with other sectors | OCHA data base | quarterly |
| 4.2 Support joint Capacity development for nutrition and food security partners on nutrition sensitive agriculture. | # of staff trained (male/ female) on nutrition sensitive agriculture | 120 | 0 | 120 | Hub sectors | Every six months |
| 4.3 Capacity development of sector partners on Nutrition in Emergency (NIE) and cluster coordination | # of staff trained (male and female) on cluster coordination and NIE | - | 56 | 60 | WOS nutrition sector | Every six months |

WATER, SANITATION & HYGIENE

WASH Objective 1: Support to water, sanitation and sewage systems to ensure continuous services for affected people in Syria- relates to SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|------------|------------|--------------|--------------------------------|------------------|
| Estimated # of people with improved access to WASH services | 13,898,175 | 14,604,528 | 14,604,528 | SO-1 4Ws | Quarterly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|------------|------------|------------|--------------------------------|------------------|
| 1.1 Repair and rehabilitation of water systems | Estimated # of people who benefit from repair and rehabilitation of water system | 14,604,528 | 2,731,200 | 8,000,000 | SO-1 4Ws | Quarterly |
| 1.2 Support to operation and maintenance of water facilities | Estimated # of people who benefit from support to operation and maintenance of water facilities | 14,604,528 | 13,898,175 | 14,604,528 | SO-1 4Ws | Quarterly |
| 1.3 Support to sewage and solid waste management systems | Estimated # of people who benefit from support to sewage and solid waste management systems | - | 2,123,090 | 5,500,000 | SO-1 4Ws | Quarterly |
| 1.4 Establishment of water safety plans | Estimated # of people assisted through establishments of water safety plans | - | 373,670 | 2,000,000 | SO-1 4Ws | Quarterly |

WASH Objective 2: Deliver humanitarian WASH supplies and services to most vulnerable people- relates to SO1 and SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|-----------|-----------|--------------|--------------------------------|------------------|
| # of people with improved access to lifesaving emergency WASH facilities and services | 5,300,066 | 7,618,846 | 7,618,846 | 4Ws | Monthly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|-----------|-----------|-----------|--------------------------------|------------------|
| 2.1 Distribution of essential WASH NFIs Hygiene promotion | # of people who received essential WASH NFIs Hygiene promotion | 7,618,846 | 1,846,130 | 7,618,846 | 4Ws | Monthly |
| 2.2 Improved access to lifesaving/ emergency WASH facilities and services | # of people with improved access lifesaving/ emergency WASH facilities and services | - | 5,704,018 | 5,000,000 | 4Ws | Monthly |
| 2.3 Cash assistance for WASH services (water vouchers, NFI kits) | # of people who have received cash assistance for WASH services (water vouchers, NFI kits) | 7,618,846 | 625,439 | 1,000,000 | 4Ws | Monthly |

EARLY RECOVERY & LIVELIHOODS

ERL Objective 1: Strengthen access to livelihood by creating income generating opportunities and by improving access to production and market infrastructure to restore local economy recovery- relates to SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|---------|--------------|--|------------------|
| # jobs created (short-term and longer-term employment) | 64,300 | 110,000 | | Project implementation progress reports. | Monthly |
| # of rehabilitation initiatives of basic economic and market infrastructure | 750 | 4,600 | | Project implementation progress reports. | Monthly |
| # of vulnerable people benefiting of livelihood support | 9,600 | 28,500 | | Project implementation progress reports. | Monthly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|--|---------|----------|--------|---|--|
| 1.1 Short-term work opportunities created | # of short-term work opportunities created (such as through cash-for-work); | - | 13,000 | 25,000 | Project implementation progress reports. | Continuous |
| 1.2 Regular employment accessed | # of people obtaining or accessing regular employment, as a result of sector support | - | 8,300 | 10,000 | Project implementation progress reports. Sectoral surveys and assessments. Statistical updates. | Continuous When available When available |
| 1.3 Vocational and skills training provided | # of people provided with vocational and skills training | - | 12,400 | 30,000 | Project implementation progress reports. | Continuous |
| 2.4 Entrepreneurship supported | # of people supported to rehabilitate, develop or start a social or business entrepreneurship initiative | - | 20,000 | 30,000 | Project implementation progress reports. Mission reports. Statistical updates. | Continuous Continuous When available |
| 1.5 Support provided to small farmers, livestock owners and fisherfolk | # of small scale farmers, fisherfolk and livestock owners provided with productive assets (equipment; tools; seeds; etc.); | - | 10,600 | 15,000 | Project implementation progress reports. Sectoral surveys and assessments. Statistical updates. | Continuous When available When available |
| 1.6 Rehabilitation or repair of basic, local economic infrastructure | # of local economic infrastructures rehabilitated (markets; irrigation schemes/assets; storage, warehousing and processing); | - | 750 | 4,600 | Project implementation progress reports. Mission reports. | Continuous Continuous |
| 1.7 Cash assistance to vulnerable HHs | # of vulnerable households (Female-headed households, elderlies, etc.) provided cash assistance | - | 9,600 | 21,000 | Project implementation reports. | Continuous |
| 1.8 Basic needs support to vulnerable HHs | # of vulnerable households provided basic needs support | - | | 7,500 | Project implementation reports. | Continuous |

ERL Objective 2: Improve access to basic and social services and infrastructure - relates to SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|-----------------|-----------|--------------|--|------------------|
| m3 of debris/waste removed | 1,600,000 | 2,100,000 | | Project implementation progress reports. | Monthly |
| # of rehabilitation initiatives of basic social infrastructure | 70 | 375 | | Project implementation progress reports. | Monthly |
| # of household having access to basic utilities | 65,000 | 150,000 | | Project implementation progress reports. | Monthly |
| # of initiatives supporting local public service delivery | New Target 2018 | 180 | | Project implementation progress reports. | Monthly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|-----------|-----------------|-----------|---|--|
| 2.1 Removal of debris and waste | Quantities of waste and debris removed (m3) | - | 1,600,000 | 2,100,000 | Project implementation progress reports. Surveys and assessments. | Continuous When available |
| 2.2 Rehabilitation of education facilities | # of schools rehabilitated | - | 25 | 50 | Project implementation progress reports. Sectoral surveys and assessments. | Continuous When available |
| 2.3 Rehabilitation of health facilities | # of clinics rehabilitated | - | 25 | 75 | Project implementation progress reports. Sectoral surveys and assessments. | Continuous When available |
| 2.4 Rehabilitation of other social infrastructure | # of other social infrastructures rehabilitated | - | 20 | 250 | Project implementation progress reports. Sectoral surveys and assessments. | Continuous When available |
| 2.5 Rehabilitation of access to basic utilities (electricity, gas, water, sewage) | # of households provided with access to one or more basic utilities (electricity, gas, water, sewage) | - | 65,000 | 150,000 | Project implementation progress reports. Sectoral surveys and assessments. Mission reports. | Continuous When available Continuous |
| 2.6 Basic housing repair support | # of households provided with housing repair support | - | New 2018 Target | NIL | Project implementation progress reports. Sectoral surveys and assessments. Mission reports. | Continuous When available Continuous |
| 2.7 Capacity and equipment support to local public service providers | # of local service delivery organizations (local administrative service providers; extension services) supported (rehabilitation; equipment; operational support); | 9,903,163 | New 2018 Target | 150 | Project implementation reports. Beneficiary interviews. | Continuous Continuous |
| 2.8 Support to local (public) service delivery initiatives | # of projects and initiatives by local service delivery institutions, targeting the improvement of service delivery to citizens, assisted; | - | New 2018 Target | 30 | Project implementation reports. Beneficiary interviews. | Continuous Continuous |

ERL Objective 3: Support social cohesion through working for and with communities- relates to SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|----------|---------|--------------|--|------------------|
| # of initiatives supporting community initiatives | - | 5,500 | - | Project implementation progress reports. | Monthly |
| # of civic/youth engagement in community initiatives | 40,800 | 185,000 | - | Project implementation progress reports. | Monthly |
| # of community initiatives supporting IDPs | 120 | 340 | - | Project implementation progress reports. | Monthly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|-----------------------------------|---|---------|------------|--------|--|------------------|
| 3.1 Community initiatives support | # of community initiatives supported. # of initiatives to promote cohesion between IDPs and host communities | - | New target | 5,500 | Project implementation reports. Community interviews. | Continuous |

| | | | | | | |
|--|--|---|--------|---------|---|------------|
| 3.2 Civic engagement initiatives support | # of participants engaged in those community initiatives | - | 40,800 | 185,000 | Project implementation reports. Community interviews. | Continuous |
| 3.3 IDP Integration | # of initiatives to promote cohesion between IDPs and host communities | - | 120 | 340 | Project implementation reports. Community interviews IDP interviews | Continuous |

EDUCATION

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

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|----------|--------|--------------|--|------------------|
| # of children (5-17 years, girls/boys) enrolled in formal and non-formal education | 3.7 m | 4.2 m | - | Population data, Education Management Information System (EMIS), Assistance Coordination Unit (ACU) and 4Ws partners reporting | yearly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|---------|----------|--------|--------------------------------|------------------|
| 1.1 Provide children and youth with non-formal education programs (catch-up classes, SLP, remedial education, literacy and numeracy classes, curriculum b) | # of children (5-17 years, girls/boys) enrolled in non-formal education | 1.7 m | 200,000 | tbd | 4Ws partners reporting | monthly |
| 1.2 Establish, expand and rehabilitate (small scale) classrooms | # of classrooms established, expanded or rehabilitated | - | 4,600 | tbd | 4Ws partners reporting | monthly |
| 1.3 Provide students with learning materials | # of children (3-17 years, girls/boys) receiving school supplies | 5.8 m | n/a | tbd | 4Ws partners reporting | monthly |

Education Objective 2: Improve the quality of formal and non-formal education for children and youth (aged 5-17 years) within a protective environment - relates to SO3

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|------------------|----------|--------|--------------------------------|------------------|
| 2.1 Train teachers and education personnel on child-centred and protective pedagogy | # of teachers and education personnel trained (female/male) | at least 180,000 | 12,000 | tbd | 4Ws partners reporting | monthly |
| 2.2 Provide teachers and education personnel with incentives | # of teachers and education personnel receiving incentives (female/male) | at least 180,000 | 10,000 | tbd | 4Ws partners reporting | monthly |

Education Objective 3: Strengthen the capacity of the education system and communities to deliver a timely, coordinated and evidence based education response - relates to SO3

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|---|---------|----------|--------|--------------------------------|------------------|
| 3.1 Train education actors and education authorities on sector coordination, national standards, Education in Emergencies (EiE), Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards MS and advocacy | # of education actors (f/m) trained on policy, planning, data collection, sector coordination and INEE MS | - | 3,680 | tbd | 4Ws partners reporting | monthly |

HEALTH

Health 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

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|----------|--|--------------|--------------------------------|---------------------------------------|
| # of medical consultations per person in need per year | 1.4 | 1.8 | 1.4 | 4Ws | Yearly with Quarterly Interim Reports |
| # of primary health facilities providing services | - | 1 primary health facility/10,000 persons | - | 4Ws | Quarterly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|------------------------------------|-----------------------|--------------------|-------------------|--------------------------------|------------------|
| 1.1 Strengthening provision of essential primary and secondary health care services | # of medical procedures | 11,321,632 | 20,570,147 | 80% 16,456,118 | 4Ws | Quarterly |
| 1.2 Strengthening provision of essential medicines and medical supplies and equipment | # of treatment courses distributed | N/A | 11,486,793 | 80% 9,189,434 | 4Ws | Quarterly |
| 1.3 Strengthening comprehensive care for trauma and injuries through provision of phased trauma management and care for associated disability and rehabilitation services | # of trauma cases supported | All Victims of Trauma | - | 100% | 4Ws | Quarterly |
| 1.4 Implement the expanded program of routine immunization for all children under five | % of children under 5 immunized | ALL Under 5 | current coverage % | 100% | 4Ws | Quarterly |
| 1.5 Strengthening provision of mental health services at the community and health facility level | - | - | - | - | 4Ws | Quarterly |

Health 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. relates to SO2

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|----------------------|--------------|-------------------------------------|------------------|
| # of advocacy activities conducted by priority advocacy issue identified by hub | 1 Interhub advocacy plan per priority advocacy issue | 1 per advocacy issue | 1 | Documented inter-hub Advocacy Plans | Quarterly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|--|---------|----------|---------|---|-------------------|
| 2.1 Coordination: Improve coordination through joint contingency and preparedness plans for disease outbreaks and in response to changing dynamics across hubs | # of joint contingency and preparedness plans for disease outbreaks and in response to changing dynamics across hubs | - | 3 | 5 | Documented Joint Contingency and Preparedness Plans | Quarterly |
| 2.2 Information Management: information sharing and data collection -support improved reporting of health partners into 4W database DHIS implementation at Hub Level | # of interhub IM Joint Reports - Consolidated 4Ws DHIS implementation Plan at Hub Level | - | 12 3 | 12 3 | Documented of inter-hub IM Joint Reports - Consolidated 4Ws | Monthly Yearly |
| 2.3 Protection: Register, report and conduct advocacy on attacks on health | # of reports documenting attacks on health facilities and violations against health workers | - | 3 | n.a | DHIS implementation Report at Hub Level Attacks on Health Reporting & Verification System | Quarterly |

Health Objective 3: Improve health system capacity for support of continuity of care and strengthen community resilience and response to IDP movements and disease outbreaks - relates to SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|--------|--------------|---|------------------|
| # of joint Health & WASH Contingency and Response Plans developed / updated | 2 | 4 | 2 | Documented Joint Health & WASH Contingency and Response Plans | Every 6 months |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|---------|----------|--------------|--------------------------------|------------------|
| 3.1 Increasing the capacity of health care providers and community health care workers through training (re-training) on epidemiological surveillance and response, with focus on waterborne diseases | # of health care workers trained and re-trained | - | 20055 | 80% 16044 | Health Worker Training Reports | Yearly |
| 3.2 Promote mobile medical units for emergency response to outbreaks and sudden IDP movement | # of mobile units responding to emergencies | - | - | - | 4Ws | Quarterly |
| 3.3 Rehabilitation of medical facilities including the provision of equipment and supplies | # of medical facilities rehabilitated / provided with equipment and supplies | - | - | - | 4Ws | Quarterly |

LOGISTIC

Logistic Objective 1: Provide logistics services (inclusive of surface transportation, transshipment, contingency fuel stock, emergency air transport and warehousing) to humanitarian organisations responding to the Syria crisis - relates to SO1

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|--------|--------------|---|------------------|
| # of humanitarian partners across Syria, Jordan and Turkey benefiting from augmented logistics capacity | 20 | 20 | | logistics cluster records over a one-year period | Quarterly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|---------|----------|--------|---|--------------------------------|
| 1.1 Maintain common un logistics services (including common transport, humanitarian convoys, storage, emergency airlifts, coordination/trans-shipment support) | # of m ² of storage capacity maintained inside Syria | - | 16,429 | 18,500 | cluster reports | throughout the year |
| | # of inter-agency humanitarian convoys per month | - | 4 | 15 | cluster reports/ relief items tracking application (rita) | 15 convoy per month |
| | # of operational hubs for cross-border coordination and transshipment | - | 3 | 3 | cluster reports | monthly |
| | # of emergency airlifts conducted | - | 285 | 30 | cluster reports/ relief items tracking application (rita) | 30 emergency airlifts per year |

Logistic Objective 2: Maintain regional WoS interagency logistics coordination and information management in order to support humanitarian actors - relates to SO1

| OUTCOME INDICATOR | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|--------|--|------------------|
| % of partners finding that logistical gaps and bottlenecks are identified and common solutions sought | 60% | 65% | logistics cluster satisfaction surveys | annually |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|--|---------|----------|--------|--------------------------------|------------------|
| 2.1 Organizing regular meetings in Syria, Turkey, and Jordan | number of meetings held across Syria, Turkey, and Jordan | - | 24 | 46 | meeting minutes | monthly |

| | | | | | | |
|--|------------------------------|---|----|----|---------------------------|---------------------------------------|
| 2.2 Providing partners with useful and up-to-date information on regular basis | number of IM products shared | - | 40 | 50 | logistics cluster records | monthly/quarterly/when there's a need |
|--|------------------------------|---|----|----|---------------------------|---------------------------------------|

Logistic Objective 3: Enhance capacity of humanitarian actors via dedicated logistics trainings and purchase of necessary equipment -relates to SO1

| OUTCOME INDICATOR | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|----------|--------|--------------------------------|------------------|
| # of people benefitting from dedicated logistic training and necessary equipment | 200 | 250 | logistics cluster records | 1.1 |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|---------|----------|--------|--------------------------------|--|
| 3.1 facilitate logistics trainings to enhance capacity of humanitarian actors | # of trainings conducted across the Whole of Syria | - | 8 | 10 | cluster reports | one training every month or month and a half |

EMERGENCY TELECOMMUNICATION

Emergency Telecommunications Objective 1: Provide common security telecommunications, voice and data connectivity services to humanitarian partners.

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|---------|----------|--------|--------------------------------|------------------|
| 1.1 Provide emergency telecommunication services (eg. Radio programming, radio coverage, data connectivity) to humanitarian partners in common UN operational areas. | # of UN operational areas where common security telecommunications (radio) networks have been upgraded. | - | - | - | - | - |
| 1.2 Increase data connectivity in UN operational hubs | # of UN operational areas where common VSAT services have been deployed | - | - | - | - | - |
| 1.3 Implement UN Business continuity plan in Syria | # of alternative means of data/voice provided in major Hubs | - | - | - | - | - |

Emergency Telecommunications Objective 2: Lead inter-agency emergency telecommunications coordination and information sharing to support the operational needs of humanitarian partners.

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|--|---------|----------|--------|--------------------------------|------------------|
| 2.1 Provide an online platform for information sharing and coordination. | ETC web portal operational with secure member access and regular updates posted. | - | - | | Dedicated online portal | - |
| 2.2 Prepare Information Management (IM) products and convene coordination meetings across the WoS region. | # of IM products (maps, situation reports, etc.) produced and shared via email, task forces, OPweb, Reliefweb and on the ETC platform. | - | - | 30 | - | - |
| 2.3 Lead coordination amongst humanitarian partners to ensure the delivery of data and security telecommunications services. | # of global and local ETC coordination meetings conducted. | - | - | 18 | - | - |

Emergency Telecommunications Objective 3: Build capacity of humanitarian partners and strengthen the ability to ensure safety of staff and assets in the field.

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|--|---------|----------|---|--------------------------------|------------------|
| 3.1 Provide basic and advanced technical training to humanitarian personnel e.g. radio communications training. | # of humanitarian personnel who receive training.. | - | - | Provide 2 technical trainings a year and 1 user orientated training. | - | - |
| 3.2 Deploy UN radio operators at inter-agency radio rooms to improve the safety of staff and assets in the field. | # of UN radio operators deployed in common operational areas. | - | - | 2 radio operators in each hub in order to complement DSS radio room staff | - | - |
| 3.3 Fully equip UN radio rooms and train radio operators & develop SoP for the UN radio room operations in Syria, including convoy and vehicle tracking | # of fully equipped radio rooms # of standardize operational procedures developed | - | - | - | - | - |
| 3.4 Perform regular maintenance of the UN radio communication infrastructure including mobile communication systems to optimized emergency communication services, minimized service interruptions | # of maintenance missions | - | - | Quarterly based maintenance missions | - | - |

COORDINATION AND COMMON SERVICES

Coordination and Common Services Objective 1: Provide effective coordination support at hub and WoS levels, and reinforced response capacity of national humanitarian actors. Relates to SO1, SO2, SO3

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|--|---------|----------|--------|----------------------------------|------------------|
| 1.1 Facilitation of inter-sector/cluster coordination | # of inter-sector/cluster group active | - | 4 | 4 | Minutes of meeting | - |
| 1.2 Increase the access to and the disbursement of country based pooled fund to national partners | % of country based pooled funds disbursed to national implementing partners | - | - | - | CBPF Annual Report | Annually |
| 1.3 Provision of tools and resources to enhance common situational awareness of humanitarian needs and enable more informed decision making | # of WoS monthly humanitarian response report produce # of IDP dashboards publish | - | 12 | 12 | Monthly report Monthly report | Monthly |
| 1.4 Support the strengthening and establishment of PSEA mechanisms | # of organizations funded by country based pooled funds who have integrated PSEA in their code of conducts signed by staff members | - | - | - | CBPF Annual Report | Annually |

Coordination and Common Services Objective 2: Maintain coordination and operational capacity for UNRWA-led programmes targeting Palestine refugees. Relates to SO1, SO2, SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|----------|--------|--------------|--------------------------------|------------------|
| % of security risk assessments completed for programmes and projects at field level | New | 100% | - | Compliance Check List | Annual |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|---|---|---------|----------|--------|--------------------------------|------------------|
| 2.1 UNRWA's staffs are trained on safety and security | # of UNRWA staff trained on safety and security | - | - | 400 | Training reports | Quarterly |
| 2.2 Provision of enhanced operational support for effective response to Palestine refugees | % of UNRWA facilities with adequate security, equipment, personnel and services | - | 60% | 100% | Compliance Check List | Quarterly |
| 2.3 Ensure adequate staffing of humanitarian positions for quality and timely service delivery to Palestine refugees. | % of required positions filled | - | - | 100% | Recruitment reports | Quarterly |

Coordination and Common Services Objective 3: Enhance security risk management measures to ensure the safety and security of UN personnel and continuity of humanitarian programme delivery. Relates to SO1, SO2, SO3

| OUTCOME INDICATOR | BASELINE | TARGET | ACUTE TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|----------|--------|--------------|--------------------------------|------------------|
| % of areas of operation reached with safe access | - | - | - | UNDSS report | Monthly |

| OUTPUT (ACTIVITIES) | OUTPUT INDICATOR | IN NEED | BASELINE | TARGET | MEANS OF VERIFICATION (SOURCE) | TIME (FREQUENCY) |
|--|---|---------|----------|--------|----------------------------------|------------------|
| Provision of a comprehensive security risk management package to the UN and INGOs | # of incident reports produced, regular reports, advisories Number of missions facilitated | - | - | - | UNDSS report | Monthly |
| Set up of Medical Emergency Response Team in each UN hub to provide Medical and Trauma Emergency Response in the 5 UN hubs | # of paramedics and nurses across the five hubs providing a health service to the staff (2 in total in each location) # First responder training conducted to UN personnel, INGO personnel and local health care providers | - | - | 10 | UNDSS report Training reports | Quarterly |

WHAT IF?

...WE FAIL TO RESPOND

LACK OF SUPPORT WILL DRIVE PEOPLE TO HARMFUL WAYS OF SUSTAINING THEMSELVES



Without food assistance 7 million people would go hungry, and at the worst would risk starvation. Without water and sanitation support, waterborne diseases and expenditure on clean water could increase. Syrian families already spend 7 per cent of their income in purchasing water, rising to a staggering 20 per cent to 35 per cent in areas where public infrastructure is particularly deficient. Without shelter and NFI assistance, people would be exposed to dangerous weather conditions. All of these people would have to find other ways to meet their needs, driving more people to crime, sexual exploitation, early marriage, child labour and child recruitment.

LACK OF ADEQUATE HEALTH SERVICES WILL ENDANGER THE LIVES OF MILLIONS



Five million people could go without emergency care. 300,000 people could go without the surgeries they need including 3.2 million emergency consultations and 67,000 war-wounded cases. 12.8 million people will go without health assistance to prevent disease and serious illness. Millions of children's lives will be at risk without immunization coverage, while chronic disease will become a bigger problem, particularly for the elderly.

CHILDREN'S LIVES WILL BE IN IMMEDIATE DANGER, AND THE PROSPECTS FOR THEIR FUTURE DIMINISHED



Without adequate food and water, malnutrition may impact the long-term health of at least 73,000 children, 17,000 of whose lives will be in immediate danger. With 1.75 million children out of school and millions more in poverty, more children will be susceptible to sexual exploitation, recruitment into armed groups, child labour, child marriage, and exposure to explosive hazards.

MORE PEOPLE WILL BECOME VULNERABLE TO PROTECTION RISKS



Without support, explosive hazards will continue to pose a threat to civilians, block key infrastructure, and prevent land from being returned to productive use. Without sustained investments in specialized services, protection work such as case management for children or GBV will not be as effective.

MORE PEOPLE WILL BECOME DEPENDENT ON WHAT LITTLE AID IS AVAILABLE



Without support in sustaining livelihoods or bridging the gap between emergency to longer-term assistance, increased unemployment and economic hardship and dependence on assistance would result, especially of the most vulnerable men and women.

LACK OF ASSISTANCE WILL CAUSE FURTHER INCENTIVES FOR DISPLACEMENT



A lack of food, shelter, clean water, education opportunities, or health services can all contribute to the decision of people to displace to a new location, putting them at further risk.

GUIDE TO GIVING

CONTRIBUTING TO THE 2018 SYRIA HUMANITARIAN RESPONSE PLAN



To learn more about the 2018 Syria Humanitarian Needs Overview and donate directly to the 2018 Syria Humanitarian Response Plan, visit OCHA's Syria web page at:

<http://www.unocha.org/syria>

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/our-donors/how-donate

DONATING THROUGH COUNTRY-BASED POOLED FUNDS FOR THE SYRIA CRISIS



Country-based Pooled Funds (CBPFs) are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA under the leadership of the Humanitarian Coordinator. CBPFs receive unearmarked funding from donors and allocate it in response to priority humanitarian needs identified in joint response planning processes at the field level. Four separate CBPFs have been established in Syria, Jordan, Lebanon and Iraq to support country-level strategic decision-making. In addition, a CBPF in Turkey is dedicated to funding cross-border projects and the Jordan JHF may also fund cross-border activities. The CBPFs in the region have been designed to support and align a comprehensive response to the Syria crisis by expanding the delivery of humanitarian assistance, increasing humanitarian access, and strengthening partnerships with local and international non-governmental organizations.

For more information please visit the OCHA Syria web page:

<http://www.unocha.org/syria>

IN-KIND RELIEF AID

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org



REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS



OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at <http://fts.unocha.org>

This document is produced on behalf of the Whole of Syria Strategic Steering Group (SSG) and partners.

This document provides the Strategic Steering Group's shared understanding of the crisis, including the most pressing humanitarian needs, and reflects its joint humanitarian response planning.

The designation employed and the presentation of material on this report do not imply the expression of any opinion whatsoever on the part of the Strategic Steering Group and partners concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



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